

**SB 972\_AFSCME3\_FAV.pdf**

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**SB 972 - Correctional Officers' Retirement System - Membership  
Budget and Taxation Committee  
February 22, 2024**

**FAVORABLE**

AFSCME Council 3 supports SB 972. The legislation addresses an oversight that resulted in the exclusion of comparable positions within Department of Health facilities, similar to Security Attendants at Clifton T. Perkins Hospital Center, from the Correctional Officers' Retirement System (CORS). Notably, Security Attendants at Perkins have been covered by CORS since 1982. MDH employees in court-involved classifications (CAMH Associate, Developmental Disability Associate, Direct Care Assistant, Licensed Practical Nurse, Resident Associate SETT, and Security Attendant) perform the same job duties as Security Attendants at Perkins. They do so under different titles at various MDH facilities, all of which secure and treat a court-ordered patient population. In 2020, the Maryland General Assembly enacted [SB 693/CH576](#), addressing a longstanding forensic pay disparity among that existed between these employees. SB 972 now presents an opportunity to rectify the last remaining disparity in their retirement benefits by transferring these classifications from the 30-year Employees' Retirement System (ERS) into the CORS, effective July 1, 2024.

The jobs in these facilities subject our members to significant physical wear-and-tear due to the nature of their work. Patients in these facilities have been court-committed due to being deemed a danger to themselves or others, leading to frequent and sometimes violent assaults on staff. The difficulties in recruiting and retaining staff for this challenging yet crucial work is exacerbated by pay and benefit disparities within the Department. Additionally, with the current master facilities plan aiming to phase out institutions like Spring Grove over the next 20 years, employees starting now may miss out on a full state retirement under the existing 30-year system. This transfer needs to happen now to ensure the quality and retention of career staff at these facilities over the next two decades.

Our state MDH facilities, when adequately resourced and staffed, play a crucial role in rehabilitating patients and facilitating their safe return to the community.

Historically, these facilities have demonstrated lower re-admission rates compared to state prisons and juvenile services facilities, because they have successful treatment outcomes. Patients leaving MDH facilities not only experience improved well-being but are also better equipped to resume their lives with proper support for mental health and addiction, reducing involvement in the criminal justice system. Despite the challenges of working with this population, healthcare professionals in state government, especially during the pandemic, have excelled in keeping patients safe and alive. It is imperative that these heroes, deserving of retirement with dignity, can enjoy a mobile and fulfilling retirement in the future.

We urge the committee to provide a favorable report on SB 972.

