

# **Christina Farabee SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Christina Farabee. I'm a Rehabilitation Technician at a hospital in Baltimore, and a member of 1199SEIU. We are the largest healthcare workers union in the country, with over 10,000 members in Maryland and DC alone. As a healthcare worker and a union member, I support SB761 and urge the committee to vote favorably on this bill.

There is a massive short-staffing crisis across the healthcare industry. This has been a problem for years and was made even more severe by COVID19 as we have seen more health care workers quit their jobs or pass away than ever. Low wages are one of the most cited reasons that healthcare workers are quitting – this bill can help reduce short staffing by raising wages.

On day one of the pandemic, I was redeployed since my department had to downsize because of short staffing. For me, it was a sink-or-swim situation, which is incredibly stressful. I was no longer working in the environment where I used to be every day so there was a learning curve on top of working short staffed. I love my patients, and I want to care for them, but it is impossible to give proper care when we don't have enough staff. Every day I see my patients and put a smile on my face – if only my patients knew the pain my smile is hiding.

Even though my shift is only eight hours, I feel like I'm actually working 16 hours because I am doing the work of two Rehabilitation Technicians all by myself, and I don't receive additional pay for my additional work. Often, I'm forced to work overtime so my patients can be cared for, even when it's a different specialty than I usually work in. I'm overwhelmed and stretched so thin to the point where I've found myself asking "Do I even have anything left to give my patients" and "How much more can I give if my body is saying 'we're done!'?"

Short staffing negatively impacts me in my work life and takes away from my personal life too. I can't even get approved to take a mental health day off work because patient care is in such high demand. This problem is making me and my coworkers burn out. When I get off work, I have no energy left to care for myself. All I can do after work is try to unwind, sleep, then go back to work. There is no time or energy left for me to focus on starting my own small business, which is a passion of mine.

**The short staffing crisis in Long-Term Care is making the short staffing crisis in hospitals worse.** I can't tell you how many times I have sent a patient home from the hospital, only to have them return in the next day or two because their Long-Term Care facility does not have the capacity to care for the patient. Even though SB761 wouldn't raise my wages as a hospital worker, I support it because I stand in solidarity with my union comrades who work in Long-Term Care and raising their wages will reduce the burden of patient overflow to hospitals.

Healthcare workers like myself are in crisis, and we **NEED YOUR HELP. Take care of us like we take care of our patients!** The pay we receive does not reflect the work we do. Increasing wages will reduce the number of healthcare workers walking off the job. Please vote yes on this legislation to raise wages for Long-Term Care workers. Thank you.

Sincerely,

Christina Farabee

Member, 1199SEIU UHW E.

*PS: I urge you to also pass legislation in the future that will raise wages and provide hazard pay for hospital workers like me. Our wages must reflect the dignity and respect we deserve.*

**David Saucedo SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is David Saucedo. I'm a member of 1199SEIU United Healthcare Workers East. Our union has 10,000 members in Maryland & Washington DC. I'm a healthcare worker at a Long-Term Care facility in Baltimore City. I support SB761: Funding for Wage Increases for Medical Provider Workers. My fellow union members and I request the Committee issue a **favorable** report on this bill.

My coworkers and I are overworked and underpaid. Even though my workload has doubled due to short staffing, my wages have stayed the same. It is not fair to do twice the work for the same pay. That is why so many of my coworkers are quitting. When my coworkers quit, it increases my workload even more, so the problem keeps getting worse and worse. If we earned higher wages, more healthcare workers would stay working at our facility and more new healthcare workers would want to join our staff.

Short staffing has gotten so bad in my facility that even some of my coworkers who are pregnant are still being required to do things like lift heavy boxes even though they aren't supposed to do that. It's not right that healthcare workers are being forced to put our own health on the line when we do our jobs. **We need more people to start and stay working in Long-Term Care facilities, and the most important step we can take right now is to raise wages for healthcare workers like me.** Please vote yes on SB761.

Sincerely,

David Saucedo  
Member, 1199SEIU

Baltimore City Resident

# **Ditanya Rosebud SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Ditanya Rosebud. I'm a Delegate in 1199SEIU United Healthcare Workers East. We are the biggest healthcare workers union in the United States, with over 10,000 of us in Maryland and DC. I work as a Dietary Aide at a Long-Term Care facility in Baltimore. My coworkers and I strongly urge this committee to pass SB761: Funding for Wage increases for Medical Provider Workers. Please issue a **favorable** report.

The number one biggest problem for healthcare workers and our patients in my facility is short staffing. **We are only supposed to work with 14 patients per shift. Right now, the staffing ratio is 28 residents per healthcare worker per shift.** We are not getting paid any wage increases despite the fact that we are doing double the work! Short staffing and low wages are so severe that just this week **an entire department quit on the same day because they found jobs that would pay them higher wages.** We are now down five GNAs, one RN, and one CNA so far. I'm sure there are more resignations coming because my workers are sick and tired of being overworked and underpaid. Every time a healthcare worker quits, short staffing gets worse, which leads more healthcare workers to quit.

Myself and others have been forced to do overtime and to do tasks that are not in our job descriptions because there just aren't enough healthcare workers. Forced overtime on top of our patient load being doubled makes us burn out and makes people more likely to quit. Doing work that is not in our job description also puts our jobs at risk. For example, if the only GNA on shift is in a patient room, and another patient calls for help because they fell in the hallway and someone from dietary is in the hallway, the dietary worker would be required to help the patient up. But if the patient was somehow injured in that process, the dietary worker would be held at fault and fired.



Management is doing nothing to help us. They keep the facility short staffed and refuse to pay us more, then blame us when there are problems and give us even more work. Instead of lending a hand, management hides in their offices all day while the workers and patients struggle. Management will not raise our wages out of the goodness of their hearts, that is why we need YOU our elected officials to pass this legislation to raise our wages NOW!

It's sad and angering that throughout the COVID19 pandemic, we didn't get wage increases and we didn't get hazard pay. **Raising wages will help motivate healthcare workers to stay in our jobs to provide our patients with high quality care.** Make no mistake, just like the COVID19 pandemic, **SHORT STAFFING IS AN EMERGENCY!** Vote **YES** on SB761, we are depending on you.

