



**UNITED
NEIGHBORHOOD
HOUSES**

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**Testimony of United Neighborhood Houses
Before the New York City Council Committee on Civil Service and Labor
Council Member Carmen De La Rosa, Chair**

**Support for Resolution 24-2022 (Hudson):
Pass the New York State Fair Pay for Home Care Act (S.5374A/A.6329A)**

**Submitted by Tara Klein, Senior Policy Analyst
March 22, 2022**

Thank you for hosting today's hearing on Resolution 24-2022, sponsored by Council Member Crystal Hudson, in support of the New York State Fair Pay for Home Care Act (S.5374A/A.6329A). United Neighborhood Houses (UNH) is a policy and social change organization representing 45 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

UNH strongly supports the Fair Pay for Home Care Act and urges the Council to vote in favor of this resolution. The home care workforce is facing an economic crisis due to New York State funding and policies that perpetuate near-poverty wages and unfairly pit workers against nonprofit employers. New York City and State must take urgent action to stabilize the home care sector and fairly compensate its workforce.

Settlement Houses

Three UNH member organizations provide nonprofit home care services to their communities as state licensed home care services agencies (LHCSAs): Chinese-American Planning Council, St. Nicks Alliance, and Sunnyside Community Services. Together, every year these settlement houses provide services to over 4,500 individuals with nearly 7,500 workers throughout New York. While the home care industry is comprised of both for-profit and nonprofit home care agencies, these community-based organizations serve distinct roles. They serve their neighborhoods with culturally competent care and offer many important wrap-around services and programs beyond home care including early childhood education, youth development programs, adult literacy classes, senior centers and more.

As multi-service nonprofits, these programs operate on lean budgets and struggle to maintain fair home care wages given reimbursement rates and State policies. For years, these organizations have been advocating together on behalf of the sector, ensuring the State does not pit home care workers and employers against one another and instead reform unfair State funding and policies.

Importance of Home Care

According to federal studies and modeling, over half (52%) of Americans turning 65 today will develop a condition serious enough to require long-term services and supports.¹ There are also over a million New York State residents with disabilities, chronic illnesses, or other complications that require direct long-term care. With such a significant population of New Yorkers that will require long-term care to age with dignity, it is in our government's best interest to ensure these services are as appropriate and sustainable as possible.

Direct care in homes and communities is either provided by unpaid family caregivers, paid family caregivers, or home health workers through an agency. New York's home care employees work tirelessly to help older adults and people with disabilities and chronic illnesses who require assistance with daily activities. Home care allows vulnerable community members to remain living at home with dignity and high-quality individualized care, which the vast majority of individuals prefer over being sent to institutionalized settings such as nursing homes. Further, many immigrant seniors and families prefer home care because they can receive language-accessible and culturally competent care that they would not find in institutionalized settings.

With the demand for home care increasing, and with the nursing home crisis in New York that escalated during the COVID-19 pandemic, it is clear that the home care model should be preserved and elevated if New York is to remain dedicated to healthy aging and keeping older adults in their homes and communities.

Industrywide Workforce Challenges

As the State's population continues to age, the need for long-term care is growing rapidly. Statewide projections show² that the number of New Yorkers age 65 and over is expected to grow by nearly one million from 2016 to 2026, and by another half a million from 2026 to 2036 – to about 4.5 million by 2036. As the population grows, the need for long-term care and the long-term care workforce will also grow.

The home care sector currently employs hundreds of thousands of people in New York, and by 2025 the sector is expected to see a 33% growth in demand and a net workforce shortage of 23,000 workers.³ This shortage is in large part due to a systematically underpaid workforce comprised largely of women of color and immigrants. Home care workers had a median pay of \$28,750 in 2020,⁴ with an estimated one in four workers living below the Federal poverty line, making them some of the most economically disadvantaged employees in the State.

These poor wages are predominantly due to State policies including low Medicaid and MLTC reimbursement rates and the NYS Department of Labor's "13 hour rule" of 13 hours of pay for a 24 hour work shift. Nonprofit home care providers in particular are stymied by these policies, unable to pay the fair wages they know their workers deserve due to a lack of funds. These economic policies were especially insulting as the home care workforce and providers navigated the COVID-19 pandemic, continuing to provide services despite fearful workers and clients and rapidly-changing state guidance.

¹ <https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief>

² <https://pad.human.cornell.edu/counties/projections.cfm>

³ www.mercer.us/our-thinking/career/us-healthcare-labor-market-interactive-map.html

⁴ <https://dol.ny.gov/labor-data#31-0000>.

Medicaid Challenges

Home care is funded substantially by government payors, with the State's Medicaid program representing 87% of home care and personal care services,⁵ including through managed long-term care plans (MLTCs). Exacerbating the sector's low wages are depressed Medicaid reimbursement rates. Particularly for nonprofit providers, home care agencies are beholden to the rates and requirements laid out by Medicaid and the State, making it extremely difficult for providers to compensate their workers adequately or competitively when faced with unfunded regulatory mandates.

