

**Testimony on SFY 24/25 Operating Budget
House Finance Health and Human Services Sub-Committee**

Chairwoman Carruthers, Ranking Member Liston, and esteemed committee members, I want to thank you for the opportunity to testify before you today.

My name is Lisanne Bright and I am a Registered Nurse working for a large provider agency in Cleveland, Ohio. I am a Healthcare Services Director for the agency I work for, providing care to persons with IDD in intermediate care facilities, Waiver homes, and Day Programming services.

I am very supportive of the budget initiatives outlined by Governor DeWine and Director Hauck for DODD.

As an RN providing nursing delegation to direct support professionals for fifteen years, I have found that suitable staff are often difficult to attract to this profession based on low wages resulting from agencies dependent on only one revenue stream- Medicaid. The state requires extensive training requirements that must be met in order to care for persons with IDD. Care of individuals with IDD is often physically demanding, requires twenty-four-hour care, and an understanding of the unique healthcare needs this population demands. Medicaid reimbursement for services is low requiring agencies to operate within tight budget constraints. As a result, pay and associated benefit packages are affected limiting the ability to attract qualified staff.

As you are aware, the IDD population have an overall lower life expectancy, higher rates of hospitalization, and poorer hospital outcomes than the general public. In fact, researchers have found that those with IDD had a six times higher rate of hospital admission for ambulatory-sensitive conditions, e.g., diabetes, epilepsy, or asthma, that traditionally are managed on an outpatient basis (Ailey, et al., 2015). Dependency on state subsidies to provide food, housing, medical care, and income pose challenges for these individuals not experienced by those who do not have IDD, contributing to the health disparity seen in this population.

The current Medicaid reimbursement rates puts limits on the ability to:

- Provide a living wage for our support staff.
- Attract specialty personnel – e.g., behavioral support clinicians, registered nurses, occupational, physical and speech therapists and qualified IDD professionals that may detect early manifestations of disease and illness, averting hospitalization.
- Provide educational programs to enhance scope, understanding and practice in the IDD field.
- To attract qualified, knowledgeable support staff that can impact individuals' lives in a positive manner, contributing to improved quality of life.

If no action is taken and reimbursement rates remain the same, positive outcomes for this population will remain stagnant. The final result remains perpetuation of disparities with unnecessary hospitalizations that result in longer lengths of stay and potential for hospital

acquired complications. This contributes to Medicaid expenditures that are currently disproportionate to this population.

I am asking that when the budget is being deliberated, serious consideration is given to appropriation of funds that exceed the typical biannual budget in a manner that individuals with IDD may benefit from improved quality care that higher reimbursement can provide.

We encourage this subcommittee to approve the Governor's budget proposal for DODD and to invest additional dollars into these vital services to raise direct support professional wages to at least an average of \$20.64. This investment will help us recruit and retain the workforce needed to continue to provide our quality services.

With your leadership, together we can ensure these services are available to the Ohioans that so greatly need them!

Thank you for your time, support, and consideration,

Sincerely,

Lisanne Bright, RN, PhD Candidate

Lisanne Bright, RN, PhD Candidate (Mar 10, 2023 13:13 EST)

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Lisanne Testimony

Final Audit Report

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