



### Testimony of Laura Cordes

#### In Support of *LD 1932 An Act to Support Essential Support Workers and Enhance Workforce Development*

**Joint Standing Committee on Health and Human Services**  
**January 20, 2026**

Good afternoon Senator Ingwersen, Representative Meyer, and distinguished members of the Health and Human Services Committee. Thank you for the opportunity to provide testimony in support of *LD 1932 An Act to Support Essential Support Workers and Enhance Workforce Development*.

My name is Laura Cordes, and I serve as the Executive Director of the Maine Association for Community Service Providers (MACSP). MACSP represents nearly 100 community-based agencies delivering person-centered educational, vocational, residential, and community-based supports - as well as specialized care - to more than 5,500 adults with intellectual disabilities, autism, and brain injuries across Maine. These services are delivered by a dedicated workforce of approximately 9,000 essential care and support workers and are foundational to helping people live full, meaningful lives in their communities.

At the heart of this work are relationships built on trust, stability, and shared commitment. For many individuals and families, these relationships span years and life stages, providing continuity, dignity, and opportunity. When the workforce is unstable, those relationships, and the services people rely on, are put at risk.

I want to thank Speaker Fecteau and the co-sponsors of LD 1932 for their sustained leadership in support of Maine's direct care and support workforce and the people they serve. This bill, along with the amendments before you today, builds on more than half a decade of collaborative work, across coalitions and alongside many of you, to strengthen Maine's care economy.

A resilient, adequately reimbursed workforce is the bedrock of that care economy. Yet providers continue to operate in an extremely tight labor market, with stagnant and noncompetitive reimbursement rates, delays in rate adjustments through the MaineCare rate-setting system, and inconsistent annual COLA implementation. These pressures, combined with razor-thin margins, leave providers unable to absorb rising labor costs or compete with other sectors for workers.

The result is not abstract. It is continued workforce turnover, reduced capacity, program closures, and, most concerning, people who need care and support going without it.

I want to address an important point related to wages and reimbursement. Providers cannot be held to a wage floor unless the State first adjusts the labor component of MaineCare service rates to fund that

requirement. When labor components are not updated annually, providers simply do not have the revenue necessary to raise wages across the board, no matter how committed they are to doing so.

A wage floor of 125% of minimum wage, without consistent and sufficient state rate adjustments, does not function as a true floor. Instead, it creates wage compression, where experienced staff, supervisors, and long-tenured workers are pushed closer to entry-level wages without the funding needed to adjust the entire wage scale. This undermines retention, erodes morale, and ultimately destabilizes services.

The Speaker's amended language and the 140% standard recognize this reality. It provides enough room in the wage structure to both raise entry-level wages and preserve appropriate differentials for experience, responsibility, and tenure. In short, it allows providers to build a wage floor that is real, sustainable, and fair, *but only when paired with annual labor component adjustments*, and I will add only when rates are adjusted as proposed on a five-year cycle with annual COLAs as outlined under current statute.

Predictability and transparency in rate-setting and implementation are therefore critical—not only to stabilize the current workforce, but to keep pace with Maine's annually increasing minimum wage, plan responsibly for the future, and expand access where needs are growing. We have fallen behind the goals set in the current statute, and the consequences are being felt every day by workers, providers, and the people they support.

Despite sustained and good-faith efforts by MACSP member organizations to stabilize their workforce, retention challenges persist. Providers across Maine have implemented a wide range of strategies to support and retain staff—including offering more competitive benefits, investing in supportive leadership and management practices, providing flexible work options, and intentionally fostering positive organizational cultures that strengthen job satisfaction. These efforts have helped many organizations maintain a resilient core workforce under exceptionally challenging conditions.

However, workforce stabilization has not translated into statewide capacity. Many providers remain unable to fully meet all authorized service hours, accept new referrals, or expand service lines. In some cases, service limitations continue—not due to lack of commitment or innovation, but because staffing levels cannot be sustained at current reimbursement rates.

The Maine Center for Economic Policy (MECEP) has closely examined these challenges and offered data-driven solutions. In its 2024 report, *Closing the Gap: Maine's Direct Care Shortage and Solutions to Fix It*, MECEP estimates that Maine would need to recruit at least 1,600 additional Direct Support Professionals to close existing service gaps. The report also documents growing waitlists for services—numbers that have likely increased since publication.

Importantly, MECEP identifies low wages as the primary driver of workforce shortages and concludes that paying workers at least 140% of the minimum wage is necessary to recruit and retain a stable, qualified workforce. This recommendation reflects labor market realities and what providers across Maine are already experiencing.

LD 1932, particularly with the proposed amendments, responds directly to these findings. It recognizes that wage standards must be paired with funded, predictable rate adjustments—and that workforce stability depends on rates that support competitive and addressing wage compression, not ignoring it.

For these reasons, MACSP respectfully urges you to support LD 1932. This legislation represents an essential investment, not only in workers, but in the people, families, and communities who depend on a strong, reliable system of care.

Thank you for your time and consideration. I would be happy to answer any questions today or during the work session.

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