Medicaid itself is a significantly underfunded State program, with many health care services competing for limited funds that under State rules are only permitted to grow by a certain percentage tied to the medical inflation rate each year under the Global Cap. Further, as mass unemployment swept our State throughout COVID-19 and people were forced to give up their employer-sponsored healthcare, hundreds of thousands more people enrolled in Medicaid⁶, putting even more strain on the system. Finally, before COVID-19 hit in early 2020, former Governor Cuomo tapped a second Medicaid Redesign Team (MRT II) to propose additional cuts to the Medicaid program to save money. This included a 1% across-the-board cut to home care agencies that went into effect in the FY 2020-21 budget, which was especially painful for nonprofit providers.

The 13-hour rule

The New York State Department of Labor (DOL) has established that residential home care employees who work for 24 hours shifts can only be paid for 13 of those hours in most cases, with the remaining hours exempt and intended to be reserved for sleep (8 hours, 5 of which must be uninterrupted) and meals (3 hours). In practice, many 24-hour shift workers are frequently interrupted by their patients' various needs, with work stretching throughout the night and rarely affording real meal or sleep breaks. An employee can be paid for 24 hours of a 24-hour shift if the employee can demonstrate they received less than 5 hours of uninterrupted sleep. In practice, however, these additional hours can be difficult for employees to quantify, and it can be difficult for providers to obtain additional reimbursement from their insurance plans, as this "13-hour rule" also sets Medicaid reimbursement rates and policies. Often, MLTC plans will simply not approve requests for payment above 13 hours due to the amount of money that they get from the State.

What this all means is that providers who want to pay workers fairly for the full 24 hours must find 11 hours of pay in their own budgets. For many home care providers, especially those that are nonprofit organizations on lean budgets, this is impossible. This means that employees often end up doing more than 13 hours of work for only 13 hours of pay. While less than 10% of home care workers currently work 24-hour shifts (at least in UNH's network), the 13-hour rule remains a leading contributor to the poor pay scales for 24-hour home care workers.

UNH supports State bill S.359A (Persaud) / A.3145A (Epstein), which would cap home care worker shift hours at 12 hours in most cases (informally known as split shifts). This bill seeks to rectify the unfair pay structures that result from the DOL's 13-hour rule by capping the number of hours an employer can require a home care worker to work at 12 hours, with a cumulative limit of 50 hours of work per week (shorter shifts would also be permissible, such as 8 hours). There are limited exceptions to go over this cap, with clear worker protections added for these cases including an anti-retaliation clause and a right to civil action for law violations. The bill would massively reduce if

⁵ <https://hca-nys.org/wp-content/uploads/2019/02/HCA-Financial-Condition-Report-2019.pdf>

⁶ <https://medicaidmattersny.org/wp-content/uploads/2021/04/global-cap-MMNY-statement-4.6.21.pdf>

not eliminate the number of 24-hour shifts. In 2021 the City Council introduced Resolution 1784-A (Chin) in support of this legislation, and we hope the Council will consider re-introducing this resolution.

Fair Pay for Home Care

UNH strongly supports S.5374A (May) / A.6329A (Gottfried), the Fair Pay for Home Care bill, which would ensure home care workers are paid uniform and fair wages across the State. This bill would establish a base wage for home care workers at 150% of the regional minimum wage, whether that wage is set by statute or a wage order, and requires annual adjustments via the Department of Health. Critically, the bill includes a funding mechanism by establishing the Fair Pay for Home Care Fund and subsidizing Medicaid payment rates when necessary. This will ensure pay rates are funded through reimbursement rates and do not unfairly fall on providers.

This bill will not be feasible without a large financial commitment by the State, which must include an adjustment to the Medicaid Global Cap. However, home care workers are currently forced to accept dire wages because of State regulations; it is therefore the State's responsibility to cover these costs and rectify a system it has neglected for decades, to the detriment of workers. Further, this bill is ultimately an economic development program. A recent report from the CUNY School of Labor and Urban Studies found that this legislation would create 20,000 additional home care jobs per year for the next decade, create nearly 18,000 new jobs within local businesses due to the increased spending capacity of these home care workers, and result in net economic gain of billions of dollars for the State.⁷

Fair Pay for Home Care was not included in Governor Hochul's FY 2022-2023 Executive Budget proposal, though the budget did include a one-time pay "bonus" for home care workers, a reversal of the 1% MRT home care cut, and a pay increase for other categories of healthcare workers. However, both the Senate and Assembly included Fair Pay for Home Care legislation and funding in their one-house budget bills this month. With just one week left in budget negotiations, there is significant momentum for this effort. City Council Resolution 24 by Council Member Hudson sends a strong signal to the State that New York City stands with its workers and its providers in demanding Fair Pay, and we urge Council Members to vote in favor of the resolution.

Thank you. To follow up, please contact me at tklein@unhny.org.

⁷<https://static1.squarespace.com/static/58fa6c032e69cfe88ec0e99f/t/6022ae8312cfd1015354dbee/1612885635936/Executive+Summary+CUNY+REPORT.pdf>



AARP Testimony - City Council Committee on Service and Labor - Fair Pay for Home Care

March 22, 2022 | 10:30 AM | **Subject:** Support for Res. 0024 - Fair Pay for Home Care Act (S.5374-A/A.6329-A)

Good morning Chair Carmen De La Rosa and members of the Committee on Civil Service and Labor.

