



Interested Party Testimony for House Bill 110 (Oelslager)

Gina Boerger, Home Health Physical Therapist

Therapy Advantage

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Chairman Dolan, Vice Chairman Gavarone, Ranking Member Sykes, and members of the Senate Finance Committee, thank you for the opportunity to testify today on HB110—the state budget. My name is Gina Boerger and I am a home health physical therapist at Therapy Advantage.

I have been a physical therapist for 21 years. I live in Shelby County on a farm with my husband and five children. I have worked in many settings throughout my physical therapy career, but working in home health has been one of the most impactful. Helping patients and their families be independent and remain in their home environment, truly changes their lives for the better.

At Therapy Advantage, we provide home health physical, occupational and speech therapy services in 66 out of the 88 counties in Ohio. We provide approximately 75,000 visits per year from pediatric patients to geriatric patients.

I am here to testify today on an amendment that would increase rates for home health therapy services by 5% in FY22 and 5% in FY23 (a 10% increase total).

As you already know, Ohio's skilled Medicaid reimbursement rates are less than they were in 1998. The low Medicaid reimbursement rates greatly affect our most vulnerable citizens of Ohio. Citizens with chronic and disabling medical conditions may not have any other option for health insurance other than state-funded Medicaid programs

We have learned and experienced an exorbitant amount through the COVID-19 pandemic. However, nothing has become more evident than the value of home-based services. For the vulnerable patients with chronic medical conditions, leaving their home could potentially put their lives at risk. There is also a subset of patients that rely on necessary therapy services and are at a grave risk for deterioration without ongoing interventions in their homes. We believe that some of the true "Health Care Heroes" are the home health care workers who were responsible for keeping these homebound clients healthy, safe, and out of institutional environments.

By providing medically necessary interventions at home, it is unknown the potential impact and lives that were saved from COVID-19. At the end of my testimony, I hope you can watch the video from one of my clients with a chronic medical condition who experienced significant decline in function during the pandemic and the stay home orders. His wife expressed that before his home health therapy, she was exploring a long term care facility or potentially hospice services, because she could no longer care for him by herself at home.

Because of our therapy services provided in the home, his living condition and mobility has significantly increased. Therapy Advantage was able to train him and his wife safe exercise and mobility techniques in the comfort of his own home. We were able to keep him out of an institution, and thrive at home with the care of his wife.

A large portion of our therapy visits used to be to the pediatric population. The need for home health pediatric therapy has not disintegrated. However, the skilled Medicaid reimbursement rates have continued to hamper the ability for home health agencies to continue to accept these patients. For every patient accepted, the home health agencies incur a loss.

The saddest disparagement as a home health physical therapist is the low Medicaid reimbursement rate's effect on the disabled children in our state. The difference in the quantity of therapy services a child can receive with Medicaid vs. private insurance, is significant.

Simply, costs for healthcare have risen and Medicaid reimbursement has not. For example, there have been children that our therapists took care of for 8-9 years, but now we now cannot find an agency to accept their therapy orders. To those on the outside of this situation, it is just a cost to the Medicaid system. To the parents of these children, it is life-changing therapy visits.

These therapy visits can improve their child's ability to walk, give children more hours out of their wheelchair, and help educate the parents on how to safely re-position their wheelchair bound child so they do not develop a pressure wound. Therapy visits can improve a child's swallowing abilities so they may not need to be fed through a tube for the rest of their life. Some of these families rely on services in their homes for their loved ones so they can continue to go to work, and keep their families together where it matters most.

As a therapist, it is gut-wrenching when you know that these services can change a child's quality of life but because of their insurance, you cannot provide it. The majority of these children require these services, meaning these services are not optional. Therefore, if they do not receive therapy in their homes, they are at risk for continuing services in an outpatient center and/or in a facility which is a more costly environment.

Lastly, I have a story of a seven year-old little boy with cancer who was receiving his physical therapy treatments at an outpatient facility in Mansfield. He was getting too weak from the chemo to continue to go to outpatient appointments, so his doctor wrote him an order to receive in home health therapy. The mother called every home health agency she could find in Richland County, but no one accepted his insurance. The mother was told that her son could not receive therapy in the home because an agency would not accept Medicaid as his payor. Home health agencies referred the boy's family to Therapy Advantage; however, we must partner with a home health agency in order to bill any insurance—we are unable to deliver services on our own because we are a contracted service. Therapy Advantage tried to contact our partners, but no agencies would accept his case.

The doctor told the mother that her son needs physical therapy, but the terrible truth is that he could not get it. The mother kept asking over and over- why a child with cancer was given an insurance that nobody accepts. The mother was so distraught and kept saying that she had no one to fight for her son, no one to help her, no one to understand that she needed help. He sits in bed until she can carry him to the couch. The kitchen chairs are too hard for him to sit on, and he stays in one location until she can carry him to another spot. Can you imagine if this happened to your child on your insurance? Can you imagine taking your son to chemo and

listening to another mom talk about the physical therapy that her daughter is receiving at home? Although we were unable to help the mother get therapy services for her son, we did give her the name and phone number of a children's rights advocate. It is not RIGHT that this was the best we could do for this child. Home health agencies are significantly underfunded for Medicaid home health therapy services.

We are asking you to help alleviate the burden on home health agencies so that we can continue to provide valuable therapy services to all patients and families.

Thank you again for the opportunity to testify before you today. As a provider for constituents in all (or some) of your districts, I am asking for you to support an amendment that would provide a 10% increase to home health therapy rates, so that I can safely and effectively continue to provide services in their own homes. I am happy to answer any questions that you may have.