



Testimony to the Joint Standing Committee on Health and Human Services

in support of

LD 1573, An Act to Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues

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Senator Claxton, Representative Meyer, and Distinguished Members of the Health and Human Services Committee:

My name is Amy Winston and I am the State Policy Director at Coastal Enterprises, Inc (CEI). I reside in Edgecomb and am testifying today on behalf of CEI in support of LD 1573, “An Act to Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues.” I served as a member of the Commission and am also testifying in that capacity.

CEI is a 43-year-old Community Development Financial Institution (CDFI) with a mission of supporting good jobs, environmentally sustainable enterprises, and shared prosperity in Maine. We provide business advice and financing to approximately 2,000 entrepreneurs in Maine annually (3,000 in 2020), specializing in financing for small businesses, natural resource-based industries, and downtown community revitalization projects. Over the last 3 decades (1990-2019), CEI has provided \$11 million in financing for 98 direct care related businesses (loans range from \$4,100 to \$500,000). In the last 2 years, our StartSmart program for new Mainer (immigrant) owned businesses has advised 21 individuals, including personal care attendants and support specialists, who are interested in starting home health care businesses; as a result, 5 new businesses were launched and 4 received CEI loans. In addition to financing, CEI works with employers to create “good jobs.” A key lesson learned from our long-term work in the long-term care sector is that *quality jobs result in quality care*¹.

Maine and other states have reached their capacity to deliver long-term care services safely and effectively. The industry is at a crisis facing the “triple threat” of increased demand, increased worker turnover, and unfilled care vacancies². Personal care attendants shoulder increasing shares of increasingly complex care being delivered in community, home, and nursing facility settings due to preferences of an aging population with increasingly complex medical needs (related to increased prevalence of chronic disease) to age safely and with dignity at home (Morgan 2017). Entry level care workers are key to health care access and delivery. They are the most cost-effective members of

¹ Luz, C. and Hanson K. “Filling the Care Gap: Personal Home Care Worker Training Improves Job Skills, Status, and Satisfaction.” *Home Health Care Management & Practice* 2015:1-8.

² Dawson, Steven. “The Direct Care Workforce— Raising the Floor of Job Quality.” *Generations: Journal on American Society of Aging* Spring 2016. Volume 40(1): 38-46.



increasingly integrated health and care management teams. And, as technology is further integrated into healthcare, including long-term care, especially in rural areas, the scope and importance of direct care work is sure to expand as well. Establishing higher quality standards and plausible pathways to career level training is essential to ensure an adequate supply of proficient workers in this sector. Employers must compete for direct care workers through higher pay, benefits, predictable hours, training, and support³.

The Commission reviewed direct care workforce research and best practices, including training, recruitment and retention, and public policy, presented by industry and stakeholder testimony, to analyze Maine's persistent care gap. These resources included the findings from the Maine DHHS-led Study of Maine's Direct Care Workforce (submitted to the 123rd legislature in March 2007), and the Report of the Direct Care Worker Task Force (submitted to Maine DHHS in 2010). Along with CEI's own work in this field, this earlier work illustrates the **urgent need to valorize care work as essential public infrastructure**.

Pay will be the main factor in attracting any demographic cohort to build a reliable workforce to this sector. Importantly, this bill requires immediate actions on the part of the Department to recalibrate reimbursement rates and increase wages. Without this intentional investment in public care infrastructure, high turnover and care vacancies are only going to persist, with tragic consequences for Maine families. However, while viable reimbursement rates and increased pay address acute workforce shortages and set the stage for future workforce recruitment, they are not enough unless combined with actionable, evidence-based workforce training, recruitment, and retention strategies and a public awareness campaign.

We describe effective, cost-effective direct care workforce strategies in detail in [CEI's written testimony](#) in support of *LD 2109, An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues*, during the 129th Legislature, which passed this committee with the intent to increase reimbursement and increase pay before the legislature adjourned due to COVID.

By creating an oversight advisory committee and process to benchmark progress over 5 years, the current bill takes an even bigger step toward ensuring implementation of the full suite of the Commission's recommendations, which are designed to guarantee lasting change – quality care for seniors and vulnerable individuals – by investing in career development in the care economy.

CEI urges the committee to vote Ought to Pass on LD 1573. Thank you for the opportunity to submit testimony on this bill. It was an honor to serve on the Commission.

³ Ibid.