My name is Kevin Jones and I am the Associate State Director for Advocacy at AARP New York, representing 750,000 members of the 50+ community in New York City. Thank you for providing AARP with the opportunity to testify in support of the City Council's Resolution 24, calling on the State Legislature to pass and the Governor to enact the Fair Pay for Home Care Act (S.5374-A/A.6329-A).

Across New York State, nearly 900,000 older New Yorkers receive care from about 200,000 home health aides. Before the onset of COVID-19, however, we witnessed a growing crisis within the caregiving industry in New York City and across the State.

As more older New Yorkers have desired to age in their homes instead of moving to nursing homes or other care facilities, professional caregiver agencies have struggled to retain enough experienced staff to keep up with the growing demand for caregiving services among older adults and have experienced high turnover among their caregiving staff.

The high rate of turnover and burnout we have seen among caregivers across New York has largely been caused by years of stagnant wages, few opportunities for upward mobility in the industry, a lack of institutional support and trainings offered by the industry, and incredibly demanding hours without equitable compensation.

The onset and persistence of the COVID-19 pandemic has only exacerbated the staffing crisis within the caregiving industry and led to alarming staffing shortages at some of the worst points of this crisis.

As cases of COVID-19 surged throughout several periods of this pandemic, we know that professional caregivers were not provided with sufficient amounts of PPE to keep themselves and their clients safe from the spread of the virus. Caregiving agencies also struggled to provide full services as staff either tested positive for COVID-19 or did not come into work due to fears of contracting the virus and



spreading it to vulnerable members of their families. This in turn required other caregivers to work incredibly long and demanding shifts. Additionally, New York State's decision to exclude family caregivers of older adults from their COVID-19 Emergency Paid Sick Leave policy placed further strains on New York's caregiving network further and left families struggling to find caregiving services for their older loved ones.

As New Yorkers recover from the impact of COVID-19 in the months and years ahead, we need our elected leaders to implement policies that will better support the wellbeing of New York's professional caregivers in order to meet the immediate caregiving needs of our older adult population and to ensure that New York's professional caregiving industry will have the capacity to support the growing demand for caregiving services as more older adults age in their communities in the future.

AARP New York fully supports City Council [Resolution 24](#) and joins your call for the New York State Legislature to pass and the Governor to sign the Fair Pay For Home Care Act (S.5374-A/A.6329-A), which would establish a base rate of pay for home care workers of at least \$35,000 per year across New York State. We believe that the Fair Pay for Home Care Act is an important step towards ensuring that our professional caregivers are equitably compensated for the critical services they provide to our older adults. This legislation will also better attract and retain more workers into the caregiving field, which in turn will help to improve access to caregiving services and improve health outcomes for New York's growing older adult population as more individuals age in their own homes.

Thank you for providing AARP with the opportunity to testify at today's hearing. As a note, AARP New York has been advocating for this legislation with key members of the New York State Legislature and would be more than happy to work with the City Council to pass this legislation. Please feel free to reach out to me following this hearing with any questions or suggestions.



**Testimony to the NYC Council Committee on Civil Service and Labor Regarding
Res 0024-2022: Fair Pay for Home Care Act (S.5374-A/A.6329-A)
Tuesday, March 22, 2022**

Delivered by:
MJ Okma, Senior Manager of Advocacy and Government Relations

Good afternoon, Chair De La Rosa and members of the New York City Council Committee on Civil Service and Labor. My name is MJ Okma and I am the Senior Manager of Advocacy and Government Relations at SAGE, the country's first and largest organization dedicated to improving the lives of LGBTQ+ older people.

SAGE has been serving LGBTQ+ elders and HIV-affected older New Yorkers for over four decades. With the support of the New York City Council, we provide comprehensive social services and community-building programs through our network of six LGBTQ+ older adult centers along with extensive virtual programming, and services for homebound LGBTQ+ elders and older New Yorkers living with HIV. Also, SAGE is proud of our role as on-site service provider in New York's first LGBTQ+ welcoming elder housing developments located in Brooklyn and The Bronx.

LGBTQ+ elders are an important sub-population of older New Yorkers. Nearly one-third of LGBTQ+ New Yorkers are over the age of 50 and this rapidly growing population experiences greater disparities in both physical and behavioral health outcomes due to the cumulative effect of a lifetime of bias and discrimination.ⁱ Distrust in health and social services due to the fear of continued discrimination can lead LGBTQ+ older people to delay seeking needed care and result in premature institutionalization in nursing homes and long-term care facilities.ⁱⁱ Many of these fears are exacerbated for transgender elders and those living with HIV who face additional stigma and privacy concerns.

Home care can help preserve independence and access to community and chosen family, however, high turnover and vacancy rates in the home care field hinders the ability to build trust needed to break down the barriers between LGBTQ+ elders and access to essential home care services.

SAGE strongly supports Resolution 0024-2022 and The Fair Pay for Home Care Act (S.5374-A/A.6329-A) to address New York's home care workforce crisis and help ensure LGBTQ+ elders can access the supports they need to age in place.

