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Public Comment on Ohio's Draft 2027-2030 State Plan on Aging

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August 25, 2026

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Introduction

The Older Americans Act[1] requires states to periodically publish a plan on aging. The Ohio Department of Aging has requested public review and comment regarding its 2027-2030 State Plan on Aging (State Plan), which outlines Ohio's interest in becoming the best place to age in the nation. The Buckeye Institute supports that interest and offers the following review of several of the State Plan's objectives.

Ohio's long-term care problem is outpacing policy responses. With 2.2 million residents older than 65, the state's elderly population is growing faster than the national average[2] and by 2030, more than one in four Ohioans will be 60 or older.[3] The demand for long-term care services and supports will accelerate, and the state's healthcare infrastructure, workforce, and financing mechanisms are not equipped to meet it.

Medicaid is the state's primary payer for long-term care services. It already accounts for 37 percent of the state budget[4] and—when including federal dollars—Medicaid spending represents more than 50 percent of Ohio's general revenue fund budget for FY 2025.[5] Roughly 20 percent of Ohio's Medicaid expenditures are already dedicated to long-term services and supports[6] and that percentage will likely rise as the state's population ages. If Ohio does not explore and adopt durable, cost-effective solutions to providing long-term care (LTC) for its aging population, policymakers will soon be in the untenable position of choosing between raising taxes, cutting benefits, or foregoing other spending priorities altogether.

As nursing home admissions have declined, home and community-based services (HCBS) have become increasingly popular alternatives to hospitals and institutional care centers. HCBS waivers, such as MyCare Ohio and the Ohio Department of Aging's Pre-Admission Screening System Providing Options and Resources Today (PASSPORT), which funds home care and

[1] **H.R. 3708 – 89th Congress (1965-1966): Older Americans Act**, Congress.gov, July 14, 1965.
[2] Madeleine Shea, Ph.D., **Preparing for Ohio's Aging Future: With Federal Uncertainty, Local Innovation Must Lead**, Health Management Associates, July 17, 2025.
[3] **Ohio Population Research**, Scripps Gerontology Center, Miami University (last visited, August 14, 2026).
[4] **Expenses by Agency and Line Item**, Ohio Checkbook.com (last visited, August 14, 2026).
[5] **Medicaid Expenditures**, Ohio Legislative Service Commission, November 2025.
[6] **How much does Medicaid cost in Ohio?**, USAFacts.org (last visited, August 14, 2026).

personal care services for older adults, now serve tens of thousands of patients at a fraction of institutional costs. But key HCBS programs remain under capacity and vulnerable to fraud, waste, and workforce shortages. Those challenges must be addressed.

Ohio must make significant changes to its long-term care policies and ground them in five fundamental principles: sustainability, consumer choice, cost efficiency, quality improvement, and fiscal responsibility. The Buckeye Institute recommends strengthening the state's community-based care infrastructure, expanding the direct care workforce, and deploying supportive advanced technologies to increase care provider efficiency and reduce administrative burdens.

Potential Solutions

Expand and Support the Long-Term Care Workforce

Ohio currently ranks 39th in the country in nursing home quality, with staffing shortages reported in 28 percent of facilities.[7] The state's nursing homes already struggled to retain and recruit staff prior to COVID-19, but the pandemic made a chronic problem acute, with serious consequences for residents. Inadequate nursing home staffing exacerbates medication errors, unattended residents, and delayed and unanswered calls for assistance.[8] Staffing shortfalls have cascaded from the lowest-paid direct care positions to nurses and administrators, leaving facilities unable to deliver consistent, compassionate care.

In 2023, Ohio's Nursing Home Quality & Accountability Task Force and the Ohio Department of Aging conducted 11 community listening sessions in seven cities.[9] Their report recommends standardizing training resources for caregivers supporting dementia patients and others with complex physical care needs. It encourages using technologies to improve workforce efficiency and alleviate workplace burdens; and partnering with schools and community centers to grow the clinical workforce. A pilot certification program in Texas high schools designed to increase the state's healthcare workforce found that most participating students completed and responded positively to the program,[10] but a lack of part-time, entry-level healthcare positions that allowed students to work while attending college full-time posed a significant barrier to workforce entry. This pilot program signals that expanding training opportunities alone will not be enough to strengthen the long-term care workforce. Ohio must also give students and new healthcare workers access to flexible entry-level roles that allow them to build experience and earn income while completing their education.