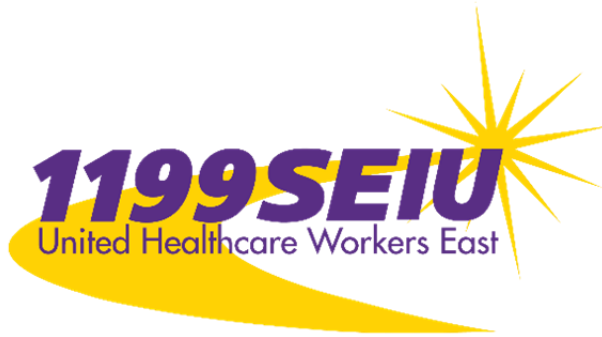
Sincerely,

Ditanya Rosebud  
Delegate, 1199SEIU  
Baltimore City Resident

# **Holly Ward SB761 testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Holly Ward. I am a healthcare worker at a Long-Term Care facility in Baltimore, and a member of 1199SEIU. We are the largest healthcare workers union in the United States, with over 10,000 healthcare workers in Maryland and Washington DC. Our union supports SB761: Funding for Wage Increases for Medical Provider Workers and asks for a **favorable** report on this legislation.

My coworkers and I have been working on the frontlines of COVID19 since day one of the pandemic. Our hard work and sacrifices are not reflected in the wages we currently earn. Low wages are making the short staffing crisis in Long Term Care facilities even worse. **When we are short staffed, treating patients becomes like working on an assembly line, so we are not able to give the high-quality care our patients deserve.** Raising wages will help recruit and retain healthcare workers we desperately need to reduce the short staffing crisis. Proper staffing will reduce burnout of healthcare workers and allow us to spend more time with our patients.

Healthcare workers get into this line of work because we care about people. Management is exploiting our passion for providing care by underpaying us and expecting us to keep working for low wages. That is why we need the legislature to pass this bill. Paying healthcare workers what we are worth will us the dignity & respect we deserve. Everyone keeps calling us heroes, but we are being paid like we are zeroes! Please vote yes on SB761.

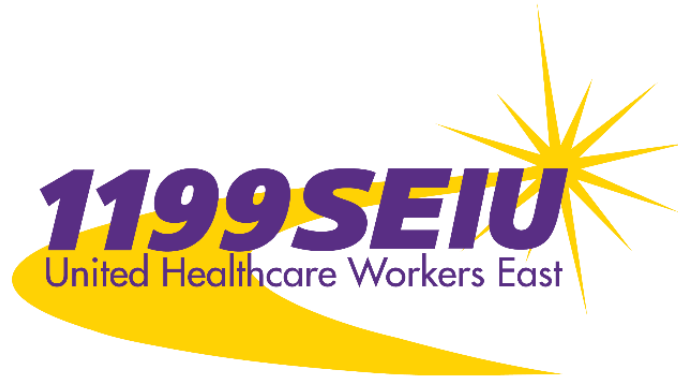
Sincerely,  
Holly Ward  
Member, 1199SEIU UHW E.  
Baltimore City Resident



**Lucinda Duffin SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Lucinda Duffin. I am a Certified Nursing Assistant at a Long-Term Care facility in Baltimore, and a member of 1199SEIU United Healthcare Workers East. Our union represents 10,000 healthcare workers across Maryland & DC. We urge a **favorable** report on SB761: Funding for Wage Increases for Medical Provider Workers.

Low wages are one of the main reasons we have a short staffing crisis in Long-Term Care. On top of COVID19, short staffing makes our jobs incredibly difficult and for healthcare workers, and for many workers the wages just aren't worth the sacrifices to our health and wellbeing. One time I was helping to interview a candidate for a job at my facility. When I showed her the pay rate, she told me she would "be right back." I happened to look out the window overlooking the parking lot and saw her get in her car and drive away. We never heard from her again.

There are so many problems in Long-Term Care facilities because of short staffing. It is causing a lot of burnout, which is leading healthcare workers to quit and thereby making the short staffing crisis even worse for those of us who do stay. Right now, I am caring for seventeen patients at a time – almost double the number of patients I *should* be caring for. Burnout is hard on us at work and interferes with our home lives, but ultimately, it's the patients that suffer the most. Patients have to wait longer to get care, and when they do finally have someone stop by their room, we don't even have time to care for everyone as in-depth as they need because we have to get to all the other patients too.

I cannot emphasize this point strongly enough – **raising wages will recruit and retain more Long-Term Care workers and significantly reduce the short staffing crisis in our industry.** Pay healthcare workers what we are worth! We deserve to work with dignity and respect. Vote **yes** on SB761. Thank you.

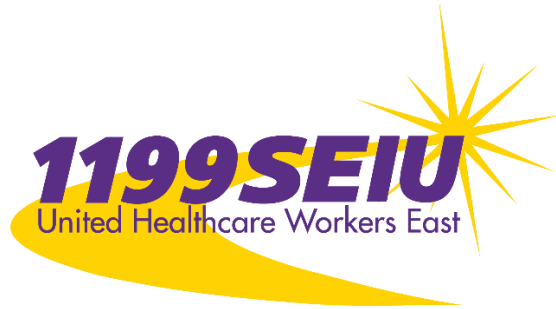
Respectfully,

Lucinda Duffin  
Delegate, 1199SEIU UHW E.  
Baltimore City Resident

# **Lucy Caulker Nelson SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Pendergrass and Members of the House & Government Operations Committee,

My name is Lucy Caulker Nelson. I am a healthcare worker and a member of 1199SEIU United Healthcare Workers East. 1199 is the largest healthcare workers union in the United States. We have 10,000 members in Maryland and Washington DC. Our union endorses SB761 and we ask the Committee to vote **yes** on this legislation to increase wages for healthcare workers.

My coworkers and I work hard every day to provide our patients with high quality healthcare on the frontlines of the COVID19 pandemic. What has made the COVID19 crisis even more difficult for healthcare workers is the short staffing crisis. In the facility where I work, my coworkers and I have a joke about management giving us bad staffing ratios. We say, "they give us two bags of cement and tell us to go build a skyscraper!" Even though we sometimes laugh, the short staffing crisis has serious consequences for us and our patients.

Due to short staffing, patients are not always able to get the care they because there are not enough workers on shift. We want to spend time with our patients to give them the best care we can, but with so few of us working it is not possible to spend enough time with our patients. Being forced to rush through patient care can lead to medical mistakes, which can sometimes be fatal, and we never want that to happen to our patients and their families. When accidents do happen it breaks our hearts, and often times we experience abuse from family members who are mad at us because they don't know that management is to blame for the accident because they are not hiring and retaining enough healthcare workers to run a safe facility.

Healthcare workers are stressed and burned out because we are being forced to do almost twice the amount of work than we should be doing. I have been a healthcare worker for many years, and I have seen more people quitting throughout the pandemic than ever before. Some of my coworkers and I feel guilty if we call out of work because we know that it will be even



harder on our coworkers if we take a day off, even when we really need one. It's not just my work life that is impacted by this problem; my home life is impacted too. I am a wife and mom. I'm so tired after work that I can't give my two boys and my spouse the time they need with me, and the time I need with them.