New York is currently facing a labor shortfall of home care workers, while those in the field are under-compensated and exhausted.ⁱⁱⁱ As the aging population grows along with the interest for supports to allow more older people to age in place, demand for home care

workers is will skyrocket. In New York State, the number of home health aide and personal care aide jobs is projected to rise from 440,000 in 2018 to over 700,000 by 2028.^{iv} This growth coincides with an increase of LGBTQ+ elders who experience increased rates of disability, poor physical and mental health, alcohol and tobacco use, and HIV.^v

Fair Pay for Home Care is necessary for both the givers and receivers of care. We must end the unacceptable poverty wages for home care workers, an essential workforce which is 90% women, 67% immigrants, and 75% women of color.^{vi} Investing in this workforce would advance racial and gender equity, eliminate the home care labor shortage, and help increase access to LGBTQ+ competent care.

SAGE stands in strong support of Resolution 0024-2022 and the Fair Pay for Home Care Act (S.5374-A/A.6329-A). Thank you, Chair De La Rosa, for holding this important hearing, Council Member Hudson for championing this resolution, and to all the co-sponsors of Resolution 0024-2022.

MJ Okma
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ⁱ AARP NY, "Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+," January 2021 <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>

ⁱⁱ Ibid

ⁱⁱⁱ The Graduate Center and School of Labor and Urban Studies, City University of New York, "The Case for Public Investment in Higher Pay for New York State Home Care Workers: Estimated Cost and Savings," March 2021 https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1806&context=gc_pubs

^{iv} Ibid

^v AARP NY, "Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+," January 2021 <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>

^{vi} Institute for Policy Studies, "For New York Home Care Workers, Fair Pay Is Possible," February 2022 <https://ips-dc.org/new-york-home-care-workers/>



My name is Saleen Shah, and I am testifying today in favor of this resolution on behalf of Gray Panthers NYC, where I work in communication and organizing capacities.

Gray Panthers envisions a city where older New Yorkers, and younger New Yorkers, have much to contribute to make our city more just and humane, and in which each reinforces the other in goals, strategy, and action.

In New York, there is a pernicious and unconscious age, race and gender bias becoming more evident in the workplace, especially with regard to the home care workforce. Supported by recent legislation, recent reports and advocacy campaigns, and government oversight reports that this labor force is inadequately compensated and protected. It's obvious that they work extremely hard and provide the care needed to the frailest cohort among us. Gray Panthers NYC supports their effort to improve working conditions and compensation. Let us note that the world of nursing home and home care is a blazing example of how the intersection of ageism, sexism, and racism negatively affects quality of care.

The yearly median earnings for a full-time, full-year home health aide is only about \$24,500, making this precious workforce more susceptible to poverty. Women of color are concentrated in the most physically demanding direct care jobs (nursing aide, licensed practical nurse, or home health aide), along with the "back-room" jobs of cleaning and food preparation in hospitals, schools, and nursing homes.

The pandemic exposed every inequity. Consequently, Gray Panthers NYC has been focusing on the underappreciated issues of nursing home and long term care overhaul. It's a good thing that the home care and nursing home workforce finally has an opportunity to address its concerns. Gray Panthers NYC supports their efforts. Gray Panthers NYC supports Resolution 0024 and encourages all City Council members to also become sponsors.

Thank you for your attention.

Respectfully submitted,

Saleen T. Shah

Community Organizer and Communications Coordinator
Gray Panthers NYC
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City Council Committee on Aging, Councilmember Crystal Hudson

Hearing on Resolution for Fair Pay for Home Care

Tuesday, March 22, 2022

My name is Bobbie Sackman, Campaign Leader, NY Caring Majority/Jews for Racial and Economic Justice. The Caring Majority/JFREJ applauds Councilmember Crystal Hudson, Chair, Aging Committee, for introducing this resolution for City Council to send a strong message to the state legislature and Governor Kathy Hochul that the Council supports Fair Pay for Home Care (A06329/S05374).. The statewide NY Caring Majority is composed of older adults, PWD, home care workers, family caregivers and others. We are working with 1199, NAACP, AARP, LiveOn NY, and many other organizations statewide. Fair Pay for Home Care is a groundbreaking opportunity to put a huge crack in the feminization of poverty - pay a living wage to workers, predominantly WOC, and support family caregivers, mostly women, who often leave their jobs or work part-time, impacting their financial future.

I was formerly the Director of Public Policy for LiveOn NY for 28 years. I can attest that Fair Pay for Home Care is the most transformational change to providing a living wage for home care workers across the board, confronting the severe shortage of home care workers, providing critical home care to millions of New Yorkers and supporting family caregivers, the state has seen in decades.

We are thrilled that both the state Assembly and Senate included the full Fair Pay for Home Care Act in their one house budget bills. The Act is carefully written to ensure that funding for wage increases ends up in the pockets of home care workers and that this increase is sustainable, not an unfunded mandate for home care agencies. This is why home care agencies have teamed up with the NY Caring Majority to support the Act.

We are asking Governor Kathy Hochul to agree to fully fund Fair Pay for Home Care and include the Act as written in the final budget. The executive budget included using federal American Rescue Plan Act funds for a one time, small bonus. The one house budget bills include the same funds, \$630 million, to launch a permanent raise and legislate a fair pay for home care workers in statute. Fair Pay for Home Care would legislate that home care workers are paid 150% of the local regional minimum wage. For example, \$15/hour would be \$22.50. More details will be discussed later in this testimony.

