

Georgie Elson
House Finance Subcommittee on Health and Human Services
Interested Party Testimony, HB 33
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Thank you for the opportunity to testify today Chairperson Carruthers, Ranking Member Liston, and Members of the House Finance Subcommittee on Health and Human Services. My name is Georgie Elson, I am a Disability Advocate, a Medicaid Home and Community Based Services waiver recipient through MyCare Ohio Program, and the Co-Chair of The Ohio Nursing Crisis Advocacy Committee. I have multiple disabilities including Autism, TBI, Ehlers Danlos Syndrome, and many of its related comorbidities. I use a reclining power chair; am limited in how long I can sit upright; experience countless daily subluxations & dislocations; and receive daily IV fluids & medications through a central line.

When individuals go searching for a new job, there are a few key things people look for, in any industry. Those things include: pay rate, opportunities for advancement, and other benefits – such as health insurance, retirement, holiday pay, sick leave, vacation and etc. These are the things that draw workers to a position. But when it comes to Direct Care Workers in the state of Ohio, ALL of these things I mentioned are either significantly lacking or completely nonexistent.

The average pay rate for Direct Care Aides is \$12.51/hr, and the pay rate has only increased by \$0.64 since 2010 – thirteen years ago(1). In Ohio, to live, afford rent, utilities, and support just one child in a household, the required income is \$49,417 a year (2), while Direct Care Workers only receive about \$26,092 a year when working full-time hours(3). In other words, the cost of living for a parent and single-child household is almost two times higher than what Direct Care Workers earn currently(4). The lack of a living wage for Direct Care Providers in Ohio, forces some of the most genuine, caring, and patient individuals to make a very difficult decision – to abandon their clients who they have grown to really care for, or continue living in poverty, struggling to make ends meet. In fact, 32% of Direct Care Workers actually rely on Medicaid themselves(5), since they have no access to health insurance, and do not make enough to purchase their own. Both of my Personal Care Aides must work two jobs, to try to make ends meet, or to receive needed benefits like health insurance. One of my caregivers work 68+ hrs a week between two jobs. Due to this situation, the turnover rate for Direct Care Providers is exceptionally high at 40-60% and agencies report their turnover rate even higher at 65-89%(6). Understandably, Direct Care Workers leave the field to find simpler jobs that pay more and have other benefits.

Before I go any further, I think it's of utmost importance for us to acknowledge here today that many Medicaid providers have not been getting paid AT ALL, since the switch to Medicaid's new system. Many have not been paid since late January or early February. For some, it's been a month and a half without any pay. This is having an extremely negative impact on providers and their clients both. Many providers have been unable to pay their electric bills or afford food. They are leaving the field and giving

their notices. Unfortunately for providers, they are required to give a 30 day notice and may be forced to work for another month without pay. It is completely unacceptable, in a field that does not adequately pay providers in the first place, to stop paying them at all.

With these pay issues, clients who already didn't have enough providers to care for them to start with, are being put in crisis situations that risk their lives. Even prior to this current pay crisis, near 30% of survey respondents, who are on waivers, have been left without care for weeks at a time(7). Many may be forced to enter into discriminatory institutions, against their own wishes, in attempt to survive. Others will not be able to survive in institutions due to the lack of adequate one-on-one care.

Things are even more difficult when it comes to finding in-home waiver nursing. Nurses have more work opportunities with their training and experience. They can make significantly more in other jobs that may be easier and usually come with actual benefits. Ohio pays Independent RN nurses \$29.84/hr and Independent LPNs \$24.96, after the first hour(8), while the average pay for an RN outside of the waiver system is \$40.17/hr(9) and the average for LPNs is \$31.02/hr(10), in the rest of Ohio. These rates increase substantially with more years of experience. This raises the question: why work for less when you can work for more? This speaks to why it is so difficult to attain waiver nursing in our state. Nurses perform countless essential tasks that keep many individuals out of institutions.

Ohio is ranked 6th nationally in the size of its aging population and it's expected to see a 43% increase in the number of older Ohioans with severe disability by 2030(11). The baby boomers are entering old age, and understandably, are requiring more services. The same is true for the influx of people experiencing disability for the first time due to long COVID. The population of individuals who require Direct Care Workers is only increasing, while our current system is not set up to even handle the current demand, let alone the future influx. If we don't act now, this crisis will only worsen. Now is the time to increase wages and reduce the Care Crisis, before things become even more dire than they already are.

These issues have a profound impact on Ohio's workforce. When workers receive a living wage, they can contribute more to the economy and rely less on government assistance. The same is true when disabled people receive needed care and when families have providers for their disabled loved ones. Maximizing workforce participation improves the economy. Failing to address these issues, only adds further negative impacts.

That's why we are asking for a wage increase of \$20/hr for Direct Care Aides, \$46/hr for Independent RN nursing, \$38.52/hr for Independent LPNs, \$52/hr for Agency RNs, and \$46/hr for Agency LPNs. We want to ensure that a reasonable percentage of the agency rate increases will go to their employees. It's very important to understand that we need parity of wages across all three waiver systems – the Department of Developmental Disabilities, Department of Medicaid, and Department of Aging. When wages are only increased for one of these three systems, as often happens on the

DODD side, it makes it that much harder to find providers on the Medicaid side who will work for much less. Some do not realize that many of us with developmental disabilities, actually end up on Medicaid waivers. Even when we qualify based on disability before 21, we are denied DODD waivers. As such, a significant portion of those of us with Developmental Disabilities often end up with less access to certain services compared to our peers with the same disabilities.

Please also understand that managed care organizations (MCOs), under the MyCare Waiver, are allowed to pay providers what they please. They can choose to pay Direct Care Providers more than the Medicaid rate, or substantially less than the Medicaid rate, and these rates vary per provider under the same MCO. This needs to change. Paying providers even less than the already very low Medicaid rate is entirely unreasonable.

In closing, most people with disabilities want to remain in their homes and communities(12) – that is our legally protected right – and yet Home and Community Based Services remain largely underfunded. It is also significantly cheaper for disabled people to live in their homes and communities than in expensive institutions(12). What people with disabilities want is disregarded time and time again, while money keeps pouring into the institutions that we desperately try to avoid. Instead of investing in nursing home profits, it's time to invest in Direct Care Workers, Disabled lives, and Home and Community Based Services. It is time to pay Direct Care Workers a higher wage that more accurately reflects the difficulty and importance of their profession. This truly does make the most sense for everyone.

Thank you, on behalf of this panel, for your time today Chairperson Carruthers, ranking Member Liston, and The House Finance Subcommittee on Health and Human Services. We would be happy to answer any questions.

Respectfully Submitted March, 15 2023

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3. $\$12.51 \times 40 \text{hrs} \times 52.143 \text{wks} = \$26,092.36$
4. $\$49,417 / \$26,092 = 1.89$

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