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[7] Stephen Koff, **Advocates Push for Nursing Home Reform**, AARP.org, November 1, 2023.
[8] Paula Christian, **'Sometimes they don't come back at all': Staffing issues plague nursing homes as task force visits Cincinnati**, WCPO.org, March 17, 2023.
[9] Ohio Governor's Nursing Home Quality & Accountability Task Force, ***Nursing Home Quality & Accountability Task Force Recommendations Report***, Ohio Department of Aging, May 26, 2023.
[10] Maja Djukic, D'hania L. Miller, Ana Lorena Hermosilla, Stephanie Hulsey, and Rosemary Pine, "**Nursing Pipeline Program for High School Students in Career Technical Education: A Feasibility Pilot Study**," *Western Journal of Nursing Research*, Volume 48, Issue 2 (February 2026) p. 175-183.

The Ohio Department of Aging can take several other steps to address Ohio's worker shortages in its long-term care centers.

Objectives 2.1 and 5.1 of the State Plan show a commitment to expanding telehealth resources to support patients and caregivers. The Buckeye Institute agrees and recommends expanding Ohio's authorized telehealth services to include out-of-state care providers. Ohio permits Medicaid reimbursement for certain telehealth services, subject to specific restrictions.[11] Telehealth offers flexible care options for patients and providers, reducing the need for in-person office visits and minimizing or eliminating long-distance travel. Unfortunately, Ohio joined an interstate licensure compact that adds fees and administrative requirements for out-of-state telehealth service providers, which discourages physician participation and reduces access to care.[12] In 2024, Colorado permitted clinicians with an active, unrestricted medical license in good standing from another state to provide telehealth services in Colorado. The Buckeye Institute recommends that the Department follow Colorado's lead to increase the supply of available care providers, improve Ohio's physician-to-patient ratio, and enhance in-home care efficiency. Doing so would mitigate the state's persistent workforce shortage.

Objective 1.1 recommends expanding care navigation support models by using community health workers who help educate patients about their medical conditions, connect them with providers, and identify relevant services. The Buckeye Institute supports this expansion of non-clinical care and urges the Department to expand opportunities for clinical care workers. Advanced nurse practitioners, for example, have advanced medical training and can help care for many LTC patients, but state regulations restrict the care they may offer. Ohio can ease scope of practice restrictions that unreasonably limit the care that trained healthcare professionals may legally provide. Authorizing these practitioners to provide more care in institutional and home-based care settings can reduce hospitalization, improve patient outcomes,[13] and enhance the quality of patient care.[14]

Objective 2.2 of the State Plan seeks to familiarize care providers about geriatric care through education and training pathways. The Buckeye Institute supports this objective as it supported recent legislation intended to help recruit and retain healthcare professionals in these much-needed specialties. House Bill 530 proposes a Long-Term Care Workforce Study Commission to develop a comprehensive strategy to recruit, train, and retain direct care workers in Ohio's nursing homes, assisted living facilities, and home- and community-based settings.[15] The commission would examine the education pipeline for care workers—identifying gaps in training programs, credentialing pathways, and community college curricula. It would develop recruitment strategies, particularly for rural and Appalachian communities with acute workforce

[11] **H.B. 123**, 130th General Assembly (Ohio 2014); **H.B. 122**, 134th General Assembly (Ohio 2022).
[12] **Participating States**, Interstate Medical Licensure Compact (last visited, August 14, 2026).
[13] Kira L. Ryskina, Junning Liang, Ashley Z. Ritter, Joanne Spetz, and Hilary Barnes, "**State scope of practice restrictions and nurse practitioner practice in nursing homes: 2012-2019**," *Health Affairs Scholar*, Volume 2, Issue 2 (February 2024) p. 1-8.
[14] ***Reforming America's Healthcare System Through Choice and Competition***, U.S. Department of Health and Human Services, December 3, 2018.
[15] **H.B. 530**, 136th General Assembly (Ohio 2025).

shortages and long commutes to training centers. And it would review the various barriers—e.g., wages, regulations, culture, and logistics—that discourage prospective workers from entering the healthcare profession. The Ohio Department of Aging's goal aligns with this legislation, and the strategic initiatives recommended by the commission and the Department should help Ohio increase its supply of long-term care providers.

Finally, and most creatively, state officials could ask the U.S. State Department to expand the federal au pair program to include care for the elderly. This policy aligns with the State Plan's Objective 2.5 to protect the elderly from instances of abuse, neglect, and exploitation. Without raising taxes, such a program could collaborate with sponsor organizations that screen participants, match caregivers with host families, and monitor compliance to reduce the risk of abuse or poor fit.[16] The program would set clear limits on the level of care an au pair could provide, reserving participation for seniors whose needs do not require skilled nursing. A senior-care au pair model could provide older adults with transportation assistance, companionship, meal preparation, medication reminders, and help with basic daily activities, while allowing them to remain in their homes. This proposal also complements Objectives 6.1 and 6.2, which would laudably expand public and local transportation options. Transportation remains a significant obstacle for older individuals seeking to maintain their independence and stay socially connected to their communities.

