



Interested Party Testimony for House Bill 110 (Oelslager)

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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 Lisa Von Lehmden Zidek and I am President of the Visiting Nurses Association (VNA) of Ohio.

I am here to testify in support of an amendment that would increase home and community based service rates by 5% in FY22 and 5% in FY23 (a 10% increase total). While we appreciate the inclusion of the 4% increase in the Governor's as introduced version of the budget, the 4% increase is simply not enough for providers to continue to support the vulnerable patient population where it matters most, at home.

I have had the honor of working in the home health industry since 2004. *Full disclosure I am not a nurse nor am I a clinician, I am on the business side of healthcare.* I owned and operated my own organization for five years, which I eventually sold to the Visiting Nurses Association of Ohio. VNA is a large organization in Northeast Ohio serving over 1,000 patients each and every day.

Our mission at VNA is to provide high-quality, comprehensive home health and hospice care to promote the independence and dignity of those living in the communities we serve. Our service territory includes 9 Ohio counties: Cuyahoga, Lorain, Medina, Summit, Lake, Geauga, Portage, Wayne and Ashtabula.

The VNA employs State Tested Nursing Assistants (STNAs), Home Health Aides (HHAs) and experienced/ specialized LPN's, RNs, BSN 's, CMP's. We also hire various other professionals that create a cross functional team to collaborate for the care of ONE individual. This team helps the patient find independence and health in their own home.

Years ago, home health clinicians were simply tasked with checking in on the patient, taking vitals, and managing medications. Today, you will see clinicians managing very complex and acute disease processes and tasks, such as: wound care, IV medications, LifeVest management (a personal defibrillator worn by patients who are at risk for sudden cardiac arrest (SCA)), PleurX drains (device that helps removes excess fluid in the body), and other medical processes that were typically managed in a hospital or facility environment.

Our nurses care for patients that require a high level of skill and experience. These nurses and clinicians also serve as the eyes and ears inside the home. They continuously assess and monitor the patient and their families to determine if and when additional care is needed. Due to the intimacy of care provided in the home, our staff can often help reduce or prohibit emergency room utilization or costly hospital admission by addressing patient concerns and ailments early before they become severe.

Based on the current environment today, my nurses are receiving offers to go into other facets of healthcare for an upwards of a 10-30% increase to their wage. For example, we lose nurses regularly to travel nursing positions, hospitals, and facility-based positions where the pay structure is more attractive. All the while, the patient demand for in home nurses continues to grow.

We want to pay our nurses more. However, our Medicaid reimbursement rates are slightly less today than they were in 1998. As you can imagine, it is challenging to attract and retain a competitive workforce operating on reimbursement rates from two decades ago. We continue to provide care to Medicaid patients despite losing money on every Medicaid visit. Unfortunately, continuing to do so at current rates will put us in an untenable situation where we may no longer be able to serve the Medicaid population or will be at risk to close our doors. We hope that with the increased investment of the 10% increase to HCBS by the Senate, we will be able to remain competitive to retain our valuable staff, and not risk losing them to institutional based care.

Fifteen years ago, the skilled patients that I described earlier, would have to receive care in a hospital or facility. The average stay for those patients would be around 14 days, and could be as long as 3+ months. Our team now has the ability to take on those cases, and serve those families where it matters most, at home. At the VNA, we take pride in working with our hospital partners to decrease length of stay for patients and allow them to be discharged earlier into our care, in the home. Home care has the ability to keep families together and keep people in the workforce. Imagine a person who would have to visit their loved one every day in a facility based setting, when they could be receiving that same level of care at home.

Home health care continues to remain Ohio's most cost effective form of care; however, we endure new challenges every day that are making providing care to Ohio Medicaid recipients almost impossible. At the VNA, we strive to provide services to NICU babies up to our dying, indigent, and elderly patients. These patients need care regardless of setting. By increasing reimbursement, you're allowing for home care agencies to help close the Medicaid gap by serving those patients in a less costly setting. You are also allowing for home care agencies to make investments into their workforce, so that they will be able to staff more cases and take on more patients for home care services.

Unfortunately, the Medicaid reimbursement rate in Ohio disincentives providers from serving the Medicaid population due to the operational loss affiliated with each visit. For example, at the VNA, the average cost of a home health visit is between \$90 and \$120+ dollars, leaving us at an average \$50 loss, per patient, every time we walk through the door.

A couple years ago a woman by the name of Judi Fischer stood where I stand today representing the VNA of Mid Ohio to speak about the same issue of Medicaid reimbursement rates. On January 31st of 2020, a month and a half prior to the pandemic, we had to notify all of our patients and all of our staff that the VNA of Mid Ohio would no longer be able to provide care to the community.

This closure was the result of an \$823,000 insurmountable loss sustained by the agency. I tell you this story because I do not want that to be the fate of others providers. I do not want more patients and employees to be on the receiving end of those letters.

Today, I am asking you to consider a 5% increase in the fiscal year of 2022 and a 5% increase in the fiscal year of 2023 to at least allow agencies like ours the opportunity to continue providing care for some of Ohio's most vulnerable patients. Whether that is the NICU patient coming out of the hospital

a day or two early or the aging father whose family wants him at home in what could be the last days and months of his life, we want the opportunity to continue to provide their care.

Thank you again for the opportunity to testify before you today. I am happy to answer any questions that you may have.