We have been making our concerns about staffing ratios loud and clear to management, but they have done nothing to address short staffing. They keep telling us to work harder, blaming us, and just expecting things to change without actually making any changes. **One of the biggest contributors to the short staffing crisis is the low wages healthcare workers are paid.** That is why we need our lawmakers to pass legislation so that when the state gives healthcare facilities money, money is earmarked to go directly to workers through increased wages. **Wage increases will produce safer working conditions and better patient care by recruiting & retaining more healthcare workers.** Please vote **yes** on SB761. Thank you for reading my testimony.

Sincerely,

Lucy Caulker Nelson  
Delegate, 1199SEIU UHW E.  
Prince George's County Resident

**Reeba McKenny SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Reeba McKenny. I'm a healthcare worker at a Long-Term Care facility in Baltimore, and a Delegate in 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the country, with over 10,000 members in Maryland & DC. As a healthcare worker and a union member, I support SB761 and urge the committee to vote **favorably** on this bill to raise wages for healthcare workers like me.

My coworkers and I are in crisis. We are fighting two battles, one against COVID19 and the other against short staffing. These two problems amplify each other, creating a vicious cycle for healthcare workers and our patients. **Long-Term Care facilities are not recruiting or retaining enough healthcare workers, and it all boils down to staff being underpaid and overworked.**

One of my jobs is conducting job interviews for potential employees. I've been in numerous interviews with candidates who loved the facility but turned down job offers on the spot because of the low wages. In addition to the insufficient pay rate, we have our deductibles taken out of our paychecks, leaving us with little left over to survive on.

So many healthcare workers have quit since the pandemic began because the sacrifices to their health and wellbeing were not worth the wages we earn. From the time this pandemic started, it has always felt like nursing home workers were put on the back burner. We didn't receive any raises or hazard pay, even though so many of the COVID19 outbreaks and deaths were occurring in Long-Term Care facilities. It hurt our mental health to not receive the same recognition and compensation that other frontline healthcare workers did.

As healthcare workers, our jobs don't end when we clock out of our shift because we bring these crises home with us. I'm a mother, a sister, and a wife. I love my family dearly. After I get home from working a 12–16 hour shift, as many of us do, I'm exhausted. I have no energy leftover after work to help my children with their homework and I'm late getting dinner on the table for them, if I'm able to cook at all. Now that I'm so tired, I have to order delivery a lot and it's costing me more money than we can afford but of course I'm going to do what I must to put food on my family's table.

The COVID19 pandemic, made worse by short staffing, has forced me to make sacrifices I never wanted to make. This pandemic has robbed me of so much joy I used to have. I've had COVID19 twice and am still experiencing the damaging effects to my lungs months after I "recovered." I've always loved singing and I have a beautiful singing voice, but now I can't even sing anymore because of the damage COVID19 caused to my lungs. Both times I had COVID19, I exposed my family and they got sick too. As a mother it was so challenging to care for myself and my children while we all had COVID19. It took such a mental toll on all of us.

My siblings and I lost our parents, and since then my house has become our family home where we gather for meals, holidays, and everything else. This year, I couldn't have any of our family over for Christmas, and I missed my granddaughter's third birthday because my household had COVID19 at the time. It was absolutely heartbreaking for my whole family that we were not be able to spend time together for the holidays and to celebrate my granddaughter turning three.

We're going into year three of dealing with COVID19 and I can say with confidence that these last few months have been the absolute worst of the pandemic. Healthcare workers are getting sick and burning out. We never have fully staffed facilities anymore so we can't provide the high-quality care our patients deserve. Short staffing makes the residents suffer as much as it makes healthcare workers suffer.

NOW is the time to our raise wages. We can't keep working short staffed and we can't keep sacrificing time with our families because of the pandemic and burnout. **I did not sign up to put my life on the line; I signed up to give care!** Please vote **yes** on this bill.

Sincerely,  
Reeba McKenny  
Delegate, 1199SEIU  
Baltimore City Resident

**Rhonda White SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Rhonda White. I am a certified medicine aide at Forest Haven Nursing Home in Baltimore County and a Delegate for 1199SEIU. We are the largest healthcare workers union in the United States, with over 10,000 members in Maryland and DC. I am testifying to support SB761: Funding Increases for Medical Provider Workers. This bill would help fix the staffing crisis in nursing homes by increasing wages for caregivers like me.

Nursing home workers are essential. We have a big responsibility, and there just is not enough staff. Due to the pandemic, staffing shortages are a major problem. I am here because I have to advocate for my residents, and I am worried. The staff-to-patient ratios are very high, which leaves our licenses in jeopardy and can cause injury and harm to the patient. More staff means better patient care.

With all the money being given to the nursing homes by the federal government, our wages should be higher, but we're not receiving that money. Raising wages will retain healthcare workers and give us better staffing. Essential workers like me, we don't do the work for the love of the money. We do it because we love our residents. But the prices for everything we need are just going up; bread, water, gas, everything. Money helps us to survive, and we need all the help we can get.

The world changed with the pandemic. People have been dying and having more mental illness, and essential workers like me are still there, showing up for the residents we care so much about. Wages need to be raised so we can take care of others properly, and also ourselves. If essential workers' wages can be raised, staffing can improve, and we can give proper care to our patients. Thank you for your time.

Sincerely,  
Rhonda White

# **Sophia Atu SB761 Testimony.pdf**

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB761  
Testimony on SB761  
Funding for Wage Increases for Medical Provider Workers  
Position: **FAVORABLE**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Sophia Atu. I'm a healthcare worker and a member of 1199SEIU United Healthcare Workers East, Maryland/DC. Our union is the biggest in the United States, representing over 10,000 healthcare workers in the Mid-Atlantic region. We support SB761: Funding for Wage Increases for Medical Provider Workers and request the Committee vote **favorably** on this legislation.

We healthcare providers work so hard, especially during COVID19. We are making a lot of personal sacrifices, and our wages don't reflect that. We need to earn more. Healthcare workers keep quitting. **Short staffing is actually the biggest problem in healthcare right now**, almost even more than COVID19 itself, because we can't provide high quality care for our patients. If healthcare workers earned higher wages, we wouldn't have workers quitting at the highest rate I've ever seen in my many years as a healthcare worker.

The cost of living is at an all-time high right now, but our wages are remaining the same. It makes me feel so disrespected that I take care of patients, but I can't even afford to take care of my own family. Most of my coworkers and I have to work 2-3 jobs just to keep food on the table. So in addition to the demanding work in healthcare facilities and low wages, working more than one job is making healthcare worker burnout even more severe. The workers, our families, and the patients suffer when we have to work multiple jobs. We can't keep living like this.

