



Jessica L. Fay

141 Spiller Hill Road

Raymond, ME 04071

Phone: (207) 415-4218

Jessica.Fay@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: MAINE RELAY 711

Testimony In favor of LD 1573

An Act To Implement the Recommendations of The Commission to Study Long-Term Care Workforce Issues May 3, 2021

Sen. Claxton, Rep. Meyer and members of the HHS Committee, I am Jessica Fay representing the people of House District 66, parts of Casco, Poland and Raymond. I am here to introduce and in support of LD 1573 “An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues.”

As the House Chair of the Commission, which met in 2019 and issued its report in January of 2020, I am so proud of the work the we did and am committed to working with this Committee to dig into the recommendations. I would like to recognize Rep. Stover and Rep. Griffin who were members of the Commission. They both made important contributions to the work and I am grateful for them. You can find a link to the report in my written testimony.

<http://legislature.maine.gov/doc/3852>

Just like so many other important issues, the work on relieving the essential caregiving workforce crisis was interrupted when the Legislature adjourned in March of 2020. It was a little over a year ago when I came before you with testimony in favor of LD 2109 – almost the same bill. While the bill is the same, we have learned a great deal over the last year, and have the benefit of being able to incorporate some of that new knowledge into a final bill.

I fully expect that there will be changes to the current language – I encourage that, we need to work together and use the latest information to solve this crisis.

While the title of this bill and the name of the Commission uses the term “long-term care”, it has become clear that an essential caregiver’s work is more than just what we normally think of as long term-care. Because assisting people with personal care like bathing, toileting, cooking and other activities of daily living require similar skills across many populations and settings and not just in traditional “long-term” care, it makes sense to think of the work in broader terms. What we do know is that all direct caregivers deserve to be paid more regardless of the population they serve and I hope an amended version of the bill reflects that. I have some concerns about the current language but am committed to working towards a solution that results in increased pay for essential caregivers.

I applaud the Dept. for taking on the weighty task of rate study so that this Committee is no longer the de-facto rate setter for MaineCare, but we must fill the gap until that work is done, and to that end I strongly urge this committee to take action to make sure that essential caregivers are able to remain in the workforce and are able to make ends meet.

The recommendation of the Commission was a rate design that used 125% of minimum wage as a baseline for the labor portion of the rate. I hope the Dept. will take this into consideration as they do their work. Providers of direct care are not only competing with other providers for workers, they are competing with other sectors for workers and we need to recognize that, as well. The Commission also identified other factors that those rates should include like electronic visit verification, background checks, and other unfunded requirements.

While addressing the reimbursement rates in order to raise the wages of the caregiving workforce is critical for alleviating the worker shortage, it is not sufficient.

The issues that play into the way we value both the people who do this work as well as the people who receive these services are complex.

Essential caregiving was historically the unpaid purview of women, people of color and immigrants and continues to be undervalued by some and underpaid. People who require the kind of care that is provided by this workforce have also traditionally been those who aren't always visible. Older people, people with intellectual, developmental or physical disabilities and folks with mental health issues are often not considered or are considered a burden. When we have undervalued workers caring for undervalued members of society, we have a system that works for neither. Raising up the status of the work – helping people recognize the importance and value it provides to the folks who need care and to our economy is an important part of the solution.

The complex issues that are bound up in the direct care workforce shortage require ongoing attention and scrutiny. As we have learned over the last year, many of the issues facing our state require collaboration among departments, advocates, lawmakers and impacted communities. Part B of the bill requires an ongoing oversight advisory committee which would help keep tabs on the progress we are making towards alleviating this crisis. The nature of our short legislative sessions and the time frame in which we have to solve problems can mean it takes years to find solutions, but also makes it harder to be sure the solutions we agree on are being implemented - and that those solutions remain effective.

The issues facing the caregiving workforce have been staring us in the face for at least a decade. Reports have been written and recommendations made, only to have them languish. The Commission to Study Long-Term Care Workforce Issues recognized this and recommended creating a group of stakeholders, interested parties and legislators to keep tabs on the process. This is one of the most important of the twenty-nine recommendations.

I'd like to draw your attention to what isn't in the bill. In my written testimony I have highlighted some of the other recommendations but won't take up time here reviewing them. I am also including letters that this Committee sent to DHHS last spring addressing some of the additional recommendations. I am not up to speed on the status of some of those requests, but I thought I'd include them for your information.

I am grateful for the opportunity to engage with this committee in finding solutions to this caregiving crisis. I am happy to try to answer any questions. Thank you for your time.

Additional Recommendations:

- Because there are real life barriers to training for some potential workers and we know that good training helps with retention and job satisfaction, directing the Department of Health and Human Services to immediately reconstitute, update and implement the Maine Direct Service Worker Training Program could make training more accessible and cost effective.
- Adult day health services, respite services and other similar services allow individuals to remain at home with family members longer, but the number of hours covered is minimal. Increasing the number of hours allowed could be a cost-effective way to address a caregiving worker shortage.
- Raising the caps and creating a more flexible cost model for assistive technology and environmental modifications for members receiving home and community-based services is a solution that could help people live more independently with a lower level of care.
- The Commission recommended that the Dept. convene a stakeholder group to explore methods to pool workers across providers and care settings or programs, including developing a method to provide benefits to the workers. This exploration could include the potential to create a HIPAA-compliant digital platform to connect direct care workers, providers, self-directing consumers and family members.