Use Technology to Help Patients and Support Caregivers

Technology can help strengthen Ohio's long-term care system by augmenting healthcare workers and providing care more efficiently and cost-effectively.[17] Telehealth technologies, remote patient monitoring, and digital medication management allow the elderly and individuals with disabilities to receive care safely in the comfort of their homes, and they help assisted living residents remain independent longer, while easing burdens on healthcare workers.

Remote patient monitoring (RPM) allows care providers to monitor patients' conditions between in-person visits, identify warning signs earlier, and intervene before minor problems become health emergencies, expanding the effective reach of home-based care without displacing the health workers who provide it. Through wearable devices, connected home monitors, and smartphone-based applications, RPM lets clinicians track patient health data such as blood pressure, heart rate, glucose levels, weight, and activity outside traditional clinical settings. Research shows that RPM can improve chronic disease management, lower blood pressure, and reduce cardiovascular events to reduce hospital readmissions.[18]

[16] Kristin Shapiro, **Au Pairs for Senior Care**, Independent Women's Forum, April 10, 2024.
[17] Aziz Rezapour, Seyede Sedighe Hosseinijebeli, Saeed Bagheri Faradonbeh, "**Economic evaluation of E-health interventions compared with alternative treatments in older persons' care: A systematic review**," *Journal of Education and Health Promotion*, Volume 10 (May 2021) p. 134.
[18] Mingfu Hou, Shihe Di, Jian Li, and Jinze Yu, "**A Range Review of Remote Monitoring Influence on Elderly Rehabilitation Effectiveness**," *Current Research in Medical Sciences*, Volume 3, Issue 4 (December 2024) p. 25-33.

Smart home technologies, including artificial intelligence-powered devices, RPM systems, and socially assistive robots, are increasingly used in long-term care settings to support older adults aging in place and avoid costly institutional care. These tools are designed to enhance safety, improve care coordination, and reduce reliance on nursing homes and assisted living facilities. They improve fall prevention, increase emotional well-being, and offer more engagement in daily activities.[19] So, it is not surprising that the technology sector for older adults is a $740 billion industry that could reach $1.1 trillion by 2030.[20]

Artificial intelligence (AI) is already deployed in nursing homes, assisted living facilities, and home care settings across the country. Within home-based care, AI-enabled systems can support aging in place through ambient sensors, fall detection algorithms, medication adherence monitoring, and conversational AI tools that provide reminders, companionship, and basic assistance. These systems can help patients mitigate cognitive decline and avoid isolation, major problems acknowledged by the State Plan.

Falls among older adults generate more than $50 billion in annual healthcare costs in the United States, driven primarily by emergency department visits, hospitalizations, and long-term disability following injury.[21] The State Plan addresses the importance of preventative care but fails to recognize the strategic role that AI technology can play in achieving the Department's preventative care objectives.

For residents at assisted living facilities, smart technology devices can reduce reliance on staff for routine tasks, such as controlling lights, appliances, and other household accessories. For example, JubileeTV now allows family members to remotely control an older adult's television, making it easier for them to participate in video calls and remain socially connected with loved ones.[22] The device has made aging in place more affordable and less stressful.[23] Likewise, an assisted living facility in Florida has installed smart home technologies to track sleep patterns of patients via remote patient monitoring devices and use smart speakers that allow patients to have two-way communication with staff members.[24]

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[19] Ahmed Elsheikh, Achraf Othman, and Dena Al-Thani, "**Systematic analysis of cutting-edge technology for the wellbeing and safety of older persons**," *Disability and Rehabilitation: Assistive Technology*, Volume 20, Issue 8 (September 2025) p. 2,691-2,724.

[20] Michael Abadir, William Dineen, Daniel Myers, Simone Yu, and Phillip Phan, "**Navigating the future of artificial intelligence technologies for improving the care of older adults**," *Innovation in Aging*, Volume 9, Issue 1 (September 2025) p. 24-32.

[21] Yara K. Haddad, Gabrielle F. Miller, Ramakrishna Kakara, Curtis Florence, Gwen Bergen, Elizabeth Rose Burns, and Adam Atherly, "**Healthcare spending for non-fatal falls among older adults, USA**," *Journal of the International Society for Child and Adolescent Injury Prevention*, Volume 30, Issue 4 (July 2024) p. 272-276.

[22] Simon Hill, **Review: JubileeTV**, Wired.com, November 16, 2024.

[23] Noah Sheidlower, **Meet the families using tech to help grandma stay independent longer**, Business Insider, July 12, 2026.

[24] Kimberly Bonvissuto, **AI adoption making inroads in senior living organizations**, McKnights Senior Living, December 3, 2025.