**When healthcare workers earn more money, everyone benefits. Please vote yes on SB761 to raise wages for medical provider workers.**

Sincerely,

Sophia Atu  
Member, 1199SEIU



[County/Region] Resident

# **1199SEIU Testimony SB 761 Funding wage increases f**

Uploaded by: Claudia Balog

Position: FAV



Official Testimony – Senate Budget and Taxation Committee

SB 761

Funding for Wage Increases for Medical Provider Workers

Position: **FAVORABLE**

Chair Guzzone and members of the Committee,

My name is Claudia Balog, I lead the Research Department of the Maryland/DC Division of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the nation, and we represent 10,000 workers in long-term care facilities, hospitals and clinics throughout Maryland and the District of Columbia. Our union supports SB 761 we urge this Committee to issue a favorable report.

The COVID pandemic has highlighted existing weaknesses in our health care delivery systems, and nursing homes have proven to be most vulnerable. Our members are on the front lines of our skilled nursing facilities, working every day under increasing staff shortages. Any solution to our staffing crisis must include addressing the low wages of this workforce.

1199SEIU has been actively engaged in advocating for the direct care workers in Skilled Nursing Facilities across many states, including Massachusetts and New Jersey. Maryland must follow the example of states across the country who are doing two things: 1) acknowledging the crisis, and 2) responding to it.

Massachusetts has had a program since 2001 with an appropriations bill that set aside money for the sole purpose of funding base hourly wage increases for certified nurse aides at skilled nursing

facilities<sup>1</sup>. The 2019 version of this bill set aside \$38.3 million to fund wages related to all direct care staff in nursing homes, including CNAs (Certified Nurse Aides), housekeeping, laundry, dietary and activities staff.<sup>2</sup>

In 2020, in the wake of the pandemic, New Jersey released a report outlining key steps that needed to be taken to strengthen the resilience of their nursing homes.<sup>3</sup> One of the findings of the report was that high staff turnover in nursing homes weakened the quality of care, and the report specified that low wages drove many of these workers to take multiple jobs, contributing to the turnover. In response, New Jersey increased Medicaid nursing facility rates, with requirements that this additional revenue be spent on wages.<sup>4</sup>

Michigan is also now allowing the nursing facilities certified to participate in Medicaid to request additional reimbursement for their direct care workers.<sup>5</sup> They are one of many states who are using federal dollars released through the American Rescue Plan Act (ARPA) as a launchpad to jumpstart these higher wages. However, their Governor has already stated a commitment to ensuring those wages are permanently funded.<sup>6</sup>

This investment in our long-term care infrastructure is also important to Maryland's unique healthcare system. Maryland is the only state which operates under what is called a Total Cost of Care Model, a unique hospital rate-setting system, overseen by the Health Services Cost Review Commission. While the HSCRC does not have authority over long-term care providers, our Maryland Model demands that care settings outside of our hospitals provide high quality care. In

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<sup>1</sup> 2001 Bill Text Massachusetts House Bill 4800; §4000-0600 (2001)

<sup>2</sup> 2001 Bill Text Massachusetts House Bill 4800; §4000-0641 (2019)

<sup>3</sup> <https://www.state.nj.us/ooie/news/div-assets/docs/ManattRecommendations.pdf>

<sup>4</sup> New Jersey Department of Human Services, Division of Aging Services, Nursing Facility SFY2021 Rate Increase FAQ, November 6<sup>th</sup>, 2020, available online at:

<https://www.nj.gov/humanservices/library/slides/NF%20SFY2021%20Rate%20Increase%20FAQ.pdf>

<sup>5</sup> Michigan Department of Health and Human Services, Long-Term Care COVID-19 Plan, Direct Care Workforce, Skilled Nursing Facilities, available online at: [https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_100722--00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_100722--00.html)

<sup>6</sup> [Governor Whitmer 2021 State of the State Remarks as Prepared for Delivery 714535 7.pdf \(michigan.gov\)](#)

fact, our system's success hinges on the ability of all providers across the spectrum to ensure that we reduce unnecessary hospitalizations. So, we must prioritize long-term care settings such as skilled nursing facilities when we address our healthcare system.

Finally, it is time to confront the historic racial and gender inequities in the direct care workforce. The direct care workforce in our nursing homes is overwhelmingly made up of Black women.<sup>7</sup> We are not only failing to attract new workers to these jobs, but we are also trapping those who are currently in this workforce in poverty.

For these reasons, 1199SEIU urges you to issue SB 761 a favorable report. I am happy to answer any additional questions and can be reached at [claudia.balog@1199.org](mailto:claudia.balog@1199.org).

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<sup>7</sup> PHI, The Direct Services Workforce in Long-Term Services and Supports in Maryland and the District of Columbia, 2018, available at <http://phinational.org/resource/the-direct-services-workforce-in-ltss-in-md-and-dc/>.

# **LWVMD - SB 761- Funding for Wage Increases for Med**

Uploaded by: Nora Miller Smith

Position: FAV



## TESTIMONY TO THE BUDGET AND TAXATION COMMITTEE

### SB 761: Funding for Wage increases for Medical Provider Workers

**POSITION: Support**

**BY: Nancy Soreng, President**

**DATE: March 9, 2022**

The League of Women Voters supports **Senate Bill 761: Funding for Wage Increases for Medical Provider Workers**. This bill would require that the scheduled yearly 4% rate increase in reimbursement to medical care providers also be used for wage increases to the health care workers and staff in nursing homes who provide direct care to residents.

The League of Women Voters is fully committed to diversity, equality, and inclusion. Improving equity involves increasing justice and fairness within institutions, **as well as in their distribution of resources**. By taking into account the various advantages and disadvantages that people face, equity works to ensure that every person has an equal opportunity to succeed.

Research has shown that **most of the healthcare workers in long-term care facilities are women of color**, and that their important, difficult, physically-demanding, and, during the pandemic, dangerous work meeting the needs of elderly and disabled people, is deeply undervalued.

Per a 2/24/2022 Washington Post article "*Black Women are Overrepresented and Underpaid in Health Care's Toughest Jobs, Study Shows:*"

*Black women are more overrepresented in health-care jobs than any other demographic groups, **and are concentrated in its lowest-paid and most dangerous roles- disparities that are the products of structural racism and sexism...***

*Within health care, Black women are most likely to work in the long-term-care sector.... **Working in the health-care sector is rife with risks...[and] for Black women, the risks are even higher.** Black women are more likely to work in those nursing homes and other long-term care settings that are most understaffed and under-resourced, leading to greater risk and exposure to injury or infection....*

***But while Black women do some of the hardest work in healthcare, their paychecks don't reflect it...***

According to research from the Paraprofessional Healthcare Institute that was quoted in the article, nursing assistants in nursing homes earned average hourly wages of \$13.90 per hour.

The 2021 federal poverty level for a family of four is \$26,500. Thus, at \$13.90 an hour, a nursing assistant in a long-term care facility would make a yearly salary of \$28,912, or **only 109% of the federal poverty level** for a family of four. This would make it very challenging to pay for housing, food, utilities, clothing, transportation, and other needs.

