



**Testimony on:**

Proposed OAPSA Reform Legislation

Senate Aging and Youth Committee

Senate Banking and Insurance Committee

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**Presented by:**

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Good morning. I'm CJ Rambler, Vice President of Development and Strategy at Honor Health Network, and President of the Board of Directors for the Pennsylvania Homecare Association (PHA). I'm here to discuss the Older Adult Protective Services Act (OAPSA) and express the concerns of PHA and its 700 home health, hospice, and homecare member agencies that care for more than 440,000 Pennsylvanians across the state.

PHA supports OAPSA's primary goal of safeguarding vulnerable older adults from abuse, neglect, and exploitation. However, the larger rewrite includes practical changes to how caregivers and nurses are hired, imposing likely delays to that process, which result in significant risks to patients and their providers who are already experiencing access to care challenges given the current workforce crisis.

We appreciate the collaboration that has been ongoing between Senate staff, the Pennsylvania Homecare Association, and our stakeholder colleagues to help shape the current proposed language contained in this legislation. However, we remain concerned about the impact of certain provisions of the bill, especially as it relates to access to critical life-sustaining care resulting from the workforce crisis we continue to experience.

### 1. Our primary concern is regarding the impact of requiring FBI fingerprints for all workers.

Today in home care, FBI fingerprints are required for two scenarios:

1. When a child resides in the home of someone receiving care
2. When an employee has not resided in Pennsylvania for the past 2 consecutive years

These FBI requirements come through the Department of Human Services Office of Children, Youth and Families for the first scenario and through the Department of Aging for the second scenario. If both scenarios occur at the same time, two FBI fingerprints are required, as these two program offices run their background checks separately and have indicated to PHA in the past that statute prevents them from sharing these results across Departments.

Please note, currently proposed Community HealthChoices Waiver renewal through the Office of Long-Term Living could require an FBI fingerprint through the Office of Children, Youth and Families for virtually all workers. If this prevails along with the proposed OAPSA language, this would mean that **a worker would need two (2) separately scheduled appointments to complete 2 FBI fingerprints, one for DHS and one for Aging.** We urge you to help us prevent this duplicative unnecessarily costly waste of critical Medicaid funds, amounting to an estimated \$11.6M annually. These state and federal Medicaid funds need to be directed to improve quality of care and patient outcomes, rather than to support duplicative clearances.

What our providers know from our current experience with FBI fingerprints is this:

1. FBI fingerprinting sites struggle to handle current capacity. **Today, workers face wait times to get appointments at IdentoGo sites**, sometimes exceeding 2 weeks. **They then are expected to incur travel expenses and time** to get to site locations, which in rural areas can be significant. Finally, they wait to receive results through traditional snail mail. For workers who make ~\$13/hour, **this burden is an obstacle to employment and**

**can deter workers from our industry**, worsening the workforce crisis faced by home care today.

2. We and other stakeholders have concerns that the Department cannot **adequately support the increase in volume of FBI fingerprinting for this workforce**. Our industry currently supports more than 290,000 workers across Pennsylvania, with average industry turnover rates of up to 79.2%. This means that the Department would face an increase of ~230,000 clearances annually from the home health industry alone just to maintain current levels. We should not underestimate volume delays in processing clearances as they would immediately result in patients waiting to access critical home care.
3. **With current language, employers will bear the costs of these additional background checks through the Department of Aging**. At \$25.25 for each FBI check or an estimated \$5.8M annually to support the current workforce replacement rate. Any increase in costs, such as those being contemplated with these FBI fingerprints, should be carefully considered. Providers already pay nearly \$50/hire for other backgrounds checks required by the Department of Human Services for these programs.

**It is important to note that Medicaid reimbursement rates for Personal Assistance Services in Pennsylvania are critically low.**

- We currently reimburse home care at an average of \$20.63/hour across our Commonwealth.
- West Virginia is the next lowest neighboring reimbursor for the same service at \$25.44/hour.
- This means that PA is the lowest of all contiguous states by \$4.81/hour, causing workers to cross borders to earn livable wages.
- Providers in Pennsylvania raised caregiver rates \$3.63/hour since 2013, according to the Bureau of Labor and Statistics. However, Medicaid reimbursement rates during that same time period were increased by only \$2.25/hour. This \$1.38+ deficit does not even begin to contemplate inflation impacts, COVID cost increases, Managed Care implementation costs, and Affordable Care Act costs, let alone quality and innovation initiatives that providers have supported financially.

Providers already face a highly competitive market with sub-adequate reimbursement rates. There are 5,000 home care office locations across Pennsylvania. These employers are your tax paying constituents, and they have been largely left out of budget considerations for more than a decade. Any increase in costs risks this workforce and the care patients receive.

2. **Finally, we note that the provisional hiring recommendation could cause significant confusion and further delay hiring decisions, delaying starts of care and access to services for patients.**

Current language recommends a 45-day provisional hiring period. However, the Department of Health currently recognizes a 30-day and 90-day provisional hiring policy. With multiple time periods, providers will struggle to determine which time period should be adhered to when waiting for clearances.

In conclusion, while PHA supports the protection goals of OAPSA, the current language could exacerbate the workforce shortage and impact the quality and accessibility of care for Pennsylvania's aging population. We urge reconsideration to address these concerns.

Thank you for your time, and we look forward to further conversations about this important legislation.

Sincerely,

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