**Testimony on HB 496**
**Labor and Employment – Family and Medical Leave Insurance Program – Establishment**
House Economic Matter Committee
February 15, 2022
**POSITION: OPPOSE**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

From the outset we want to state our strong support of our workforce and the sponsor's efforts to make their lives better. They are the backbone of what we do and are critical to the programs we provide for those with serious mental illness and substance use disorders. That is why our member organizations try to be as generous as they can within the bounds of their rates – which are set by the State Medicaid program – in offering flexible leave benefits and perks to attract potential employees to jobs that don't pay competitive salaries. Our opposition to this bill is rooted in the unintended impact we believe it will have on our employees and clients.

In large part, HB 496 mirrors HB 8 (Time to Care Act), and our concerns are the same with both bills. Our providers are struggling to keep service lines operating due to staff shortages – and this at a time when demand for behavioral health services is at an all-time high. There are individuals languishing is state psychiatric facilities – at great expense to the state and to the personal liberties of those confined - simply because we can't staff vacant beds in the community. Our programs and services are all highly regulated, with required staffing ratios. If we can't meet the staffing ratios, we can't provide the services, and temp agencies are unfortunately not a solution for us. Not only are temp staff prohibitively expensive but they also lack the training and experience required by regulation and the accreditation standards we are required to meet as prerequisites for licensure. We ask that the Committee weigh the need for ongoing access to behavioral health services against the desire to provide additional paid leave benefits above those already existing in federal and state statute.

As noted in our testimony on the Time to Care bill (HB 8), we are similarly concerned about the impact of HB 496 on employees, particularly at the low end of the pay scale. While 1% of an employee's wage may not seem like much, our members note that few direct-care staff avail themselves of 403(b) plans made available to them because of the employee contribution required. Their salaries are so low that many find it difficult to afford housing and other necessities. Some work multiple jobs to make ends meet. Investments – even ones such as 403(b) plans that would directly benefit them – are simply unaffordable for them. This bill would require those same employees to contribute to a fund they may never benefit from.

One of our greatest concerns is the effect this bill would have on staffing. Our member organizations have struggled for years with attracting and retaining their workforce due to the low salaries and demanding nature of direct care work, and COVID has only amplified our workforce crisis. Staff vacancies are exacerbated by the number of employees on extended or intermittent leave (such as that covered by the Americans with Disabilities Act, the Family Medical Leave Act, and the Maryland Health Working Families Act). Staffing is of particular concern in residential programs that operate 24/7 and often have shifts staffed with one or two employees. As noted above, vacant beds in the community that would have housed those discharged from state psychiatric facilities go unfilled

due to lack of staffing.

This bill would allow employees who have already taken 12 weeks of paid leave for their own qualifying health condition to then take an additional 12 weeks of paid leave for another qualifying condition, such as the birth of a child. It also significantly lowers from FMLA thresholds the number of hours employees must work in the preceding 12 months before being eligible to take this leave (1,250 hours vs 680 hours). We believe this will have a significant impact on our ability to ensure client health and safety, not to mention quality of care.

For these reasons we respectfully oppose HB 496.

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