**Senate Bill 761 would mandate a more equitable distribution of the increased reimbursement these facilities will be receiving.** Our front-line, essential workers- our healthcare heroes- worked throughout the pandemic at great risk to themselves to care for long-term care residents, enabling them to lead dignified lives. These workers should now receive the increased compensation they need and clearly deserve.

**The League urges the committee to give a favorable report to Senate Bill 761.**



# **LeadingAge Maryland - 2022 - SB 761 - funding for**

Uploaded by: Aaron Greenfield

Position: UNF



576 Johnsville Road  
Sykesville, MD 21784

**TO:** Budget and Taxation  
**FROM:** LeadingAge Maryland  
**SUBJECT:** Senate Bill 761, Funding for Wage Increases for Medical Provider Workers  
**DATE:** March 9, 2022  
**POSITION:** Unfavorable

LeadingAge Maryland opposes Senate Bill 761, Funding for Wage Increases for Medical Provider Workers.

LeadingAge Maryland is a community of more than 135 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill provides that the 4% increase in Medicaid reimbursement rates must be used to fund wage increases for health care workers and staff in nursing homes who provide direct care to residents, including housekeeping, laundry, nutritional, and activities services.

Medicaid providers have experienced chronic underfunding coupled with rising costs causing them to either operate in the negative or with very small margins. Unlike other businesses, these providers are unable to pass added costs on to consumers. The Marylanders they serve are either on Medicaid, which reimburses at a set rate that must be used to cover all expenses, receive subsidies through the State grant program, or pay out-of-pocket on fixed incomes and cannot afford higher fees.

COVID-19 and its aftermath will most certainly test community organizations and ultimately determine whether the provider network is capable of meeting the steady and increased demand for critical services. Providing the full 4% rate increase without ties is essential for the ongoing viability of these entire provider organizations and for the health and

safety of the individuals they serve. The COVID-19 pandemic has exacerbated a workforce crisis that was near a breaking point before the outbreak.

LeadingAge Maryland appreciates the intent of the bill. Many of our members have already adjusted to providing a minimum wage of \$15 or more to better support their valuable team members. Unfortunately, however, this bill ties the hands of Medicaid providers. The 4% increase is urgently needed to support rising costs of operations, including increased prices of products, testing, PPE, *and* staffing. Directing the entirety of the 4% increase for wage increases compromises the viability of the provider community and the State's ability to continue to reduce unnecessary emergency department and inpatient utilization throughout the pandemic and beyond.

For these reasons, LeadingAge Maryland respectfully requests an unfavorable report for Senate Bill 761.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

# **SB0761\_UNF\_LifeSpan, MAADS, MNCHA\_Funding for Wage**

Uploaded by: Danna Kauffman

Position: UNF



Managed by LifeSpan



TO: The Honorable Guy Guzzone, Chair  
Members, Senate Budget and Taxation Committee  
The Honorable Jim Rosapepe

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer

DATE: March 9, 2022

RE: **OPPOSE** – Senate Bill 761 – *Funding for Wage Increases for Medical Provider Workers*

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On behalf of the LifeSpan Network, the Maryland Association of Adult Day Services, and the Maryland-National Capital Homecare Association, we respectfully **oppose** Senate Bill 761. Senate Bill 761 requires that the 4% rate increase included in the minimum wage legislation be used exclusively to increase worker's wages. This bill applies to nursing homes, medical adult day care centers, residential service agencies, and providers under the Community Options Waiver.

The 4% increase was included in the legislation to offset the increases to minimum wage. However, it has now become the maximum percentage for increases and does not account for the actual cost to provide care. The COVID-19 pandemic has exacerbated the underfunding shortfalls of the provider community. Because of market factors, wages are already increasing. In addition, the workforce shortage is necessitating the use of expensive temporary nursing staffing agencies. This bill fails to recognize providers who have already raised their wages in response to market factors.

More importantly, this budgetary constraint would have a detrimental effect on the provision of services to residents and clients. Providers, just like everyone, are facing inflationary costs. If the rate increases cannot be used for temporary nursing staffing agencies, food, gas, or other increasing costs, providers will have no recourse but to cut services. For many providers, this may not be an option and may cause them to close, which would negatively affect access to services. For example, there are some jurisdictions that only have one medical adult day center. If that center is unable to continue to provide services because funding is even more limited, individuals in that area will not have access to any medical adult day services.

With the limited resources made available through Medicaid, providing livable wages while also providing quality services for residents and clients is a delicate budgetary balance. The blanket restrictions in this bill do not take that into account. The better approach is to properly fund the Medicaid program to ensure that the budget accounts for the cost to provide care and that it enables providers to pay an appropriate wage. For these reasons, we request an unfavorable vote.

**For more information call:**

Danna L. Kauffman  
Pamela Metz Kasemeyer  
410-244-7000

# **HFAM Testimony SB 761 & Attachment.pdf**

Uploaded by: Joseph DeMattos

Position: UNF



**TESTIMONY BEFORE THE  
SENATE BUDGET AND TAXATION COMMITTEE**

March 9, 2022

Senate Bill 761: Funding for Wage Increases for Medical Provider Workers

**POSITION: UNFAVORABLE**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to respectfully express our opposition to Senate Bill 761. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 761 requires that funding provided for Medicaid programs be used for wage increases for healthcare workers and staff in nursing homes who provide direct care to residents. Under this legislation, 100 percent of the annual four percent Medicaid rate increase that was enacted as part of the "Fight for Fifteen" legislation would be dedicated to paying wages.

HFAM vigorously supported the legislation that incrementally increased the minimum wage and provided for a Medicaid rate increase as part of the enacted legislation. The four percent annual Medicaid rate increase was meant to support the increases in the minimum wage, as well as wage compression.

**While we commend the Service Employees International Union (SEIU) and the sponsor for bringing forth this bill, we oppose Senate Bill 761 because it is not supported by the currently underfunded Medicaid rate nor the historic operational challenges currently faced by our sector.**

HFAM's position on wages and benefits for nursing home employees has been consistent prior to the pandemic, during the pandemic, and will be going forward. Wages and benefits in nursing homes are directly related to Medicare and Medicaid reimbursement rates. Those rates are set and funded by the federal and state government and they are non-negotiable. Unlike other employers, nursing homes cannot simply increase their prices to support increased wages or other expenses.

Prior to the pandemic, nursing home occupancy in Maryland averaged around 88 to 90 percent with a total licensed capacity of approximately 28,000 beds. Over the last two years, Maryland nursing homes were actually paid less in Medicaid reimbursement rates by the State than they would have been if there was no pandemic (see more on this in the bullet points below).

