



**Written Testimony of Jess Maurer on Behalf of
The Maine Council on Aging
To Joint Standing Committee on
Health and Human Services**

**Testimony in Support of LD 1573
Delivered in Person on May 3, 2021**

Greetings Senator Claxton, Representative Meyer and members of the Joint Standing Committee on Health & Human Services:

My name is Jess Maurer. I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 100 organizations, businesses, municipalities, and older Mainers working to make sure we can all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities. I am testifying in favor of LD 1573, An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues.

The MCOA proposed legislation to create the Commission in December 2016, after a significant stakeholder process identified a multitude of ways in which Maine needed to systematically address its severe and pervasive direct care workforce shortage. While the Commission was created pursuant to LD 925, enacted in July of 2018, the Commission failed to meet before the end of the session, and needed to be re-authorized in 2019 before it could begin its work. The Commission met in the fall of 2019 and issued its report in December of that year.

As you know, COVID hit in 2020, and we had to postpone the critical conversation about solving our direct care worker shortage. The COVID crisis has made it even more important to invest in promoting and building a quality essential care workforce ready to meet Maine's care needs. This is because many care professionals have left the profession during the pandemic.

We seem to have lost our way, and some of our humanity, in relation to the care of people with age, disabilities, and behavioral health challenges in Maine. For more than a decade, we've been arguing about how much is too much to pay for the care of people who cannot care for themselves, while the number of people who qualify for care, but who aren't getting care, has grown exponentially.

In any given week, about 10,000 hours of approved care by Personal Support Specialists go undelivered to about 850 older and disabled Mainers, including more than 500 older Mainers who received no staffing at all. These are not people on a wait list – these are people who are supposed to be getting care, who are not getting any care because there are no workers.

This 10,000 hour deficit has more than doubled since 2016, and shows no sign of slowing. Most of these people are nursing home eligible. In addition, there are 250 Homemaker clients who have no staffing at all. There are empty beds in nursing homes and assisted living facilities due to staffing shortages, while we warehouse older people in hospitals who cannot be discharged to home or to a facility. There are long wait lists of people in need of care who will likely never get care unless we do something drastically different to invest in our essential care infrastructure.

We are going in the wrong direction and we are asking the wrong questions. In a just society, when we decide people are entitled to care, it is incumbent upon government to ensure they receive timely, safe, quality care. This should be the starting point for our conversation. The question we should be asking is, “What will take to ensure that all Mainers who qualify for care under any state or federally funded program get quality, predictable, timely care by qualified people who are motivated to do the work?”

To illustrate the point, I will focus on home care. Since 2016, because of your leadership, rates for home care providers have been increased several times. This has caused the Department to conclude that these rates don’t need to be reviewed for another 4 years. Home care providers tell us they are employing all of the people they are able to employ with the salary they are able to offer based on the rates. Despite doing everything they can to attract new workers, they have reached their staffing capacity within the existing rate structure. Yet, over this same time, the number of unstaffed home care hours, and the people not receiving care, has doubled.

Here’s the root of the problem. We live in a market driven economy. When we don’t have enough workers, the private market corrects, paying more for workers, and passing higher costs on to consumers. Still, all over Maine, we’re hearing that private employers cannot find enough workers. When government pays less than market rates for services, it puts businesses that rely on government contracts at a competitive disadvantage – they cannot pay premium wages to workers, and thus, cannot maintain an adequate workforce capable of meeting the demand for services. In our current environment, any MaineCare rate that does not consider market forces will not be sufficient to allow providers to compete for workers. Until and unless this happens, the number of people not getting care in Maine will continue to grow.

We must fundamentally change the way we pay for essential care services across all settings and with all populations, and create real incentives for people to take these jobs, a clear career pathway to other quality jobs, and quality supervision and support. We must stop pitting providers against one another and must start valuing all of the people who provide this care, including Behavioral Health Professionals who maintain people with behavioral health challenges in the community, and provide for their direct care needs in a facility.

LD 1573 moves us closer to the right conversation, but it does not go far enough. The bill does four critical things:

- It establishes a minimum wage for some, but not all, direct care workers that is set at 125% higher than minimum wage, and is automatically increased with statutory increases in the minimum wage. We believe other types of direct care workers, like Behavioral Health Professionals, should be included in this section.

- It requires the Department to establish rates that consider the costs of providing care and services in conformity with applicable state and federal laws, rules, regulations, training requirements and quality and safety standards;
- It requires “rebasings” of rates for home care every two years. This is critically important as we must regularly examine how the market is impacting the ability of providers to compete and maintain an adequate workforce to meet current care needs; and
- It establishes the Long Term Care Workforce Oversight Advisory Committee to ensure compliance with the above and to track unstaffed hours and worker demand. We urge that the name of this committee be changed to the Essential Care Workforce Oversight Advisory Commission. “Long term care” is a federal term of art which denotes facility care. In addition, we believe the Commission should advise and offer oversight to the Department of Labor, in addition to the Department of Health & Human Services.

This bill begins to create an essential care workforce framework, but it must go further. We believe the state should be compelled to provide care once someone qualifies for that care, and that any rate must be minimally set to ensure that happens. Going further, though, we believe essential care workers should be paid a livable wage. Any rate increases should include a reason (methodology) for the increase to satisfy CMS.

The integral role of the care economy has largely been ignored by economic policymakers. This is largely due to who provides care and who they provide care to. This workforce is dominated by women, often women of color, and it provides care to people who are considered less valuable than those who are fully productive. Many economists believe a significant investment in our social infrastructure, i.e. the care economy, during a time of economic downturn and high unemployment, has the potential to create thousands of good paying, quality jobs. This sort of investment also has the potential of narrowing gender and racial pay gaps, addressing historic inequities, and expanding overall household income.

This makes good economic sense in another way as well. If we invest now in ensuring lower cost care – home and community care – is delivered when it is needed, we will save money on avoidable and unnecessary facility and hospital care. We still must pay for quality facility care, but paying for the right care at the right time saves us significantly in the long run.

Our care problem is not going away. More than 300,000 people in Maine are over 65. A quarter of them will need more than one year of *paid* support over the remainder of their lifetime. Many people with disabilities old and young need assistance with activities of daily living to get going in the morning, to get going to jobs, caring for grandkids, or volunteering to help others. Investing in this workforce now ensures Mainers will be able to get the help they need to be as productive as they can be for as long as they can be, despite their need for care.

We urge you to support LD 1573 and to make the above modifications. Thank you.

Jess Maurer
207-592-9972