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## 2019-2020 Legislative Agenda

The Providers' Council surveyed its statewide human service membership on legislative priorities prior to the start of the session in January 2019. Our legislative agenda is based on feedback and input from our members, our Public Policy Committee, Executive Committee and Board of Directors. The Council's four priorities for the legislative session are as follows:

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### ***Fair pay for comparable work***

**House Bill 138 filed by Rep. Kay Khan | Senate Bill 1077 filed by Sen. Cindy Friedman**

This bill would set a schedule to eliminate the pay disparity between state workers and those employed by private, community-based human services nonprofits who are doing similar work under state contracts, providing care and services to residents on behalf of the Commonwealth. It would also authorize reports from the administration on the current pay disparity between workers and new strategies to recruit and retain human services workers at community-based nonprofits.

### ***Education loan repayment program***

**House Bill 163 filed by Rep. Jeffrey Roy | Senate Bill 56 filed by Sen. Eric Lesser**

This bill would create an education loan repayment program for human service workers that work under state contracts to serve clients on behalf of the Commonwealth. To be eligible, workers must be working at least 35 hours per week, have an individual income of no more than \$50,000 per year and have maintained 12 consecutive months of employment in the sector. The program would allow workers to receive up to \$150/month for a period not to exceed 48 months to repay a qualified education loan that was used to attend an institution of higher learning.

### ***Health insurance aggregation***

**House Bill 1171 filed by Rep. Jack Lewis | Senate Bill 573 filed by Sen. Sal DiDomenico**

This bill would allow the Providers' Council to aggregate its members for the purpose of purchasing health insurance that meets minimum creditable coverage requirements as defined by the Massachusetts Health Insurance Connector Authority under 956 CMR 5.00. The legislation would deem the Providers' Council a "qualified association" and an approved "small business purchasing cooperative," allowing the association to aggregate human service providers of any size for the purposes of securing more competitive rates when buying health insurance.

### ***Exemption from EMAC Supplement***

**House Bill 1594 filed by Rep. Gerry Cassidy | Senate Bill 1098 filed by Sen. Michael Moore**

This bill would exempt community-based human services organizations from making EMAC Supplement payments. While the Department of Unemployment Assistance created a waiver process for EMAC Supplement payments, it is cumbersome and requires organizations to produce various documents each quarter. Under the legislation, human services organizations holding purchase-of-service contracts with EOHHS, EOEA, DEEC and DHCD would be fully exempted from making EMAC Supplement payments.

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#### **For more information:**

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## ***An act relative to fair pay for comparable work***

**Bill purpose:** To eliminate the pay disparity that exists between the salaries of human services workers employed by community-based human service providers and state employees holding similar job titles who perform similar work.

**Recent action:** House Bill 138 (Rep. Khan) referred to Joint Committee on Children, Families & Persons with Disabilities; Senate Bill 1077 (Sen. Friedman) referred to Joint Committee on Labor and Workforce Development (March 2019).

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### **Key Facts:**

- Similar job titles and roles exist for individuals employed by the Commonwealth of Massachusetts and those employed at private, community-based human services nonprofits, but the rate of pay is often drastically different – sometimes by up to 30 percent.
- The Commonwealth is the largest purchaser of human services from community-based human services nonprofits.
- The model budgets often created by the Commonwealth for human services programs contain salaries that are far lower than what the state pays for similar positions.
- Due to this salary disparity, it is becoming increasingly difficult for community-based organizations to recruit/retain qualified workers in the sector, which has nearly 180,000 jobs.
- Without a solution to the workforce crisis, an increasing number of jobs will go unfilled and programs may close, leading to a loss of services for vulnerable Massachusetts residents.

### **If passed, this legislation would:**

- Set a schedule to fully eliminate the pay disparity between state workers and those employed by community-based human services nonprofits who are doing similar work.
- Eliminate the pay disparity between state workers and those at community-based human services nonprofits no later than July 1, 2025.
- Create a report from the Commonwealth to various committees in the Legislature that outlines the current disparity amount and the annual increases necessary to eliminate the disparity amount by July 1, 2025.
- Create a report from the Commonwealth to various committees in the Legislature that makes recommendations about how to strengthen recruitment and retention of human services workers at private, community-based human services nonprofits.
- Apply to human services workers employed by private, community-based human services nonprofits that have contracts with the Executive Office of Health and Human Services, the Executive Office of Elder Affairs, the Department of Housing and Community Development and the Department of Early Education and Care to provide services.

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## ***An act establishing an education loan repayment program for human services workers***

**Bill purpose:** To provide student loan repayment to human services workers who provide essential services to one-in-ten state residents. The bill would help human service organizations recruit and retain a stronger, more qualified workforce.

**Recent action:** House Bill 163 (Rep. Roy) and Senate Bill 56 (Sen. Lesser) referred to Joint Committee on Children, Families & Persons with Disabilities (March 2019).