Nursing home occupancy in Maryland is now hovering around 78 percent, meaning there are approximately 22,000 individuals receiving care in our sector. And, occupancy is recovering slowly. Separate from this piece of legislation, going forward it is possible that nursing homes would have to reduce capacity and jobs. Of course, this scenario would not be ideal and it would be counterproductive to Maryland's Total Cost of Care contract.

We stand ready to pay healthcare heroes, who are the backbone of our sector, wages that Medicare and Medicaid rates support while also covering other essential aspects of care such as medical supplies, food, housing, and utilities.

In the recent Department of Legislative Services (DLS) report before this committee, DLS factually outlined in their analysis that Medicaid has paid nursing homes 10 percent less over the last two years than historic levels. We are at a momentous crossroads in terms of critically needed Medicaid funding to provide quality care to Marylanders in our skilled nursing and rehabilitation centers and in settings across the continuum of care.

Today skilled nursing and rehabilitation centers remain challenged. Historically high labor costs and skyrocketing operational expenses have left Maryland nursing homes severely underfunded. Occupancy levels in skilled nursing and rehabilitation centers are at historic lows. Direct and agency labor costs are at an all-time high and labor shortages are more severe than ever.

In reviewing federal Medicare cost report data, direct labor hourly wages are up in a range from eight to nine percent among nursing assistants, licensed practical nurses, and registered nurses. **The federal data indicates that the average geriatric nursing assistant (GNA) hourly wage rate in our sector was \$16.68 an hour in 2019 pre-COVID and \$18.19 in 2020.** Note that this is excluding bonuses and shift differentials.

In nursing homes, hospitals, and all healthcare settings in Maryland and across the nation, the use of agency staffing has increased dramatically throughout the pandemic and hourly rates for agency staff are set at unprecedented levels. Before COVID, a staffing agency would charge a nursing home around \$60 per hour for a registered nurse; now, the cost is around \$180 to \$200 per hour.

The current minimum wage in Maryland is \$12.50. Again, the yearly four percent Medicaid rate increase was designed to help get to \$15.00 per hour.

Before the pandemic, nursing homes spent perhaps thousands of dollars per year on personal protective equipment (PPE) and infectious disease infrastructure. Of course, nursing homes did not spend anything on COVID-19 testing pre-pandemic. Today, those same nursing homes spend many millions of dollars per year on PPE, testing, and direct labor wages and bonuses. They also spend many millions more on food, utilities, supplies, and additional necessities such as security. And, inflation is at historic highs not seen since the 1980s.

Amid all of this, here are some important facts to consider:

- Maryland's skilled nursing and rehabilitation centers did not receive a base Medicaid rate increase to fight the COVID-19 pandemic.
- The State of Maryland paid skilled nursing and rehabilitation centers less in Medicaid reimbursement rates during the pandemic than they otherwise would have absent the pandemic.
- This is due to lower nursing home utilization; fewer people in hospitals resulted in fewer referrals to nursing homes. The other primary factor in the State paying less to nursing homes was due to the enhanced federal match.
- In 2020, utilization was down in nursing homes by 491,224 days of care and thus lower than budgeted by \$144 million in total funds.
- In 2021, utilization was down in nursing homes by 759,606 days of care and thus lower than budgeted by \$214 million in total funds.



- Throughout many periods of the pandemic, Maryland skilled nursing and rehabilitation centers provided at or around 4.0 direct care hours per day, which is above the 3.0-hour requirement.
- This was possible because of direct federal payments made to the sector in 2020 and greatly reduced utilization.
- The cost to provide 4.0 hours of direct care per day in 2020 with normal utilization would have added \$26M to state costs. Because of reduced occupancy, many facilities were providing higher hours of care per day. The cost to staff at 4.0 hours would normally be much higher – closer to \$170M.
- Finally, the pandemic has really thrown nursing home utilization data upside down. Fewer days are being provided in our setting, staffing is up, Medicaid rates are increasingly underfunded, and there is the prospect of a reduction in Medicare rates later this year. Frankly, we likely will not have a good baseline analysis of all of this until March or April of 2023.

A recent report commissioned by the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) and produced by independent firm Clifton Larson Allen shows that nursing home finances are much worse than previously realized. The cost of care and operations is far exceeding reimbursement rates, resulting in a 4.8 percent negative margin.

Key findings of this report include:

- **Increasing costs due to labor and inflation.** The average increase in wages for nurses at all levels doubled from 2020 to 2021. Rates for contracted agency nurses are also two to three times higher than pre-pandemic rates.
- **Negative margins.** The median 2022 year-end operating margins are projected to be negative 4.8 percent, with a median occupancy of 77.3 percent. Any reduction in reimbursement could deepen existing financial issues.
- **Increased risk for closures.** The report found that 32 percent to 40 percent of residents are currently living in nursing homes that are considered financially “at risk,” including buildings with Five-Star quality ratings.
- **Challenges with access to capital.** Medicare margins and public health emergency-related funding provided much-needed support throughout 2020 and into early 2021. However, potential cuts pose a risk to nursing homes that face challenges such as occupancy decline, staffing shortages, and increased labor costs.

Finally, I would like to end on two points:

- There are nursing homes that are pro-organized labor and some that are not. However, I believe being pro-worker unites us all because our sector is one where trained hands and caring hearts save lives.
- For my part, being pro-labor is part of my DNA. I am proud that my first salaried job was as the personal aide to the Chair of the Hawai'i House of Representatives Health and Human Services Committee, which is the equivalent of the Health and Government Operations Committee in Maryland. This job led to a three-year tenure at SEUI and with other union coalitions in Hawai'i at a time when organized labor in this country was truly under siege. To this point of interest, I've attached a record of US Senate Judiciary hearing proceedings on Labor Violence and the Hobbs Act from 1984.  
**NOTE: The top of the last page is highlighted and marked by a handwritten star.**

Again, we commend SEIU and the sponsor for bringing forth this important legislation. While we do not agree with this proposed legislation, we are dedicated to continuing to work directly with our sisters and brothers at SEIU on seeking consistent, adequate, and robust funding of Medicaid rates and on the issues of this legislation.

**For the reasons outlined in this testimony, we request an unfavorable report on Senate Bill 761.**

*Submitted by:*

Joseph DeMattos, Jr.  
President and CEO  
(410) 290-5132

S. H. No. 98-1009

# LABOR VIOLENCE AND THE HOBBS ACT

## HEARINGS BEFORE THE COMMITTEE ON THE JUDICIARY UNITED STATES SENATE

NINETY-EIGHTH CONGRESS

FIRST AND SECOND SESSIONS

ON

**S. 462**

A BILL TO AMEND SECTION 1951 OF TITLE 18 OF THE UNITED STATES  
CODE, AND FOR OTHER PURPOSES

OCTOBER 25, 1983; APRIL 30 AND MAY 1, 1984

Serial No. J-98-76

Printed for the use of the Committee on the Judiciary

GIS RECORD ONLY



S. HRG. 98-1009

# **LABOR VIOLENCE AND THE HOBBS ACT**

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## **HEARINGS**

BEFORE THE

**COMMITTEE ON THE JUDICIARY**

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...to protect and they are held at a disadvantage when somebody comes in and bids five or six dollars lower," Kupau said.