As covered in the CUNY Graduate Center's recent report, "[The Case for Public Investment in Higher Pay for New York State Home Care Workers](#)"

"Public funding for wage increases and health insurance coverage for the State's home care workers would require significant resources, but those costs would be more than off, set by the resulting savings, tax revenues, and economic spillover effects"

Wage increases, health coverage, and payroll taxes would total approximately \$4 billion per year.

But the combined value of new savings, tax revenues, and economic spillover effects resulting from improved compensation would far exceed these costs. The estimated total on the economic benefit side of the ledger is \$7.6 billion

These savings would be distributed across local, state, and federal levels, with a net gain of \$3.7 billion.

Investing in a caring economy will bring a tremendous return on investment economically, job creation and in the lives of millions of New Yorkers.

New York's population is aging rapidly and becoming more disabled — between 2021-2040, NYS is projected to grow by 3% —but the 65+ population will grow by 25%. The number of adults over age 85 will grow by 75%. [[CUNY](#)]

According to AARP, 4.1 million family caregivers statewide, predominantly women, provide \$31 billion of free care. Many leave their jobs or work part time to care for elderly parents.

NYS has the worst shortage of home care workers in the nation. Poverty level wages are driving home care workers out of the industry in droves as they need to care for their own families and earn a living wage. NYS's home care workforce is 91% female and 77% WOC/immigrant women. 57% of home care workers must rely on public benefits and 42% live at or near poverty.. That's not right.

According to the Center for Disease Control and Prevention, one-quarter of the state's population has a disability, and when we look at the state's sixty-five plus population, that number becomes almost 50%. The need will only grow more, with some studies indicating that the rate of long-term disability among COVID-19 survivors, even those who had mild cases or who were asymptomatic, could be as high as 20-30%.

Even before COVID, the vast majority of us preferred to live and age in our own communities. The loss of over 15,000 nursing home residents to COVID-19 only made it clearer why home based support is preferential, and led many families to opt for home care over nursing homes for their loved ones [[Times Union](#)] In a recent poll, 90% of Americans preferred home care over nursing homes. [[SEIU](#)] Additionally, based on several recent studies, staying out of institutions is healthier too - recent research has found recovering COVID patients fared far better after discharge to home care than nursing homes [[VSNY](#)] and even before Covid, the median life expectancy of an individual in a nursing home was just five months [[Geriatric Society](#)] Home care is what allows many of us who need care and support in our homes to do so - but New York currently faces the worst home care workforce shortage in the nation. [[Mercer](#)] This

means we don't have enough home care workers to care for older adults and disabled people. And the shortage is only growing worse as our population keeps aging, and older adults increasingly search for nursing home alternatives. This shortage is dangerous: without anyone to care for older adults and disabled people, our family members are vulnerable.

- 25% of home care consumers reported they were unable to find home care workers •
- Nearly 20% of state home care positions are currently unfilled due to staff shortages. •
- 42% of New York's home care agencies reported high turnover [[HCA](#)]

We need more home care workers to care for the state's older adults and disabled community, but the state pays home care workers poverty wages — as little as \$13.20 an hour in many counties — and prioritizes institutional settings. So, home care workers who love their job are leaving the sector in droves to find better paying jobs. ***Poverty wages drive workers away:***

- Over 40% of New York's homecare workers live in or near poverty due to chronically low wages — an average of \$13.20 an hour in most regions [[PHI](#)]
- 57% of NY home care workers rely on public assistance and 49% lack affordable housing [[PHI](#)]
- In the Hudson Valley, for e.g., 5,100 home health aides in the Hudson Valley leave the job each year because of low pay and inadequate benefits [[HIH](#)]
 - 60% aides reported leaving due to an inability to earn enough money [[CPDAANYS](#)]
- Seven out of every ten consumers Upstate and three out of every five on Long Island and Westchester reported low wages as the reason their workers quit. [[CDPAANYS](#)]

We need to combat the state's dangerous home care shortage to keep older adults and disabled people safe — and the way to do it is by including Fair Pay for Home Care (A06329/S05374) in the budget which would raise home care wages to at least \$35,000 a year on average.

Fair Pay for Home Care would raise home care wages to 150% of the minimum wage – allowing home care workers to make at least \$35,000 a year on average. According to a study by the CUNY School of Labor and Urban Studies [[CUNY](#)] would wipe out the home care workforce shortage in less than five years, keep older adults and disabled people safe and out of nursing homes, and bring 200,000 new home care workers into the field. In all, the state would see increased revenue totaling \$5.4 billion through job creation and moving home care workers off of social assistance — putting the Act on track to be one of the most successful economic development programs in the state's history. And the home care sector is overwhelmingly women and people of color — so fair wages would create new jobs for historically underpaid communities. More and more New Yorkers are joining together to say: It's time for New York to care for older adults and disabled people — by investing in home care that will keep them safe and at home. Fair Pay for Home Care would also:

