



May 11, 2022

Senator Jim Abeler  
95 University Avenue W  
Minnesota Senate Bldg., Room 3215  
St. Paul, MN 55155

Jamie Gulley  
President

Rep. Tina Liebling  
477 State Office Building  
St. Paul, MN 55155

Dear Chairs Abeler and Liebling:

Jigme Ugen  
Executive Vice President

SEIU Healthcare Minnesota & Iowa represents over 50,000 health care workers in hospitals, clinics, nursing homes, and self-directed homecare. We believe there are very strong elements in both the House and Senate HHS Omnibus bills. We hope to work with you to craft a bi-partisan compromise that will significantly improve the lives of health care workers and the people we serve.

Phillip Cryan  
Executive Vice President

Brenda Hilbrich  
Executive Vice President

Both the House and Senate take bold steps to address the workforce crisis in the nursing home industry. Most importantly, the House bill includes HF3405/SF4420, the bi-partisan Minnesota Nursing Home Workforce Standards Board bill (Art. 12, Sec. 1-9, 25, & 26). The Board would include three state government, three employer, and three worker representatives. The Board would have the power to set minimum labor standards for nursing homes, such as an industry minimum wage, for both union and non-union workers. This industry faces a critical workforce shortage, and we cannot solve it unless we give workers a greater voice in setting industry standards.

Rasha Ahmad Sharif  
Executive Vice President

In addition, the Senate includes an important \$225 million investment in nursing home funding (Art. 2, Sec 1-14). Along with other unions, we have supported the stand-alone funding bill, HF3729/SF2967, as part of an overall agenda to address the nursing home workforce crisis that also includes the Nursing Home Workforce Standards Board Act. Minnesota must invest significant new resources in nursing homes to address a workforce crisis that long pre-dates COVID-19.

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The House and Senate positions provide obvious grounds for a healthy compromise. We encourage the House to accept the Senate funding proposal and we encourage the Senate to accept the House policy proposal. The Board is a critical accountability measure to make sure that this money does not go to out-of-state hedge funds and real estate investment trusts, but, instead, goes to the Minnesota workers who cared for our seniors during the worst and deadliest months of the pandemic and who will meet the growing demand for care of Minnesota seniors in the future. The Board should reassure legislators that this extraordinary public investment will show up in their communities in the form of quality jobs for workers and better care for the elderly.

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The House and Senate agree even more closely on providing funding to address the PCA workforce crisis. Every day our homecare members see the cost of living

and the wages at competing jobs increase, while their wages remain flat. The current homecare workforce crisis means that too many disabled persons are forced into institutional care because they cannot find the PCA workers they need to live independently.

First, we strongly support the Senate position for about a \$185 million rate increase for the CFSS/PCA rate framework (Art. 1, Sec. 39). The House bill also contains a smaller investment of about \$92 million in the CFSS/PCA rate framework (Art. 9, Sec. 21), but adds an investment of over \$21 million to the Consumer-Directed Community Supports (CDCS) program (Art. 9, Sec. 35). In addition, the House provides important language (Art. 9, Sect. 36) that will allow homecare workers to negotiate an enforceable wage increase in their contract based on the new funding. Whatever the final funding amount for the CFSS/PCA rate framework, we think it should include the House's robust increase for CDCS.

Second, there is already agreement between the House and Senate on two smaller provisions that will have an outsized impact on homecare workers. Expanding PCA services to allow for driving (House Art. 9, Sec. 9 & 12/Senate Art. 1, Sec. 6 & 10) will eliminate an unnecessary burden for both clients and workers. Expanding the number of hours parents and spouses can work (Art. 9, Sec. 15 & 18-19/Senate Art. 1, 17, 36, & 38) will help alleviate the workforce shortage and recognize their valuable, if too often unrewarded, contribution. We support both provisions.

Third, the House bill contains ratification of and funding for two important Memorandums of Understanding that were included in the Governor's budget bill and submitted to the LCC-SER (Art. 24, Sec. 2), related to new Electronic Visit Verification (EVV) requirements for home care workers and to backpay owed to some home care workers.

For hospital workers the House and Senate have divergent policy proposals. Our hospital workers appreciate the House bill for the inclusion of the Keeping Nurses at the Bedside Act (Art. 1, various sections) which will help ensure staffing levels at hospitals are safe for patients and workers. We appreciate recent changes that include a broader set of workers on the staffing committees. Once again, we can best address the workforce crisis in an industry by providing workers with a greater voice over their working conditions. In contrast, we are concerned that the Senate bill includes the Nurse Licensure Compact (Art. 14, Sec. 13-14). We think this is the wrong way to address the healthcare workforce shortage and will undermine Minnesota's high health care standards.

The healthcare workforce crisis means the Conference Committee does not have the luxury of inaction. We have a workforce crisis because we have a system that does not value workers enough since many of them do not have a voice at work. While we need to invest more, we also need policies, especially the Nursing Home Workforce Standards Board, that gives them a greater voice.

Sincerely,



Jamie Gulley, President  
SEIU Healthcare MN & IA