[From the Honolulu Advertiser, Aug. 19, 1983]

## U.S. JURY INDICTS KUPAU ON SEVEN PERJURY COUNTS

(By Walter Wright)

Walter Kupau, financial secretary of the Carpenter's Union in Hawaii, was indicted by a federal grand jury yesterday on seven counts of perjury for denying he tried to sign up a non-union Maui contractor in 1981.

Kupau last night dismissed the charges as part of a Reagan administration campaign to "bust unions." He also said the U.S. attorney's office was "very timely" in bringing the charges on the day that his mother, Mrs. Jesse Kupau, 80, entered the Queen's Medical Center for a cancer operation.

Kupau, who is also president of the state AFL-CIO, said he did not remember making any false statements, but added that "there may have been statements made, a state of mind or in the context that they're asking, if they want to play word games with it."

It was not immediately clear what impact a conviction of the felony charges would have on Kupau's right to serve as a union official or as trustee of its multi-million-dollar pension fund.

But Kupau could face several years in federal prison. Each count against him is punishable by five years in federal prison and a \$2,000 fine.

Indicted along with Kupau, also on seven counts, was union business agent Steven Suyat of Maui.

Two other Carpenter's Union business agents, William O. "Billy" Nishibayashi and Ralph Torres, were each convicted of four perjury charges in May and sentenced to six months in federal prison.

The entire case relates to the union officials' denial that their picketing and other activity, were intended to get a union contract with Maui contractor Walter Mungovan.

Mungovan has been placed in the federal witness protection program because federal officials feared for his life after he testified against the union officials. He has been given a new identity and a start on a job in another location.

Mungovan probably would be returned to Hawaii to testify in the trial of Kupau, since some of the charges relate a telephone conversation with the labor leader that Mungovan secretly taped.

Mungovan's tapes and testimony were key elements in the trial of Nishibayashi and Torres.

Mungovan's wife, who is in New York continuing a national campaign for changes in laws dealing with labor union violence, said last night when informed of the new indictments that "I'm glad that justice is finally being done."

Mrs. Mungovan also has sued the union, saying the contracting company she and her husband ran on Maui has been destroyed as a result of their refusal to sign a union contract. Her husband's willingness to take the stand against union officials, she says, has forced him to go into hiding for his own safety, and has caused their family to break up.

Kupau was charged with lying in four different proceedings: in sworn affidavits for two National Labor Relations Board cases in federal court in 1981, in his testimony before a federal grand jury in 1982, and in his testimony during the Nishibayashi-Torres trial this year.

The case turns partly on labor regulations that limit a union's right to picket for "organizational" purposes to 30 days.

"Informational" picketing can continue indefinitely. The government contends that the union's picketing was actually an attempt to organize Mungovan's firm—and not informational, as the union claims.

One of the key charges deals with Kupau's statements to Mungovan in a telephone conversation Feb. 27, 1981, which Mungovan secretly tape-recorded.

At one point on the tape, Kupau tells Mungovan:

"But, ah, in order to settle the whole beef, is going to have to be some type of agreement consummated and effective at some future date on all new projects prior to my negotiating or holding on 'em. If anything had or negotiated already, we don't

[From the Honolulu Advertiser, Sept. 2, 1983]

## KUPAU PLEADS NOT GUILTY; PERJURY TRIAL SET FOR NOVEMBER 1

(By Walter Wright)

Walter Kupau, financial secretary of the Carpenter's Union in Hawaii and president of the state AFL-CIO, yesterday pleaded not guilty to seven counts of perjury over what the government says was his attempt to organize a non-union contractor on Maui.

"We are not guilty of any wrongdoing, we are innocent," Kupau told reporters outside the federal courthouse after his arraignment before U.S. Magistrate Joseph Gedan.

The indictment against him, Kupau charged, was part of a continuous effort by the Reagan administration and U.S. Attorney Dan Bent of Honolulu "to take the labor movement apart."

Kupau said he believes that Bent is trying to get appointed to a federal judgeship next year.

Bent, who was out of town, could not be reached for comment.

Also entering a plea of not guilty to seven related perjury counts was Carpenter's Union business agent Steven Suyat of Maui. Suyat told reporters he had no comment on the case.

Trial for Kupau was set for Nov. 1, but may be postponed because of defense attorney Matt Pyun's schedule. Trial for Suyat was set for Nov. 8; he is represented by Mark Kawata.

Both men were released without any restriction on their travel despite Assistant U.S. Attorney Elliot Enoki's attempt to have their movements limited at least to the state.

"There will be no travel restriction for Mr. Kupau," Magistrate Gedan said.

Kupau is charged with lying when he gave a sworn statement that picketing of non-union Maui contractor Walter Mungovan in 1981 was not intended to get Mungovan to sign a union contract.

The government says secret tape recordings that Mungovan made of a conversation with Kupau prove the contrary.

Kupau suggested to reporters that the government is using a double standard in the case.

"What a non-union contractor says can be called a misstatement of fact, but a person carrying a union card is committing perjury," Kupau said, referring to his earlier charge that Mungovan lied in the case.

Mungovan's testimony helped convict two other Carpenter's Union business agents, William O. Nishibayashi and Ralph Torres, on perjury charges earlier this year.

They were sentenced to six months in prison, but are free on bail pending appeal.

Mungovan has been placed in the federal witness protection program because of government fears that his life was in danger. He was sent to the Mainland and given a new identity and a job in the construction business.

Kupau, in response to questions, yesterday discounted a death threat that he last month told the county prosecutor's office he received in the form of an unsigned post card addressed to "Walter Deadman Kupau."

"I receive all kinds of letters. I never did consider it a threat," Kupau said. He said he felt the post card had been blown out of proportion by some of the media.

Meanwhile, a spokesman for unions supporting Kupau said the Hawaii United Labor Coalition will try to raise a defense fund for the Carpenter's Union official.



Joe DeMattos, chairman of the fund-raising committee of the Hawaii United Labor Coalition, said his group has 40 unions that are united in their efforts to resist what he called "union busting" efforts by management, the Reagan administration and others opposed to labor.

The committee hopes to supplement the fund with a banquet in October.

"We feel Walter is being singled out," DeMattos said.

The Hawaii United Labor Coalition was formed earlier this year by unions supporting the Machinists union employees of Qantas Airways, who lost their jobs when the airline decided to use non-union ground workers.