- **Lift workers out of poverty:** Currently, 42% of the state's home care workers live in or near poverty. Fair Pay for Home Care would lift over 200,000 home care workers out of poverty and be better able to support their own family.. [[PHI](#)]
- **Jobs for women & people of color:** Fair Pay for Home Care will overwhelmingly improve existing jobs and create new jobs for women and people of color: currently, New York's care sector is 91% female and 77% people of color. As the country and state wrestle with historic racial injustice, along with the disproportionate impact of COVID on communities of color, Fair Pay for Home Care is an investment in equity, lifting up a historically underpaid workforce. [[PHI](#)]

- **Job creation during Covid:** As New York faces widespread unemployment, Fair Pay for Home Care would bring 200,000 new home care workers into the field over the next decade and additionally create 180,000 jobs in other sectors and industries via increased spending and economic activity. [[CUNY](#)]
- **Economic generation:** Fair Pay for Home Care would pay for itself and generate \$5.4 billion for New York's state economy through new income and sales tax revenue, economic spillover, and reductions in Medicaid and social assistance. [[CUNY](#)]

Fair Pay for Home Care is also a smart investment for New York. A consortium of unionized Licensed Home Care Agencies and home and community based long term care associations projected that Fair Pay, when fully implemented, would cost New York about \$2.5 billion, and even less in the short-term while the state is receiving higher Federal Medicaid funding because of COVID-19. (This cost includes wage increases for home care workers AND all the costs associated with those raises for providers, to ensure this isn't an unfunded mandate for providers. We can provide a more detailed breakdown of these costs if needed.)

Because Fair Pay would be implemented Jan 1, 2023, it is only 1/4 of the fiscal year 2023 - therefore in the budget about to be passed, it would cost the state approximately \$618 million — this is slightly only 3/4 of the \$860 million of funds available from the American Rescue Plan.

Given the projections by [CUNY School of Labor and Urban Studies](#) that Fair Pay would result in cost savings and revenue larger than the investment, the initial investment, fully funded by the Federal government, would begin to pay for itself by the time it was fully effective in fiscal year 2024. Since the state can use ARPA funds until March 31, 2024, any savings or increased revenue predicted by CUNY that had not yet materialized could be funded by the \$285 million in remaining ARPA funds.

In a time when NYS Budget Director Robert Mujica said that NY is in a strong financial position, with billions in a 'rainy day fund' it is unconscionable for the State to NOT invest in the essential home care workforce and end NY's worst in the nation home care workforce shortage.

NY Caring Majority members, RNs, PWD, family caregivers, developed the "Comprehensive Skills Table" which is pasted at the bottom of my testimony, and spells out in detail the myriad of health care skills home care workers provide and the ramifications when that care isn't available. I will quickly go through some of them.

Keep in mind that home care workers earn poverty level wages at \$13.20/hour upstate for this skilled health care work - including preventing death:

- Decreased falls - Toileting, bathing, transferring, ambulation, mobility, stabilization of the person's body all prevent falls. 34,000 older adults died in 2019, due to falls. 300,000 were hospitalized, many debilitated for life due to hip fractures.
- Wound care - Changing of dressings, assessing the wound, lack of care could lead to a system infection such as sepsis, which is deadly.
- Respiratory care - Monitoring of respiration, cleaning of ventilators & other equipment, respond to ventilator alarms, assist with suctioning of tracheostomies, monitoring oxygen tanks & more. Respiratory support is a life saving measure. Without it individuals suffer

to breathe and death is inevitable.

There is much more in the whole table, but, hopefully, the point has been made. Home care is health care. Investing funding for Fair Pay for Home Care provides critical health care for millions of New Yorkers while creating good paying jobs. Can we all agree that it's time to end New York's policy of neglect and poverty level wages? The NY Caring Majority and JFREJ wholeheartedly thank Councilmember Crystal Hudson and all Councilmembers for signing on to this resolution. We look forward to its passage and send it to Albany ASAP. Thank you.

Comprehensive Skills Table

<p>Actions: Traditional Agency Aide or Consumer-Directed Personal Assistant (CDPA)</p>	<p>Importance of these actions</p> <ul style="list-style-type: none"> • Impact patients' quality of life • Decrease risk for illness exacerbations • Decrease risk for rehospitalization 	<p>Consequences if these actions are not taken</p>
<p><u>Big Picture:</u> <u>Traditional Agency</u> The home care worker is a skilled assessor of any changes in the consumer and also knows the consumer. They assess for changes such as increased shortness of</p>	<p>If no one is providing assistance in the home and making these assessments, the consumer's health situation will worsen such that medical visits, additional medication or</p>	<p>Disruption in the life of the consumer and increased health care visits which are difficult and also expensive to the healthcare system.</p>

breath, dizziness, skin color changes, changes in appetite, changes in elimination. They are trained assessors of the consumers and report any changes in real time to the RN, who takes action.

Big Picture: CDPA

The home care worker is called a personal assistant (PA) and is an adult who provides consumer directed personal assistance to a consumer under the consumer's instruction and training, supervision and direction or under the instruction, supervision and direction of the consumer's designated representative. The consumer shall be self directing, which shall mean that they are capable of making choices about their activities of daily living, understanding the impact of the choice and assuming responsibility for the results of the choice. When a consumer is unable or

emergency room visits might be necessary.

