



**Written Testimony of Jess Maurer on Behalf of
The Maine Council on Aging
To Joint Standing Committee on Labor and Housing**

**In Favor of LD 898 – An Act to Provide Incentives to
Unemployed to Become Part of the Caregiver Workforce**

Submitted in Person on May 5, 2021

Senator Hickman, Representative Sylvester and members of the Joint Standing Committee on Labor and Housing:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 100 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 writing in support of LD 898.

The MCOA proposed legislation to create the Commission to Study Long Term Care Workforce Issues in December 2016, after a significant stakeholder process identified a multitude of ways in which Maine needed to systematically address its severe and pervasive direct care workforce shortage. While the Commission was created pursuant to LD 925, enacted in July of 2018, the Commission failed to meet before the end of the session, and needed to be re-authorized in 2019 before it could begin its work. The Commission met in the fall of 2019 and issued its report in December of that year.

COVID hit in 2020, and we had to postpone the critical conversation about solving our direct care worker shortage. The COVID crisis has made it even more important to invest in promoting and building a quality essential care workforce ready to meet Maine's care needs. This is because many care professionals have left the profession during the pandemic.

In any given week, about 10,000 hours of approved care by Personal Support Specialists go undelivered to about 850 older and disabled Mainers, including more than 500 older Mainers who received no staffing at all. These are not people on a wait list – these are people who are supposed to be getting care, who are not getting any care because there are no workers. This 10,000 hour deficit has more than doubled since 2016, and shows no sign of slowing. Most of these people are nursing home eligible.

Right now, over 6 of every 7 direct care workers are women, and many are older. Many of these older workers left the profession when COVID hit. COVID has taken an enormous emotional toll on care workers in nursing homes and home care settings; many have left, or plan on leaving after the health crisis is over.

LD 898 responds directly to the issues and concerns raised in the Commission report, specifically related to workers who are receiving public benefits, with an innovative, multilayered, and targeted pilot program to support the career development and economic stability of individuals moving into the home care field. The details of this pilot program will be designed through the joint work of the Department of Labor and the Department of Health and Human Services and with the assistance of a working group of home care workers, agencies, and organizations with relevant workforce expertise.

Three components of this bill combine to create real opportunity for growth both for the individuals participating and for the home care workforce, meaning more people dedicated and available to care for people in need of services. First, each participant will be supported in designing an individualized career pathway with a focus on long term career ladder opportunities. So people will not only be able to get a job, but also to move toward continuing career development. Second, each participant will be supported to connect with economic stabilization services enabling them to be food secure, have needed childcare, live in safe affordable housing, and access financial supports. So people will be secure enough to devote their attention to their home care career development. Finally, tiered reimbursement strategies will provide incentives to create more supportive workplaces, so people will be encouraged to stay in home care. This section is modeled on the attached Five Pillars of Direct Care Job Quality as recommended by PHI, an international direct care workforce policy organization.

LD 898 represents a well-designed pilot program with accountability. The program leverages existing subsidies and incentives available to other workers. The program includes a control group of similar individuals who do not participate in the program thereby allowing a comparative analysis, including analysis of return on investment and evidence of improvement in quality of care delivered. The evaluation process is conducted by an independent nonpartisan reviewer with annual reports to the Legislative Committees on Labor & Housing and Health & Human Services. As the benefits of the program are documented, consideration can be given to expanding to other areas of the essential workforce.

This strategy alone will not solve the growing problem of the essential care workforce shortage, but it has great potential to help build the workforce, provide engaging and growing jobs for individual workers, and improve care for people who need home care support. Unless we attract new people to the field and retain them, more and more of Maine's most vulnerable people will be unable to get the support they need to meet their basic human needs

We urge you to vote in favor of LD 898. Thank you.

Jess Maurer
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THE 5 PILLARS OF DIRECT CARE JOB QUALITY



QUALITY TRAINING

- Training is accessible, affordable, and relevant to the job
- Content covers a range of relational and technical skills associated with quality care
- Competency-based, adult learner-centered instruction with opportunities for hands-on learning
- Programs account for cultural, linguistic, and learning differences
- Documentation and verification of program completion and/or certification, with connections to employment



FAIR COMPENSATION

- Living wage as a base wage
- Access to full-time hours
- Consistent scheduling and notice of scheduling changes
- Employer- or union-sponsored benefit plans
- Paid sick days and paid family and medical leave
- Grief support and bereavement leave
- Financial support and asset development programs
- Access to merit, longevity, and other base pay increases



QUALITY SUPERVISION & SUPPORT

- Clear presentation of job requirements, responsibilities, workflows, and reporting structures
- Consistent, accessible, and supportive supervision
- Access to personal protective equipment and other supplies to ensure worker and client safety
- Connection to peer mentors and peer support networks
- Connection to community-based organizations to address employment-related barriers



RESPECT & RECOGNITION

- Direct care workers reflected in organizational mission, values, and business plans
- Diversity, equity, and inclusion formalized in organizational practices
- Consistent feedback is given on work performance and retention is celebrated
- Opportunities for direct care workers to influence organizational decisions
- Clear communication about changes affecting workers, with opportunities for feedback
- Direct care workers empowered to participate in care planning and coordination
- Other staff trained to value direct care workers' input and skills



REAL OPPORTUNITY

- Employer-sponsored continuous learning available to build core and specialized direct care skills
- Opportunities for promotion into advanced direct care roles with wage and title increases
- Organizational commitment to cross-training workers and promoting from within
- Connections to external training and job development programs for other health care and social service careers