(From the Honolulu Advertiser, Aug. 27, 1983)

#### KUPAU COULD KEEP UNION POST EVEN IF CONVICTED OF PERJURY

Carpenters' Union financial secretary Walter Kupau would not be barred from holding that or other union offices even if he is convicted of perjury, a review of labor laws reveals.

Kupau was indicted Aug. 18 by a federal grand jury on seven counts of perjury over what the government says were his efforts to get a Maui contractor to sign with the union.

But perjury is not one of the crimes for which a person can be barred from union office.

The Labor Management Reporting and Disclosure Act of 1959 bars from union office any person convicted of any of a number of crimes, including robbery, bribery, extortion, murder and rape, for a period of five years following completion of their sentence.

Kupau could face a lengthy sentence in federal prison if convicted. Each count is punishable by a maximum of five years in prison and a \$2,000 fine.

Kupau and union business agent Steven Suyat of Maui, who also was charged with several perjury counts, will be arraigned at 10 a.m. Sept. 1 before U.S. Magistrate Joseph Gedan.

#### WHY THE UNION WANTS MY HUSBAND DEAD?

(By Sharon Churcher)

Before the nightmare began, before the death threats and the bomb scare and the menacing visits by strangers in the black of the foreign night, Cher Mungovan, a 31-year-old English woman, though she had found paradise in that haven of free enterprise, the United States.

She was living with her American husband, Walter, and small son on the magically beautiful Hawaiian island of Maui. Her house, set in a tropical garden and with its own swimming pool, looked out on one side to the shimmering, turquoise ocean.

Weary of the industrial strife plaguing the Midlands, Cher's father, Ian Norrie, a British Loyland manager in Coventry, and her mother, a Birmingham comprehensive school department head who had braved picket lines to reach her pupils during teachers' strikes, emigrated to join the young family in 1979.

Cher's brother went with them, and the three pitched in with Cher and Walter to found a house-building company which made £340,000 in its first year, and seemed set to top £1 million in its second.

SECRET

Today, the company has closed, the family can't afford the mortgage on their home, and Walter, fearing for his life, has had to go into hiding, guarded by Federal marshals in a location kept secret even from Cher.



**UNFAVORABLE.SB761.MDRTL.L.Bogley.pdf**

Uploaded by: Laura Bogley

Position: UNF



## **UNFAVORABLE**

### **SB761 – Funding for Wage Increases for Medical Provider Workers**

Laura Bogley, JD

Director of Legislation, Maryland Right to Life

**On behalf of our Board of Directors and members across the state, I object to this bill to the extent that it will increase taxpayer funding for abortion providers in the form of wage increases for workers through the Maryland Medical Assistance Program (M00Q01.03).**

Abortion is big business in Maryland and 60% of Democrat lawmakers were endorsed by the National Abortion Rights Action League (NARAL). We urge the Governor of Maryland and the Maryland General Assembly to immediately cease funding the American genocide called ABORTION and to cease the infringement on the people's free exercise of religion and rights of conscience to not fund abortion.

**MEDICAID FUNDING FOR ABORTION** - The *Maryland Medical Assistance Program* and the *Maryland Children's Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. According to the Maryland Department of Legislative Services in their *Analysis of the FY2022 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program (M00Q01.03), are being forced to pay for elective abortions. We spent at least \$6.5 million for 9,864 abortions, which were not due to rape, incest or life of the mother.

**SUBSIDIZING CORPORATE ABORTION** - Maryland is one of only 4 states that forces taxpayers to fund abortions. However there is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2022 Marist poll say they oppose taxpayer funding of abortion. 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

**FUNDING RESTRICTIONS ARE CONSTITUTIONAL** - The Supreme Court has held that the alleged constitutional "right" to an abortion "implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "no other procedure involves the purposeful termination of a potential life" -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

**ABORTION IS NOT HEALTH CARE** - The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Abortion is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion often causes physical and

psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

Women have better options for family planning and well woman care, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

**MDH IS FAILING PREGNANT WOMEN** - The Maryland Department of Health has repeatedly failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department complies with existing state laws and regulations related to abortion providers.

- The Department has routinely failed to enforce existing state health and safety regulations for abortion clinics, even after two women were near fatally injured in botched abortions last year.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists and failing to regulate abortion practices.

**For these reasons, we respectfully urge you to vote against any and all measures to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.**

**HB1350-SB761-Unfavorable-Fink-D32.pdf**

Uploaded by: Nelda Fink

Position: UNF

**UNFAVORABLE Testimony – SB761**

**Nelda Fink, 8372 Norwood Dr, Millersville**

**MD District 32**

No. In general we are at a pivot point in history where we must stop spending state residents' tax dollars that they have had to work very hard for! And the last two years the residents have had to work harder than ever just to make ends meet because of YOUR lack of understanding of your roles as legislators. You are here to protect our rights not take them away. I will not support any additional funding for any thing new until that principle is understood and adhered to! This is the first principle establishing the foundation of our Constitution and that is the same constitution that you swore an oath to. Every time any one of you agree to more taxes being taken from your constituents without first replacing what was already taken away, you are continuing down the path of incompetence and malfeasance by not upholding your oath.

Why would the state provide wages to health care workers?? Let big pharma do that!

**OPPOSE This Bill.**

Nelda Fink

**1 - SB 761 - B&T - MDH - LOI.docx.pdf**

Uploaded by: Heather Shek

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 9, 2022

The Honorable Guy Guzzone  
Chair, Senate Budget and Taxation Committee  
3 West, Miller Senate Office Building  
Annapolis, Maryland 21401- 1991

**RE: SB 761 – Funding for Wage Increases for Medical Provider Workers – Letter of Information**

Dear Chair Guzzone and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 761 – Funding for Wage Increases for Medical Provider Workers. SB 761 requires existing funding increases mandated for M00Q01.03 Medical Care Provider Reimbursements – Medical Care Programs Administration in Health General 16-201.4 (b)(3) through (6) be directed to wage increases for certain individuals beginning October 1, 2022. The specified healthcare workers who are eligible for the funded wage increases include: health care workers and staff in nursing homes who provide direct care to residents, including housekeeping, laundry, nutritional, and activities services.

While MDH sets reimbursement rates for the services rendered by Medicaid providers, it does not have any role in setting wages or benefits providers pay to their employees. The enforcement of laws that protect workers' rights fall outside MDH's purview. MDH further believes that the mandate requiring agencies to pay a certain hourly rate and report on their compliance falls outside the scope of its authority.

If you have any questions or would like to discuss this further, please contact Heather Shek, Director of Governmental Affairs, at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov) or (410) 260-3190.

Sincerely,

A handwritten signature in black ink that reads "Dennis R. Schrader".

Dennis R. Schrader  
Secretary