<p>does not want to fulfill these responsibilities, they are entitled to appoint a</p>		
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<p>designated representative (DR) to do these tasks on their behalf, so long as the DR is not their PA.</p>		
<p><u>Decreased Falls</u> The assessment, supervision and support provided by the home care worker as specified below leads to decreased falls.</p>	<p>In 2019 34,000 older adults died due to a fall in the US. Falls are the leading cause of injury related deaths in the U.S. for older adults *</p> <p>Over 300,000 older people are hospitalized each year for hip fractures. This impacts their quality of life and leads to hospitalizations and need for rehab. Many end up in nursing homes after a hip fracture.*</p> <p>For consumers who fall, many other poor outcomes can occur, such as traumatic brain injury, loss of</p>	<p>Falls often lead to hospitalizations. In 2015, the total medical costs for falls totaled more than \$50 billion.¹¹ Medicare and Medicaid shouldered 75% of these costs.*</p>

	use of arms, hands, legs, loss of muscle tone, loss of ability and more.	
<u>Environmental support functions, such as:</u> <ul style="list-style-type: none"> • Making and changing beds • Dusting and vacuuming • Light cleaning of the 	<p>If these tasks are not done, the consumer may:</p> <ul style="list-style-type: none"> • Suffer <u>allergy attacks or respiratory distress</u> from 	<p>Increased medical needs including doctor visits, emergency department visits and possibly new prescriptions for</p>

<ul style="list-style-type: none"> kitchen, bedroom and bathroom • Dishwashing • Listing needed supplies • Shopping • Laundering, including ironing and mending • Payment of bills • Assistance using the telephone and/or other communication devices • Reading mail and other administrative tasks • Other essential errands 	<ul style="list-style-type: none"> dust and other particulate matter in the air • Experience increased risk for upper respiratory infections • Risk of <u>food borne illnesses</u> due to cross contamination • Experience skin breakdown, irritation, rash or infections • Lose housing placement and/or utilities due to inability to physically submit payment 	<p>medications.</p> <p>Loss of housing leads to homelessness and/or institutionalization. Loss of utilities over a period of time may cause instability of overall health of the consumer, inability to use medical equipment reliant on electricity such as power wheelchairs, hospital beds, ventilators, etc.</p> <p>This is destabilizing for consumers and expensive for the healthcare system.</p>
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<p><u>Nutritional needs</u></p> <ul style="list-style-type: none"> • Preparation of meals in accordance with modified diets or complex modified diets, including low sugar, low fat, low salt, low residue diets, gluten free, egg free, dairy free, soy free, wheat free, vegan, purified, softened, excess liquid or gravy, thickened meals • Preparation of enteral/tube feeding 	<p>When prescribed diets are not followed, consumers' <u>disabilities may be exacerbated</u>. A few examples include, <u>blood pressure</u> may increase, <u>swelling</u> in the body due to cardiac issues may increase, <u>kidney</u> disease may worsen; inability to moderate bodily functions, etc.</p> <p><u>Low or poor nutrition</u>, including electrolyte imbalance leading to</p>	<p>Increased medical needs including doctor visits, emergency department visits and possibly new prescriptions for medications</p> <p>This is destabilizing for consumers and expensive for the healthcare system.</p>
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<p>appropriate foods and/or formulas</p> <ul style="list-style-type: none"> • Administration of tube feedings • Assistance with manual mouth feeding 	<p>hospitalization or death.</p> <p>Risk of <u>food borne illnesses</u> due to lack of proper storage and cooking of food.</p>	
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<p><u>Personal care</u> refers to any or all nutritional and environmental support functions and personal care functions that are medically necessary for maintaining an individual's health and safety in his or her own home. Specific personal care tasks include:</p> <ul style="list-style-type: none"> • Bathing of the consumer in the bed, the tub or in the shower • Dressing, including assistance with pulling or pushing limbs, ensuring creases or wrinkles are seamless to avoid pressure sores, use of buttons or zippers, and using compression garments, abdominal support belts and other accessories worn 	<p>During personal care, the body is assessed for any <u>changes in color, skin breakdown, rashes</u> and more.</p> <p>This personal care is essential for a consumer's sense of well being and health outcomes.</p> <p>Hygiene care is essential to a sense of well being, decreases infection risk, and maintains personal hygiene.</p> <p>Monitoring vitals is essential for ensuring preventative measures are taken to avoid further costly medical interventions or risk to health.</p> <p>Maintaining personal care and medical needs supports a positive mental health outcome.</p>	<p>If skin assessment is not done regularly, <u>skin infections</u> such as <u>candidiasis</u> or <u>skin breakdown</u> can lead to increased need for medical care. <u>Skin breakdown - a pressure injury also known as a bed sore, can occur in as little as two hours.</u></p> <p>If hygiene is not provided, infections such as urinary tract infections will not be identified early, leading to increased use of the healthcare system.</p>
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<p>on the body to assist with bodily functions and safety</p> <ul style="list-style-type: none">• Grooming, including care of hair, shaving, skin moisturizing and ordinary care of nails, teeth and mouth• Toileting; this may include assisting the patient on and off the bedpan, commode or toilet; assistance cleaning and maintaining personal toileting hygiene; assist with use and cleaning of portable urinals• Assistance with bowel programs, including use of suppositories, digital stimulation and/or manual removal• Assist with catheterizations of stomas or urethra• Providing routine skin care• Manage, change and clean ostomies, bags and supplies• Care and cleaning of enteral nutrition/feeding		
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<p>tube sites</p> <ul style="list-style-type: none"> • Assist with flushing stoma sites as needed, including enteral/feeding tube, bladder, etc. • Monitoring vitals including blood pressure, heart rate, oxygen saturation, temperature, etc. • Other tasks defined below as Ambulation, Medication, Respiratory, etc. 		
<p><u>Ambulation</u></p> <ul style="list-style-type: none"> • Assistance with walking, beyond that provided by durable medical equipment (DME), within the home and outside the home • Transferring from bed to chair or wheelchair such as manual or electronic Hoyer patient lift machine use, slide boards, gait belts, physical lifting, balance support, etc. • Turning and positioning the consumer's body in 	<p>Remaining in one position, whether sitting or lying down, may lead to respiratory and cardiac decline and a high risk of skin breakdown (bed sores). Assisting the consumer to ambulate also maintains muscle tone which decreases falls risk.</p> <p>Regular movement of the body maintains flexibility, decreases muscle and joint contractures, lessens pain levels and supports a positive mental health</p>	<p>If cardiac and respiratory systems are not exercised, as well as muscles for ambulation, the consumer's weakness will increase leading to more use of the healthcare system and possibly increased risk for falls.</p> <p>Lack of regular bodily movement can also lead to chronic pain, muscle spasms and neuropathy, which increases the consumer's use of</p>

