The Ability Center

Testimony on HB 676

November 26th, 2024

Thank you Chair Schmidt, Vice Chair Miller, Ranking Member Denson, and members of the House Families and Aging committee for the opportunity to testify on House Bill 676, Regarding Prescribed Pediatric Extended Care Centers. My name is Dr. Jules Patalita and I am a Disability Rights Advocate for The Ability Center in Greater Toledo. We are a Center for Independent Living that has worked for the last century towards our mission, to make our community the most disability friendly in the nation by increasing independence for people with disabilities, discovering true passions, and changing the community's perception of disability. In fulfillment of that mission, to increase the independence of those with disabilities by improving care conditions and to change the community's perception of disability, I come today to speak in favor of amendments to HB 676, as we believe that PPECs have the potential to positively impact families of children with disabilities if properly enacted.

The Ability Center recognizes the value of pre-schools that have built-in support for children with significant disabilities. At the same time, we value an integrated environment, one where children with and without disabilities are able to grow and learn together. Our greatest fear is that the creation of PPECs as an alternative to traditional day care centers will see these existing child care centers putting less effort into accommodating disabled children. We are pleased by efforts over the years for preschool aged children with disabilities to grow and develop in inclusive environments. This is a positive impact for the development of disabled children, who receive an equal education and social opportunities as their peers, but it is also key for nondisabled children to make connects at an early age, teaching them that disability is a normal part of society and to embrace their disabled classmates.

Rather than the creation of medical day cares that attract only children with disabilities, we hope to see existing day care centers adopting these medical requirements and being able to offer an integrated setting with disabled and nondisabled children, as alluded to by Rep. Baker in her sponsor testimony. Seeing the rise of better staffing in preschool settings would not only positively impact families of disabled children, but any families who put loved ones into daycare. The specifications for medical staff to be present brings benefits for all children, and parents can feel safe knowing that there are trained professionals at their child's preschool if anything should ever happen.

This brings us to the bill being presented in Ohio today, which comes from inspiration at the programs in Kentucky and other surrounding states. PPECs are found in at least 15 states throughout the country, and Ohio looks now to join this group. However, we do not wish for our state's program to emulate, but to expand and enhance what is available elsewhere. While the PPEC model is not identical across states, the number of similarities between them are much higher than the number of differences. Definitions of key terms, the makeup of medical staff, the services provided, all of these align to create mirrored programs across the country. This means that the various programs all have similar strengths of care but include systematic weaknesses that we do not wish to see copied here. I believe that Ohio has an opportunity to improve on the foundation in other states in four key ways that will truly make PPECs an effective means of improving the lives of children with disabilities.

The first, and simplest, is to include the term "nonresidential" in the definition of Prescribed Pediatric Extended Care Centers. PPECs are intended to be nonresidential. This is not a nursing home or an institution, it's childcare during the day; with more than 500,000 children in Ohio receiving paid child care services at this time. States including Michigan, Pennsylvania, Florida, Virginia, and Kentucky specify in their Code that Prescribed Pediatric Extended Care Centers are nonresidential facilities. This small keeps our language in line with surrounding states and matches the definition with the explicit intention of the program.

Second, we firmly believe that the way to make PPECs both an effective care tool and an effective preschool setting is to have the definitions and requirements for child care centers made more prominent throughout the bill. Child care centers are defined and regulated in Section 5104.01 of the Ohio Code, and they see that the environment surrounding the children of Ohio are safe and caring places. PPECs may have the intent of being medical preschools, but the language and composition of the bill reads as much more medical in nature than childcare. Defining PPECs as child care centers means having them follow the regulations of existing preschools, and means that the social and educational needs of the children there are made as much a priority as their medical needs.

Third, there needs to be additional language within the bill highlighting that nondisabled children can attend these PPECs. I led my testimony with the need for disabled and nondisabled children to grow and learn in a joined space. Based on the testimony given by this bill's sponsors, the intent is clear that PPECs should serve all children, giving early childhood experiences on both sides the opportunity to socialize with their peers. The Ability Center will always advocate for these types of settings, for the dignity of the children with disabilities, but also because we understand this to be the building block of creating a disability-friendly community for the next generation. To match the intent of the sponsors, and to better serve

the children of Ohio, there should be language be added to enshrine prescribed pediatric extended care centers as being designed to serve all children.

Finally, the bill should be amended to specify that these centers are meant for pre-school age children and are able to provide after-care. The bill currently defines children as those under age 21, but kids with disabilities who are school age will have access to education and services through their school. At the same time, many parents would likely welcome an after-care service for kids with disabilities who require medical care.

One concern heard most often from many of the parents that our organization works with is the difficulty in finding reliable childcare properly trained to handle the medical needs of children with disabilities. As Representatives Abrams and Baker both touched on in their sponsor testimony, the options for many families are to have their children living in hospital settings long-term away from family, to be isolated at home as they receive care but no social contact with the outside community, or for parents to be forced to stop working to provide all-day care. Each of these is problematic, both for the financial needs of the family and for the social and developmental needs of the child. PPECs stand as a new tool to assist these families, and to have disabled children in Ohio grow up healthier and happier. Our suggested amendments all deal with changes to the language of the bill and would not cost the state any additional funds, but would see that this program solidifies its intent and builds upon the foundation set by other states' PPEC regulations. More importantly, it would create the ideal program that addresses the care needs of desperate families in Ohio, while preserving the dignity of children with disabilities and ensuring that we positively affect the next generation's perception of disability in their community.

Thank you for the opportunity to testify on this issue.

Sincerely,

Jules Patalita, PhD

The Ability Center of Greater Toledo, Disability Rights Advocate