



September 22, 2025

To: Senator Robyn Kennedy, Chair
Representative Jay Livingstone, Chair
Joint Committee on Children, Families and Persons with Disabilities

From: Bill Yelenak, President/CEO

Re: Testimony in support of House Bill 223 and Senate Bill 130, *An act relative to livable wages for human services workers*

Chairwoman Kennedy, Chairman Livingstone and members of the Joint Committee on Children, Families and Persons with Disabilities, thank you for the opportunity to present testimony today in support of House Bill 223 and Senate Bill 130, legislation that would provide livable wages to community-based human services workers by eliminating the pay disparity that exists between them and state employees with similar job titles and functions.

As you know, the Providers' Council is the state's largest association of private, community-based human services organizations that provide an array of services to hundreds of thousands of residents on behalf of the Commonwealth. These range from services to women and children, our elderly who need support, children and adults with intellectual and developmental disabilities (including those on the autism spectrum), people with opioid or alcohol addiction, individuals and families experiencing homelessness, our veterans, people with mental health needs and others needing support and protection.

The current pay disparity has cemented a two-tiered system of care in Massachusetts; community-based human services organizations are in a workforce crisis as they attempt to recruit and retain qualified workers to provide essential care to state residents. The Council is pleased to be joined today by several of our members who will discuss the impact this crisis has had on their employees – as well as the clients and consumers to whom they provide essential care on your behalf.

Direct care workers, nurses, clinicians and others in the community-based human services sector can often receive a salary that is significantly higher by simply joining the state workforce, which makes it difficult to ensure all the state's residents receive high-quality care. This legislation would eliminate that pay disparity, promote gender and racial equity, and protect our state's safety net.

The human services workforce

Thanks to support from you and your legislative colleagues during the FY '25 budget debate, EOHHS was mandated to create a report that outlines the pay gap between community-based human services workers and state workers with similar roles. The data shows a troubling trend, as state positions are paid about 10 to 40 percent more than community-based positions with similar roles.

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When the Commonwealth sets rates for human services programs as mandated by Chapter 257 of the Acts of 2008, it creates model budgets that indicate benchmark salaries for each position. The state uses external data from the Bureau of Labor Statistics to help set these rates, and it uses the 53rd percentile of Massachusetts state-specific data to determine these benchmark salaries.

In Chapter 257 hearings held last month, the state proposed rates that would pay a Direct Care I staff member \$20.79/hour or approximately \$43,248 annually. Yet the report published by EOHHS indicates the state pays its “Developmental Services Worker I” – an equivalent position – an average of \$23.51/hour or about \$48,900 annually. This is a difference of more than 13 percent.

The state “Developmental Services Worker III” and the community-based sector’s Direct Care III roles see a similar disparity, as state employees in this position make an average of \$31.25 an hour while those in the community-based sector make an average of \$27.03 – a difference of more than 15 percent.

With the state paying 13 to 15 percent more on average for direct care roles, it becomes increasingly difficult for community-based organizations to recruit and retain workers. State employees already receive other benefits as a result of their employment, including health insurance through the Group Insurance Commission that is often more affordable than private plans and access to a pension plan for retirement. But community-based human services workers and their counterparts working at state-operated programs shouldn’t be paid a different salary for performing similar jobs.

As part of our testimony, we have submitted the full report that EOHHS sent to the Senate and House Committees on Ways and Means and the Executive Office for Administration and Finance on July 2, 2025. It details several other salary discrepancies:

- State-employed social workers – in job titles of Social Worker I, Social Worker III, and Clinical Social Worker – are paid, on average, between 11 percent and 47 percent more than the benchmarks set by EOHHS for these positions in the community-based human services sector.
 - The biggest discrepancy is a master’s level social worker – the state pays this position an average salary of \$103,157.71. The BLS benchmark the state uses to pay for a master’s level social worker in the community-based human services sector is just \$70,211.44 – a difference of nearly 47 percent.
- State-employed nursing assistants, licensed practical nurses, and registered nurses see salary discrepancies from 1 percent (state position “Registered Nurse IV” and in the community-based sector, a nurse with a master’s degree) to 16 percent (state position “Registered Nurse II” and in the community-based sector, a nurse with a bachelor’s degree).

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- The state pays its Registered Nurse II positions an average of \$120,368.53, while it sets the benchmark for registered nurses in the community-based human services sector at \$103,622.27.
- Other positions also have wide salary gaps, including occupational therapists (paid 37 percent more in the state workforce), physical therapists (paid 58 percent more in the state workforce), psychologists (paid 55 percent more in the state workforce) and speech-language pathologists (paid 41 percent more in the state workforce).

Direct care, social workers and nurses are three of the hardest positions to recruit for in the community-based human services sector. We have published numerous studies over the years with the University of Massachusetts Donahue Institute detailing vacancies in the direct care workforce and our workforce crisis. A recent study from our colleagues at the Association for Behavioral Healthcare found that for every 10 clinicians entering the mental health clinic workforce, 13 clinicians exit. The community-based human services sector is in constant competition with the state and private hospitals for nurses where the workforce shortage is well documented, and these benchmarks do not allow us to recruit and retain workers.

We're concerned, too, from a social justice standpoint. Nearly eight out of 10 workers in our sector are women and 36 percent are people of color. In all other sectors in Massachusetts, women make up 43 percent of employment and people of color make up 25 percent of the workforce. Unfortunately, our workforce does not receive a wage commensurate with their experience and job roles.

Our inability to recruit and retain workers can put lives and families at risk. Lack of fair pay in our sector increases turnover and vacancy rates. These can often cause Massachusetts residents who need assistance or services to remain stuck on waiting lists. In an effort to ensure a high-quality, consistent level of care in the sector, the state must eliminate this existing pay disparity that creates a two-tiered system of care between state and community-based workers, as we all have the goal of providing essential services to our state's residents. It is also a system that, inadvertently, perpetuates racial and gender inequality.

Eliminate the disparity between state/community-based jobs

Should the pay disparity that we have illustrated continue, providers in the community-based sector will continue to have immense difficulty recruiting human services staff and retaining quality employees. In turn, this will mean less continuity of care for vulnerable residents in our care. If organizations cannot recruit or retain staff sufficiently, programs may need to be reduced or closed, and essential services will stop being delivered.

The Providers' Council is proposing to gradually increase the rate of reimbursement for human services providers through July 1, 2029, at which point the salary disparity

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will be completely eliminated. The bill eliminates the disparity amount through a phased in approach, seeing it reduced to:

- 50 percent on or before July 1, 2026.
- 30 percent on or before July 1, 2027.
- 10 percent on or before July 1, 2028.
- 0 percent on or before July 1, 2029, and shall remain at 0 percent thereafter.

This bill ensures that increases in the rate of reimbursement provided herein “...*shall be used to increase the compensation of human services workers.*”

Conclusion

We thank you for the opportunity to speak in support of these bills and discuss why we must eliminate this growing pay disparity. These bills will help the sector combat historic problems with the recruitment and retention of employees while providing continuity of care for all residents in need and, particularly, our most vulnerable residents.

The Providers' Council would appreciate a favorable report on this important legislation. This bill is essential to allowing us to provide high-quality care to residents throughout the Commonwealth as the legislature rightfully expects.

We are happy to discuss this bill with you further and answer any questions you may have.

Thank you for your continued support of human services.

Sincerely,



Bill Yelenak

President/CEO