



**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 878**

**Delivered in Writing on April 20, 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 878, a Resolve to Increase MaineCare Reimbursement Rates for Services Provided by Direct Care Workers.

I apologize at the outset that I am unable to be here in person today to deliver this testimony. Maine's direct care worker crisis is at the very top of our priority list. However, we're hosting a conference today where more than 200 participants will explore how implicit age-bias and ageism are impeding our ability to make the kinds of systems changes discussed below.

Justice and vision are intertwined. When we see systemic injustice, the critical path to change includes a clear vision for how we want the system to be reformed. We all agree that our current system of personal care includes a great deal of injustice, sometimes the worst kinds of injustice that leaves vulnerable people more vulnerable and at risk for avoidable injury, hospitalization and institutionalization.

Today, and every day, tens of thousands of Mainers rely on others for their most personal care. This is intimate care - dressing, toileting, and showering, and basic, life sustaining care - eating, wound care, and health monitoring. How would you want to receive this care if you needed it? You'd want to trust your worker, feel comfortable in their presence, and be sure they'd show up when you needed them to be there, wouldn't you?

Unfortunately, this is not the reality for many of the people receiving personal care today in Maine. In fact, right now, there are over 500 older and disabled Mainers who are nursing home level of care on Section 19 who have no personal care staffing at all. There are also 250 people in the Homemaker program who have no staffing. No workers are showing up for these older people. Others experience revolving and inconsistent care, different workers coming in and out,

and sometimes no worker coming at all when one used to come. Some workers who show up are inexperienced and lack the skills to offer compassionate care. This is all driven by a severe and pervasive workforce shortage that is consistently making it impossible for providers to retain a sufficient workforce to meet increasing demand across all settings.

We have heard from home care, adult day services, homemaker and facility care employers that they are employing all of the staff they are able to with the amounts they are being reimbursed for the services. They are exhausting every opportunity to hire more workers, but they simply cannot compete with the private market for workers.

Put another way, employers who serve older and disabled MaineCare members are operating at their full capacity in relation to the labor they are able to hire with the amount being reimbursed for the services. This means the people who are currently enrolled in these services who are not being staffed have no hope of being staffed in the future. As the labor market becomes tighter as we reopen, this will only mean that these employers will lose more workers to other industries, and the number of unstaffed people entitled to services will grow.

We can all agree this is a broken system of care that must be fixed. We can also agree that a one-time rate increase and a flawed rate setting process that doesn't include an analysis of market forces and the impact our workforce shortage has on rates will not fix the system.

This is why we need real vision, and are hopeful this committee will provide it. Instead of asking the question, how much should we pay for a particular service, we should be asking how do we build a system of quality personal care that ensures people get the care they are entitled to in a consistent and reliable person-centered way? We believe it's time to require the kind of consistent, quality care we want people to receive when we're footing the bill, and to create a pathway for building an essential care workforce ready to deliver that care.

The way we pay for essential care work in Maine is broken, and we must fundamentally change it. While this bill may not be the proper vehicle for broader change, it can be an important first step. The only way that people will receive quality care is if we have an adequate number of essential care workers who are paid competitive wages and who are trained, supervised, and supported. The \$2 across-the-board rate increase envisioned in LD 878 is a start, but this amount likely needs to be doubled to begin to make a dent in the essential care workforce shortage.

In looking at whether rates set by the state are appropriate, the federal government will look to whether they are economical, efficient, and incent quality of care. Providing home care is more economical and efficient than providing hospital and nursing home care. It is also obvious that no care is not quality care. We encourage you to vote in favor of LD 878, but in doing so, ask you to consider if \$2 is sufficient to attract enough workers to meet our current gap in care, and to make a finding that the rate increase is economical, efficient and incents quality care. It is more economical to pay more to ensure all people who are entitled to care receive it, than to have those people utilize more expensive systems because they did not receive any care.

Thank you.

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