

Comment Report

Health and Human Services

Date: 02/23/2021

Time: 01:00 PM

Location: Law Library

Name: William Stumpf

Comment: Please consider passing this legislation that will begin to address the shortage of qualified Direct Support Professionals (DSPs) and provide a central registry that will enable employers and individuals utilizing Consumer Choice Option and Consumer Directed Attendant Care a place to locate qualified DSPs. It will also provide an opportunity for continued dialogue to address many issues concerning the DSP shortage.

Name: Dr. M.J. Conaway

Comment: Please consider passing this legislation that will begin to address the shortage of qualified Direct Support Professionals (DSPs) and provide a central registry that will enable employers and individuals utilizing Consumer Choice Option and Consumer Directed Attendant Care a place to locate qualified DSPs. It will also provide an opportunity for continued dialogue to address many issues concerning the DSP shortage.

Name: Hannah Soyer

Comment: My name is Hannah Soyer, and I am from Johnston. I am also a member of the Iowa disability rights group, #UpgradeMedicaid. HF 402 is important because it will help individuals with disabilities like myself find a caregiver easier as the current registry is very out of date. It will allow more CNAs to work in the home because they could maintain their license. Currently a CNA would have to work in a long term care facility for a certain amount of hours to maintain their license which keeps them away from home care. It will help build the framework for a stronger more reliable healthcare workforce in Iowa, which is something that would benefit people like myself who rely on personal care attendants.

Name: Leah Price

Comment: Please pass this bill. I work with clients from all over Iowa and this would be a great step towards getting Care Provider for many Medicaid Members when they need the help. Currently there is a lack of caregivers due to low wages as well as the length of time it takes to get a caregiver set up to be allowed to provide the services. Many of the current issues are caregivers' wages are too low as well as the length of time it takes to get a caregiver approved to work with a member. I currently have three members looking at losing their caregivers on March 1st, due to low wages. There is not enough time to get new caregivers approved. These members count on these services for life sustaining services. The members' alternative is moving into facilities, which would cost taxpayers even more money. These members need care in the morning and evening to get in and out of bed. They spend the rest of their day at active members of their communities, volunteering, attending church activities, shopping in their communities, most even have jobs, one of the members I'm speaking of is a teacher in our public school system. Iowa needs helping members get the support they need. Getting members the care they need will also save the taxpayers' money by keeping them out of hospitals.

Name: Kay Marcel

Comment: I urge you to support House File 402, which will expand the Iowa Direct Care

Worker Registry. Individuals with disabilities, like my adult son, and older Iowans rely on direct support workers to live in their own homes and remain active in their community. Direct support workers assist people with disabilities to obtain and maintain employment; to learn independent living skills; to learn social skills; to maintain good health; and many other activities of daily living that many of us take for granted and that provide the quality of life needed to ensure ones wellbeing. Existing State data systems housed in various State departments (Inspections and Appeals, Human Services, Public Health, and Education) specific to the health and longterm services and supports (LTSS) workforce do not connect or align in ways to track and retain valuable data on the current workforce in order to better prepare and support a strong health and LTSS workforce of the future. The direct care workforce and those who rely on it have been functioning for years in a fragmented system that has no foundation. Now is the time to construct that infrastructure. Your support of House File 402 is needed and will be greatly appreciated.

Name: Tucker Cassidy

Comment: I am a Waterloo resident that has been living with a significant spinal cord injury for the last 26 years. In that time, I have always depended upon RNs, LPNs, CNAs, and other DSPs to maintain a independent life. With this experience, I feel compelled to urge you to allow this current language of the bill to pass out of committee. I believe that you should support this bill because common sense drives it. This registry would make it far simpler for individuals like myself to More quickly locate the help I need on a daytoday basis. Having continuity of care keeps me healthy, happy, and in my home far from hospitals and facilities. Furthermore, it allows young professionals in the healthcare field to more easily fill the resumes by working with the elderly, individuals with disabilities, and children with disabilities whom need the help. These workers remain employed, perhaps earning college credit building experience, and helping fuel the middle class economy. Again, I urge that you allow this particular piece of legislation to continue on to further develop into something that will save the state money and keep more disabled and elderly individuals healthy and in their homes.

Name: Jenn Wolff

Comment: HF 402 is a step in the right direction for the care infrastructure in Iowa. Existing State data systems housed in various State departments (Inspections and Appeals, Human Services, Public Health, and Education) specific to the health and LTSS workforce do not connect or align in ways to track and retain valuable data on the current workforce in order to better prepare and support a strong health and LTSS workforce of the future. I know individuals who have tried to utilized the current systems for years with no luck because of being outdated and simply inefficient. There is a caregiving crisis in Iowa mostly being felt by child care and individuals with disabilities. I have a disability myself. I can do most tasks independently now but at 50 I worry about both my future and the future of my parents who help with with heavy cleaning and washing clothes. As they age and need more assistance, I don't think I will be capable of helping them and stay up nights wondering who is going to be able to assist my parents and myself. By this step in the right direction, of housing all care workers in one space (if it is done right) it can help with communication on trainings, policy changes per job (which because of a lack of registry the Electronic Visit Verification has been a disaster because many care workers did not have access to information. Please forward this bill to be debated in the House. Thank you.

Name: Janet Queckboerner

Comment: Please pass this bill. My son 34 quadriplegic depends on these individuals for care. They are underpaid and overworked. The disabled lives depend on these caregivers.

Name: Mickey Rottinghaus

Comment: People using Consumer Choice Options and Consumer Directed Attendant Care

Services will benefit from the passage of this act. Finding and keeping Direct Support Professionals is no small task. Please pass this bill to help the most vulnerable among us remain in their homes and retain their independence.