AI can also improve caregiver efficiency by automating some routine tasks and answering common questions.[25] Employees can then direct their attention to resident care and improve response times for urgent needs. This saves LTC facilities valuable time[26] and helps them retain more employees.[27]

Assisted living facilities are a viable option for individuals who need help with their daily activities but want to remain independent for as long as possible without sacrificing their financial security. With institutional care often exceeding $120,000 annually,[28] assisted living offers a more satisfying and cost-effective alternative.[29] Encouraging assisted living facilities to use technologies that support caregivers and extend safe independent living can help Ohio's elderly adults remain at home longer, avoid expensive nursing home placements, and improve access to high-quality care without compromising outcomes.

Telehealth is another innovation that reduces travel burdens for patients and providers, expands access to specialists in rural and underserved areas, and makes it easier for overstretched care teams to manage routine follow-up visits, medication checks, and chronic disease monitoring. Objectives 6.1 and 6.2 highlight the lack of reliable transportation for Ohio's elderly. Expanding awareness and access to telehealth can help seniors avoid doctor's visits that can present risky, logistical challenges. Advances in telehealth technology, however, will only benefit patients who can use it properly. Unfortunately, telehealth use by older adults is hindered by digital literacy gaps, inaccessible interfaces, physical and cognitive limitations, and connectivity problems in rural areas.[30] Telehealth is more successful when caregivers are incorporated into the care model and when platforms are designed for accessibility and ease of use.[31] Investing in telehealth, RPM, AI, and other advanced technologies for deployment in Ohio's LTC system can help reduce healthcare costs and system burdens by supporting—not replacing—direct care workers. These technologies multiply human effectiveness by providing predictive analytics, automated documentation, and AI-assisted scheduling so that care providers can serve more residents more safely with less administrative hassle. Studies of telehealth and RPM among older adults, for example, emphasize that these technologies are most effective when they are tailored to patients' medical conditions, physical abilities, and level of digital literacy.[32]

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[25] *Ibid.*

[26] **Masonic Village at Elizabethtown – K4Connect Resident Check-In Improves Resident Safety and Saves Staff Time**, K4Connect.com, April 2, 2025.

[27] Lois A. Bowers, **Artificial intelligence helps Sunrise improve one-year retention rate by 14%**, McKnights Senior Living, January 30, 2019.

[28] **Long-Term Care Costs Increase in Ohio, On Par with National Costs**, Genworth Financial press release, March 4, 2025.

[29] Katherine Wood, Nader Mehri, Nytasia Hicks, and Jonathon Vivoda, "**Family Satisfaction: Differences Between Nursing Homes and Residential Care Facilities**," *Journal of Applied Gerontology*, Volume 40, Issue 12 (November 2020) p. 1733-1742.

[30] Jaeyu Park, "**Telehealth and the Elderly: A Scoping Review on Technology Use, Adoption Barriers, and Health Outcomes**," *International Journal of Recent Innovations in Academic Research*, Volume 9, Issue 2 (May 2025) p. 309-322.

[31] *Ibid.*

[32] A. Hasan Sapci, MD, and H. Aylin Sapci, MD, "**Innovative Assisted Living Tools, Remote Monitoring Technologies, Artificial Intelligence-Driven Solutions, and Robotic Systems for Aging Societies: Systematic Review**," *JMIR Aging*, Volume 2, Issue 2 (2019).

Ohio should treat telehealth and RPM not as stand-alone substitutes for direct care, but as complementary support tools that can augment the long-term care workforce when paired with accessible design, caregiver assistance, and clear integration into home-based care delivery. That complementary support can reduce strain on Ohio's long-term care workforce.

Conclusion

Ohio faces a long-term care crisis. Demographic and fiscal pressures will only intensify if nothing changes. The state's older adult population is growing faster than the national average, Medicaid already consumes 37 percent of the state budget, and the direct care workforce that holds the system together is understaffed, underpaid, and undertrained.[33] These are not separate problems. They are connected failures of a long-term care system that has not modernized to meet market demands. Various programs and policy initiatives, including investments in home and community-based care, MyCare Ohio, expanded telehealth reimbursement, and the Nursing Home Quality and Accountability Task Force are meeting these challenges. But the General Assembly must pursue durable, structural reforms before demographic and fiscal pressures foreclose more affordable solutions. Strengthening the direct care workforce pipeline, expanding HCBS infrastructure while enhancing its integrity, reducing unnecessary regulatory barriers to care, and deploying advanced technology to support caregivers are essential for sustaining Ohio's fiscal and medical health.

[33] **Expenses by Agency and Line Item**, Ohio Checkbook.com (last visited, August 14, 2026).

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