



**Testimony of Jess Maurer on Behalf of
the Maine Council on Aging to the Committee on
Innovation, Development, Economic
Advancement and Business**

**In Favor of LD 1718 - An Act to Encourage
Participation in Maine's Essential Support
Workforce Through Access to Higher Education**

Delivered on May 2, 2023

Greetings Senator Curry, Representative Roberts, and members of the Committee on Innovation, Development, Economic Advancement and Business.

My name is Jess Maurer, and I am the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of over 135 organizations, businesses, municipalities, and older community members working to ensure we can all live healthy, engaged, and secure lives with choices and opportunities as we age at home and in community settings. I am testifying in favor of LD 1718.

At some point in our lives, we, or someone we love, will require the assistance of an essential support worker, someone who will help us with the tasks that allow us carry out our daily lives. In fact, 1 in 4 people will require a year's support as they age, and many more will require lesser amounts. Sometimes, these are intimate tasks that we take for granted such as showering and getting dressed or household tasks, like making the bed, doing laundry, or taking out the trash. Sometimes we need this help in our own homes, other times, the help will be offered in care settings. When we find ourselves or a loved one in need of help, we will look to a skilled, professional worker to help us.

What happens, though, when a worker is not available? This is a question many Mainers are currently trying to answer. Workforce challenges predate the pandemic, but the impact of COVID has exacerbated an already stressed system. The most recent report released by the Department of Health & Human Services this year highlights these challenges.¹

The report shows that 772 older people (33%) who are entitled Section 19 waiver home care services and 407 older people (53%) entitled under Section 63 aren't getting some or all of the home care they need because of staffing shortages. 20% of people who are supposed to receive Homemaker Services are not being staffed and 1200 are waiting for the program. Nursing homes are at 79% occupancy because of staffing shortages.² This is just one type of worker covered by LD 1718, and these are older people who are entitled to care through state-funded and MaineCare programs. There are thousands more people who need care and can't find it who would pay out-of-pocket. The report also catalogues shortages in workers who care for people

¹ <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/AAAA-Annual-Report-February-2023.pdf>

² Ibid.

with intellectual disabilities. It doesn't cover gaps in care for people with behavioral health challenges, which are significant.

COVID is not the only culprit here. Care work, traditionally done by women, has long been viewed as low-end or dead-end work and as a result these positions have been egregiously underpaid for decades. When our general workforce shortages became acute, and sectors of all types began paying more to compete for workers, these workers left in droves for higher paying jobs.

According to a report just released by the Maine Center for Economic Policy titled, *The High Cost of Undervaluing Direct Care Work*, and despite recent investments in this sector, 1 in 7 direct care workers are receiving SNAP, MaineCare or TANF.³ This report finds that our collective failure to adequately support essential support workers is keeping more than 8,000 traditionally employed people out of Maine's labor force. This is because, as families struggle to find care for a loved one and can't find a worker, many are being forced to leave the workforce in order to provide care at home. The report estimates that Maine is missing out on over \$1 billion per year in additional economic activity as a result of people dropping out of the labor force due to direct care challenges.

The undervaluing of this workforce at a time when Maine's labor market is as tight as it has ever been has created a perfect storm. When literally anyone with no background check, no drug test, and no specialized training, can get a job working at Burger King for \$17 an hour, and other national companies are able to drive wages up to compete for workers, providers who are tied to reimbursement rates set by the state cannot compete and are losing workers, not attracting them.

A complex challenge requires some ingenious solutions. In addition to efforts to ensure workers are compensated at a market rate for these jobs, we must create incentives that will draw workers into the field and retain them in these positions for a period of time to stop the incredible costs associated with worker turn-over – costs to both the employer and the person in need of reliable, consistent care and support.

LD 1718 is one such solution. The direct care worker tuition voucher program is available to all full-time workers and provides tuition assistance in the amount of \$4000 per year worked, for up to four years. What is special about this program, however, is that these vouchers are transferable – the vouchers can be passed to a worker's spouse or domestic partner, a child or grandchild thereby creating legacy.

The bill allocates an initial \$500,000 fund to be managed by FAME and is an all-around win-win. Not only will it attract new workers into hundreds of open positions, it will incentivize those workers who might be considering leaving to stay, ultimately reducing the number of people needing care but not receiving it. It also infuses our higher education system with more revenue and incentivizes people to go to college. LD 1718 is an opportunity to lift all boats while helping to ensure Mainers in need have access to the care and support services that keep them safe, connected, and engaged.

We know some questions will arise about the technical drafting of the bill. I want to underscore that we want to make this work, so are happy to reconfigure the program in any way that will

³ <https://www.mecep.org/health-care/the-high-cost-of-undervaluing-direct-care-work/>

ensure the success of the program. To simplify the program, we're pleased to have it be a \$4,000 tuition voucher, thus deleting any reference to annual tuition costs.

The bill should be clear that a worker only earns one voucher total per year, which can be used by that worker or her family, including grandchildren. There should be no prioritization in who uses the voucher – we intentionally want older workers who will never use the voucher themselves to be incentivized to stay in the workforce long enough to earn tuition vouchers for their children or grandchildren. The voucher runs only to the worker – the worker can then transfer the voucher to her family members. This should be a matter for rulemaking.

It was not our intent to make the vouchers available to workers who work outside the provider network, using the providers merely as a way to easily demonstrate a worker's eligibility to receive a tuition voucher. It was our intent that the employer would enroll in the program, thus promoting it to their workers. The enrollment would simply mean the employer is agreeing to verify employment of the qualifying workers.

There is absolutely no expectation that an employer would be on the hook for repayment of voucher amounts if an employee fails to comply with the program. The penalty provision was not our language. It seems unnecessary to have a penalty provision, but if it's necessary, it should not run to the employer.

We encourage you to support LD 1718. Thank you, I am happy to answer any questions.

Jess Maurer