

**Written Testimony of Jess Maurer, Chair
Essential Support Workforce Advisory Committee
To the Health & Human Services Committee**

In Favor of LD 1932

An Act to Support Essential Support Workers and Enhance Workforce Development

Senator Ingwersen, Representative Meyer, and Members of the Health and Human Service Committee,

My name is Jess Maurer, and I am the Executive Director of the Maine Council on Aging, but I am providing testimony in my role as an appointed member and current Chair of the Essential Support Workforce Advisory Committee (ESWAC). Through this testimony, I am sharing the recommendations that ESWAC has made in relation to **LD 1932, An Act to Support Essential Support Workers and Enhance Workforce Development**. You will soon be presented with the ESWAC's Annual Report to the Committee as required by Title 26 Section 3802, which contains these recommendations.

Established in 2021, the Essential Support Workforce Advisory Committee (ESWAC) was statutorily created to advise the Legislature, the Governor and state agencies on the State's shortage of essential support workers, people who provide care and support to older adults, people with physical and intellectual disabilities, and those with behavioral health challenges. The Committee was not convened until 2022, and only met once that year. Thus, the Committee only started its work in earnest in 2023.

The primary duties of the ESWAC are to examine staffing needs, collect data, consider research needs, and monitor worker shortages to examine if efforts to promote these jobs and recruit and retain workers in this field have been successful. Based on this information, ESWAC is charged with making recommendations on improving recruitment and retention. As in outlined in our previous two reports, ESWAC has determined that there is no way to understand how many workers are currently in this workforce, how many workers must be added to meet existing demand, and what the impact is on the people who are entitled to receive care and support through MaineCare and state funded programs.

Because of this, in 2023 and again in 2024, ESWAC issued a recommendation to provide funding to the Maine Health Data Organization (MHDO) to do an environmental scan and inventory of data that is already collected and/or available to be collected related to the "care gap," and to provide a report to the legislature on what it would take to create a uniform data collection and reporting system that would establish a "care gap" baseline that could be measured over time. Thanks to the good work of this Committee, LD 977 was passed last year, and you've just received MHDO's report. The ESWAC has not met since MHDO's report has been released and has not yet considered the recommendations.

Also in 2024, ESWAC recommended that the authorizing statute, 26 MRSA §3802, sub-§2, be amended to include at least one additional Committee member, specifically a representative of personal care agencies. This specific provision contained within LD 1932 is included to accomplish this recommendation and we urge you to include this provision in the final passage of this bill. Personal Care Agencies were not licensed until 2024, and it was an initial drafting oversight that a home care agency was not included in the initial Committee makeup.

At the height of the 2025 legislative session, ESWAC held a special meeting to consider LD 1932 and to discuss the lack of appropriations for COLAs for care and support workers in the Supplemental Budget. During that meeting, and in a subsequent electronic vote, the ESWAC made the following recommendations:

The Legislature should:

1. Raise the labor portion of the state's reimbursement rate for supports and services provided by essential support workers under MaineCare or state-funded programs *to a competitive rate of pay to ensure growth in this workforce*;
2. Require Maine's Department of Health & Human Services (DHHS) to designate a technology implementation lead and to produce a plan with strong stakeholder involvement to advance the use of technology to assist in reducing the care gap that exists in Maine;
3. Create a Standardized Core Foundational Curriculum that is consistent throughout the state, across populations served, and regardless of where services are delivered, and ensure the training is available frequently enough to reduce training wait times; and
4. Commission a report to: a) study the full cost to the state for providing all MaineCare approved services each year in order to budget appropriately to avoid deficits; b) forecast this cost into the future as Maine's population continues to age; c) review utilization data for those not receiving their approved care due to the workforce shortage in order to understand the cost to the state when people cannot obtain lower-cost, in-home care.

In addition, over the course of the remaining meetings throughout 2025, the Committee developed the following recommendations that are relevant to this public hearing:

1. The committee recommends that the State & Legislature prioritize its statutory commitment to annual COLAs and rate adjustments to create stability in this workforce. *The Committee finds that consistent and predictable COLAs were a key factor in improving workforce stability last year, and that uncertainty regarding future adjustments has created significant challenges for providers and workers, and has had a demonstrable negative impact on the overall workforce.*
2. The committee recommends quantifying the number of workers necessary to deliver all authorized services, in order to ensure adequate workforce planning and resource allocation.
3. The committee recommends that it be meaningfully engaged by DHHS and MDOL in advising policymaking processes, consistent with its advisory role.

We urge you to consider these recommendations as you consider the proposals in LD 1932. We will make a member of the Committee available at the work session if the Committee has specific questions related to these recommendations.

Thank you for your consideration.