	outcome.	
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<p>whole or part, such as arms, legs, torso, hips, etc.</p> <ul style="list-style-type: none"> • Providing routine range of motion, stretching, physical therapy, occupational therapy and/or skin massage • Using medical supplies and equipment such as walkers, wheelchairs, leg or hand braces, hospital beds, etc. including basic maintenance, cleaning and charging of battery operated devices 		<p>the healthcare system and pharmaceutical reliance.</p>
<p><u>Medications and Dietary Supplements</u></p> <ul style="list-style-type: none"> • Administration of medication by the patient, including prompting the patient as to time, identifying the medication for the patient, bringing the medication and any necessary supplies or equipment to the patient, opening the container for the patient, positioning 	<p>When consumers don't take medications as prescribed, which can include forgetting doses, taking double doses, taking both trade and generic prescriptions, taking a double dose, following guidelines regarding whether to take with food or not, or an hour before eating, or</p>	<p>These poor outcomes may lead to both poor outcomes and illness in the consumer and greater use of the healthcare system.</p>

	other specifics, there is a high risk of poor outcomes.	
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the patient for medication and administration, disposing of used supplies and materials and storing the medication properly		
<u>Wound care</u> <ul style="list-style-type: none"> • Changing of dressings (simple dsg change only with traditional agency) • Use of wound vac systems and drainage of collection canister • Routine monitoring of skin 	During the process of changing a wound care dressing, the home care worker assesses drainage, color, size and odor of the wound.	If any changes are occurring, and they are not reported, the consumer may develop an infection which can have outcomes including the need for antibiotics, more complicated wound care and possibly system infection such as sepsis.

<p><u>Respiratory</u></p> <ul style="list-style-type: none"> • Provide routine monitoring, interpretation of output data, adjustment and cleaning of ventilators, BiPAP, CPAP, cough assist, nebulizers and other machines, circuitry and parts for respiratory support • Respond appropriately and timely to ventilator alarms 	<p>Without respiratory support, consumers are unable to sufficiently clear airways, intake and/or exhale air and/or oxygen, leading to increased risk of upper respiratory infections, aspiration, choking, lung muscle loss, respiratory failure, lowered oxygen levels, increased carbon dioxide levels, etc.</p>	<p>Respiratory support is a life saving measure. Without respiratory support assistance, consumers will suffer to breathe adequately and death is inevitable.</p>
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<ul style="list-style-type: none"> • Assist with routine suctioning of tracheostomies, mouth, throat and/or upper esophagus • Monitoring and use of oxygen tanks • Manual percussion of back, chest and lung area to clear airways 		
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<p><u>Community support</u> to assist consumers in attending medical appointments, accessing community programs, services, socialization or leisure, including driving vehicles, clearing pathways, assistance maneuvering around or over obstacles, reaching and lifting items, assistance with payment methods, etc.</p> <p>Maintaining personal and financial security and confidentiality at all times.</p>	<p>This personal care is essential for a consumer's sense of well being and health outcomes.</p> <p>This assists the state in meeting federal requirements to ensure services for persons with disabilities are provided in the most integrated setting, defined as a setting that enables individuals with disabilities to interact with non disabled persons to the fullest extent possible, appropriate to their needs.</p>	<p>This is destabilizing for consumers and expensive for the healthcare system.</p>
<p><u>Supervision and cueing</u> to help the consumer perform a nutritional and environmental support function or personal care function.</p>	<p>This personal care is essential for a consumer's sense of well being and health outcomes.</p>	<p>This is destabilizing for consumers and expensive for the healthcare system.</p>