



**Testimony of Joe Russell**  
**OCHCH Executive Director**

Chair Arndt, Vice Chair Pelanda, Ranking Member Howse, and Members of the Aging and Long Term Care Committee, thank you for allowing me to testify today as an interested party to House Bill 732. My name is Joe Russell, and I am the executive director at the Ohio Council for Home Care and Hospice (OCHCH).

Since 1965, OCHCH has served as the voice of the home health and hospice industry in Ohio – advocating for policies that improve home and community-based services. Today, our over 600 member agencies serve Ohio's most vulnerable children and aging populations where it matters most – in their homes.

OCHCH supports the intent of HB 732, which addresses the need for better training for health health providers of Ohioans living with Alzheimer's and Dementia. While we very much appreciate and agree with the work conducted by the House Task Force on Alzheimer's and Dementia, we have some concerns that this specific bill may create some unintended issues in its current form. As such, we have a couple suggested changes that would improve the bill and allow us to move from an interested party to proponent.

Our members recognize that memory related afflictions are special conditions that sometimes require expert care, but that is not always the case. If a provider holds themselves out as specialized to treat this population, there should be specialized training standards in place for them to do so. However, just because a person has a memory related issue that doesn't mean that they necessarily need specialized care, especially during early onset of the disease process. To use a related example, while a child may receive expert care at a children's hospital, a general hospital isn't necessarily unqualified to serve children.

Despite there being no existing requirements for training, a vast majority of home health and hospice providers already require their workers to receive some sort training in memory care. While such training may not place that agency in the expert category, said agencies are certainly capable of serving people with memory related diseases. Whatever the case, we believe that as long as a provider does not present themselves as having a specialized dementia program, then they should have the ability to continue caring for individuals when that care is appropriate without obtaining additional mandated training.

Depending on the interpretation of the current language, the bill could require all providers to receive training for Alzheimer's and Dementia if they are working with that population because the term "special program" is not clearly defined. Our members are concerned that with Ohio's rapid aging population and growing need for long-term services and supports, the current language may exacerbate the current workforce challenges faced by

providers. Furthermore, such a requirement could limit access to patients who need assistance if they cannot find a qualified provider. We believe the goal should be to improve quality and access, not limit it. As such, we have a couple suggested changes that would address our concern while maintaining the intent of the bill.

OCHCH recommends making the following revisions to the language to ensure the bill doesn't impact access to care:

1. Clarify that the specialized training, as described in the bill, only applies to agencies that claim their program is specifically for dementia patients or advertises such a program;
2. Include language clarifying that providers without the training, which aren't claiming to have a specialized program, can continue to serve individuals with memory conditions. Moreover, clarify that dementia patients can still access care from such a program; and
3. Clarify that these new requirements do not apply to licensed hospice programs at all. Unlike a home health agency, a hospice program's focus is on end of life and quality of life issues, not treatment.

I want to reiterate that OCHCH is generally supportive of improving training standards for providers that care for individuals with memory-specific conditions. But given there is no state-level license for home care agencies, the current oversight structure of home health providers in Ohio creates a logistical challenge for these providers to stay in compliance with the current requirements in HB 732. If there was a mechanism, such as a home health license or something similar, OCHCH could be supportive of the specific hour requirements in the bill as part of the training component of licensure.

Again, thank you for allowing me to testify as an interested party on HB 732. Thank you for your work to improve care for individuals with memory conditions. As the largest association primarily representing home and community-based service providers in Ohio, we want to be a partner in improving the quality of memory care across the state.

I'm happy to answer any questions you may have at this time. Thank you.