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### **Key Facts:**

- Many human services workers' salaries start between \$12 and \$13 an hour.
- The lack of affordable higher education for human services workers and the burden of student debt greatly contribute to the sector's recruitment and retention difficulties.
- According to The Institute for College Access and Success, 65 percent of seniors graduating from public and nonprofit colleges in 2017 had student loan debt with an average of \$28,650 per borrower. Massachusetts is 12 percent higher than the national average, with an average of \$32,065 per borrower.
- The problem grows increasingly worse in Massachusetts, as a 2018 report from the Massachusetts Budget and Policy Center shows that average student loan debt in Massachusetts grew by 77 percent between '04 and '16 – faster than all but one other state.

### **If passed, this legislation would:**

- Amend Section 16 of Chapter 6A to create a student loan repayment program for low-paid human service workers.
- Help organizations retain human services workers by having the state repay qualified education loans at a rate not to exceed \$150/month for a period not to exceed 48 months. Payments will be made directly to the lender and only during months the participant is working 35+ hours per week as a human services worker in Massachusetts.
- Assist human services organizations in the recruitment and retention of **human service workers**, defined as individuals who provide services by supporting individuals' and families' efforts to function in daily living situations.
- Pay back **qualified education loans**, meaning any indebtedness – including interest – to pay tuition or other direct expenses incurred in connection with the pursuit of a certificate, undergraduate or graduate degree by an applicant.
- Direct EOHHS to administer the program in accordance with Department of Education guidelines.

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## ***An act relative to affordable health insurance group purchasing for human service providers***

**Bill purpose:** To enable the Providers' Council to aggregate members of any size for the purposes of procuring health insurance products at more favorable rates, provided those products meet minimum creditable coverage requirements.

**Recent action:** House Bill 1171 (Rep. Lewis) referred to Joint Committee on Health Care Financing; Senate Bill 573 (Sen. DiDomenico) referred to Joint Committee on Financial Services (March 2019).

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### **Key Facts:**

- Human services organizations provide critical care on behalf of the Commonwealth to one-in-ten state residents. The Commonwealth is the primary – and in many cases, the only – purchaser of these services.
- After payroll, health insurance is the largest expense for human services providers, and it is the single most volatile expense. Double-digit premium increases are common, and health insurance is a “budget buster” for many organizations.
- Many human services organizations have had to adjust the employer share of the monthly premium as state contracts have not increased proportionately with health insurance costs.
- Employees often struggle to afford health insurance because recent year-to-year increases have been between 10 and 30 percent at some organizations. The giant increases have been financially destabilizing for employees, as a recent Donahue Institute reports that one-in-eight human services workers is living at or below 150 percent of the Federal Poverty Level (FPL).

### **If passed, this legislation would:**

- Allow the Providers' Council – formally the Massachusetts Council of Human Service Providers, Inc. – to aggregate its members for the purposes of purchasing health insurance.
- Help community-based human services organizations – that have contracts with the Commonwealth of Massachusetts to provide services to state residents – receive more options to purchase health insurance and potentially receive more affordable rates.
- Better enable low-paid community-based human services workers – one-in-eight of whom is living at or below 150 percent of the Federal Poverty Level (FPL) – to afford their employer's health insurance plan rather than signing up for MassHealth or a subsidized Connector plan.
- Ensure organizations and employees alike are receiving a high quality health insurance product that meets minimum creditable coverage requirements as defined by the Commonwealth Health Insurance Connector Authority under 956 CMR 5.00.

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## ***An act relative to exempting human services organizations from making EMAC Supplemental payments***

**Bill purpose:** To exempt community-based, nonprofit human services organizations – which care for vulnerable residents on behalf of the Commonwealth and are primarily funded by state contracts – from making Employer Medical Assistance Contribution Supplemental payments.

**Recent action:** House Bill 1594 (Rep. Cassidy) and Senate Bill 1098 (Sen. Moore) referred to Joint Committee on Labor and Workforce Development (March 2019).

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### **Key Facts:**

- Human services organizations provide critical care on behalf of the Commonwealth to one-in-ten state residents. The Commonwealth is the primary – and in many cases, the only – purchaser of these services.
- Many human services workers' salaries start between \$12 and \$13 an hour.
- One-in-eight human services workers is living at or below 150 percent of the Federal Poverty Level (FPL). As these employees are low-paid and meet certain income-based thresholds, they qualify for subsidized health insurance through MassHealth or the Health Connector.
- The human services sector is reliant on part-time workers to help fill the nearly 180,000 jobs in the workforce. Many staff do not work enough hours to qualify for their employer's health insurance, forcing organizations to make a Supplemental payment instead.
- The DUA's EMAC Supplemental Waiver did not consider the unique situation of the human services sector, making the waiver unusable for most organizations.

### **If passed, this legislation would:**

- Compel the director of the Department of Unemployment Assistance to develop a waiver to fully exempt community-based human services organizations holding purchase-of-service contracts with the Executive Office of Health and Human Services, the Executive Office of Elder Affairs, the Department of Early Education and Care and the Department of Housing and Community Development.
  - Fully exempt these organizations from making any payments under the EMAC Supplement.
  - Allow community-based human services organizations to improve services to clients and raise salaries for low-paid workers rather than make EMAC Supplemental payments to the Commonwealth.
  - Help improve the quality of care delivered to the one-in-ten residents of the Commonwealth served by the community-based human services sector.
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