Name: Julie Russell-Steuart

Comment: My name is Julie RussellSteuart from Reinbeck and I'm the Chair of the Disability Caucus of the Iowa Democratic Party.HF 402 would streamline the LTSS workforce with benefits like portable credentials so they dont lose time retraining. They can get right into a new position without delay. This will immediately help those that need direct care, especially home care. I have listened to members of the Disability Caucus talk about how tough it is to organize their care, even with an agency looking for them. That agency needs the resource of an uptodate registry with credentials to find the right help for their clients. Not only that, but what about when a care worker calls in sick? Or has to take a week off? If the database were expanded with home care workers, the agency could cover that a lot more quickly. No one should be without the care they need, but it happens too often in this current system. Please support HF402.

Name: Kris Swartz

Comment: I only have a small issue that can become a major issue, and that is the people we serve can have cigarettes that in time can kill you. But caregivers can't give people a mere aspirin. This is a very controversy subject.

Name: Shari Nichols

Comment: As an independent support broker I have found it difficult four the members I work for to find the help that they need, especially if they are in more rural areas. We desperately need a list that is updated regularly with accurate information on individual service providers that do care and these more rural areas. Not everyone needs service providers that are RNs or CNAs, some just need to know where to find candidates that would do housekeeping, personal care, transportation, supported community living, and respite care. I have spoken to many Iowans that are told they cant find service providers in their area by their case managers and have no idea where to look in order to find the help that they need.I am also a specialneeds mom. My son is five and has been on the waiver for a few years now. I was told at the very beginning that Clinton has no service providers to do respite for parents of specialneeds kids and my only option would be the consumer Choices option to hire my own staff. I had no family or friends that were able to provide his care and no where to place a job posting in order to find qualified candidates, not to mention that I had no idea how to begin or how to conduct interviews. I am lucky that I know a bit about HR and also have taken college courses in Human Resources when I got my bachelors degree. I was able to hire my first employee quickly through wordofmouth and because of my lack of knowledge at the beginning of this, she was by far my worst employee. By having her coming in, I was at least able to have time to do the research I needed and have created an interview process, Created questions to ask references, and found qualified candidates. After doing all of this research for myself, I took the ISB course in order to help others that are in my position. Unfortunately, the only place I have to post a job opening is Facebook, unless I want to pay to post it elsewhere and money is hard for most people with disabilities and children with special needs as there are many expenses that arent covered, that we still need for their wellbeing. Thank you for your time and I hope and pray you all help us find ways to relieve some of the stressors that we have finding help for our special people in our lives. Thank you.

Name: Lindsay Maher

Comment: HSB175 VOTE NO!Podiatrists do not need to be added to the growing list of immunization administrators. They need adequate training prior to certification for this, as is required of our pharmacists who have a better understanding of drug

interactions and monitoring/reporting when vaccine injuries occur. We DO NOT have an access issue to vaccines in our state. For the COVID vaccine we have a supply issue and a misallocation issue by our health professional/health department who are allowing those with previous COVID antibodies to get the vaccine despite NO RESEARCH that shows any benefit to them. Before you add more administrators we also need to fix the BROKEN safety monitoring system. ONot 1% of vaccine injuries are reported according to an HHS study performed by Dr. Ross Lazarus. This study also found that 2.6% of doses administered caused an adverse event rather than the 1 in a million claim we so often hear from public health. The institute of medicine who periodically reviews adverse events and their causality or correlation to vaccines have repeatedly asked for MORE safety studies to be performed as they have inadequate studies to examine to reject or confirm causation. We DO NOT need more Iowans hurt, disabled, or acquiring a new onset chronic disease that will cost thousands if not millions in medical expenses of both them and the state over their lifetime. Vote NO or require podiatrists to get qualified via the protocols already in place for pharmacists.

Name: GARRET FREY

Comment: I am a Cedar Rapids constituent that has been living with a significant spinal cord injury for nearly 34 years. In that time, I have always depended upon RNs, LPNs, CNAs, and other DSPs to maintain an independent life. With this experience, I feel compelled to urge you to allow this current language of the bill to pass out of committee and pass HF 402. I believe that you should support this bill because common sense drives it. This registry would make it far simpler for individuals like myself to more quickly locate the help I need on a daily basis. Having continuity of care keeps me healthy, happy, and in my home far from hospitals and facilities. Again, I urge that you allow this particular piece of legislation to continue on to further develop into something that will save the state money and keep more disabled and elderly individuals healthy and in their homes.

Name: Pat Steele

Comment: Please support this bill as it is the first of many steps needed to improve direct care services in Iowa. The registry would be helpful for consumers of services, employers, family members, public agencies, and of course direct care workers. This is a critical part of the health care system in Iowa, but one that has been overlooked for too long. Now is the time to address this issue.

Name: Vicky Watts

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Name: Melissa Wulfekuhle

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Name: Kyla Claussen

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Name: Bill Kallesad

Comment: The Iowa Developmental Disability Council is supportive of this bill, we have as one of our key legislative priority, to work on the staffing issues that are pervasive in our field. We feel this will bill take us in the right direction in addressing workforce.

Name: Lina Tucker Reinders

Comment: IPHA Supports HF402. The direct care workforce is a critical component of Iowa's public health and health care infrastructure. The individuals who choose this career are dedicated professionals and deserve recognition of their training and skillset. There will undoubtedly be longterm effects from the current pandemic, including mental health needs, substance abuse, food insecurity, income loss, and more. The direct care workforce will be among those who will respond to the needs of Iowans. The direct care workforce registry will serve Iowans by elevating the status of the profession, ensuring training is recognized and registered, encouraging more people to enter the profession, and retaining those currently serving.