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To: Senate HELP Committee,  
Senator Bernard Sanders - Chair  
Senator Bill Cassidy, M.D. - Ranking Member  
All Committee Members and Committee Staff

## **A Voice Of Reason: Our Perspective on the Direct Care Workforce Crisis**

Founded over 40 years ago, VOR – A Voice Of Reason, is a national non-profit organization that advocates for high quality care and human rights for all people with intellectual and developmental disabilities (I/DD). Many of our families have loved ones with severe to profound I/DD or autism, and many have significant medical conditions compounding their intellectual disabilities.

We are grateful that the Senate HELP Committee is investigating staffing shortages in the health care workforce. The February 16<sup>th</sup> hearing focused on the perspectives of medical and nursing colleges, and examined the economic effects of the shortage of workers at the top levels of the health care delivery system. We were pleased to hear Senator Tim Kaine (D-VA) mention the shortage of Direct Support Professionals (DSPs) during his testimony, as this reflects problems *our* families face with the critical shortage of workers.

We ask that the Committee appropriate increased funding to improve salaries, offer benefits to experienced workers, and develop training and certification programs in order to rebuild this vital workforce. We ask that Congress appropriate such funding in such a manner as to ensure that *all* members of the workforce are included in this measure. Current bills in Congress would target one large group of workers, which could easily result in tragic consequences for those who receive essential care from workers in the various programs that are not included in these bills.

DSPs are the boots on the ground in our system of care for vulnerable populations. They provide a wide range of care services for a wide range of individuals including members of the aging community, the I/DD and autism communities, people with debilitating medical conditions, and people with physical or sensory disabilities. They serve in group homes and nursing homes, in intermediate care facilities for individuals with intellectual disabilities (ICFs), and skilled nursing facilities, and they offer supplementary services to individuals in family homes or independent living facilities.

Despite the many caregivers performing these services, the Department of Labor and the Office of Management and Budget have no classification for these workers. Salaries and hourly rates of pay for DSPs are determined by the Centers for Medicare and Medicaid Services (CMS), and therefore tied to the *federal* minimum wage, though individual states often augment their pay to equal or slightly exceed their state minimum wage. Nonetheless, most DSPs are paid at hourly rates lower than those offered by most major retail outlets, big box stores and fast food restaurants. As a result, our entire system of direct care support has been forced to rely on a dedicated cohort of underpaid, and often undertrained, workers. That system is now in danger of collapsing due to its inability to maintain a steady workforce.

In a 2017 report on America's Direct Support Workforce Crisis, the President's Committee for People with Intellectual Disabilities estimated the annual turnover rate for DSPs to be at minimum around 45%, but as high as 65% in some states. No significant action was taken to address these findings. In the years

since, the COVID-19 pandemic exacerbated this shortage. Providers are unable to build new facilities, and are even being forced to shut down existing services because they are unable to find sufficient staff. So we have a situation where demand for services is increasing while the workforce that provides these services is decreasing at an even faster pace.

We need solutions. We need quick, short-term solutions in order to attract new workers, and we need long-term solutions to rebuild the system and ensure its ability to sustain itself. Increased funding is an essential component of both these solutions, but training, the knowledge that comes from experience, and the ability to create a career path for DSPs are also critical components of any plan to stabilize and develop this workforce.

In devising solutions, it is important to remember not only the workforce, but the recipients of their services, the individuals with I/DD and autism, the medically fragile, and the elderly. We must make sure that any investment in the DSP workforce covers all of those who provide for their care. If we give only to workers in one part of this workforce, those who receive care for those not covered by these provisions will suffer. Since all of the facilities that treat vulnerable populations draw from the same pool of available workers, increasing wages and training for workers in one group of facilities would move the workforce away from other facilities. If, for example, we only help people who work with individuals with I/DD living in HCBS settings, it will result in an even greater shortage of the caregivers who serve the needs of the elderly and individuals in ICFs.

We cannot allow anyone to be left behind.

There are bills before Congress that have this flaw. Most notably, the Better Care Better Jobs Act, would increase wages and training for DSPs who work in settings funded through the Home and Community Based Services (HCBS) silo of Medicaid, but not provide equally for workers who serve in ICFs and many nursing facilities. We cannot in good conscience support any bill that favors one group of vulnerable people over another.

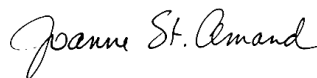
We understand that developing this workforce, and taking them from the status of being perennially underpaid, will take money. We understand that spending and matters of economy, especially health care economy, are further strained given the current federal debt and deficit. But we believe that an analysis of the costs of devising a solution to this crisis against the costs of allowing the system to fail will demonstrate the necessity of this investment. A gap in care means a gap in medical needs being met, increased hospitalizations, and poorer quality of health overall. Without these essential caregivers, elderly parents and grandparents and individuals with I/DD and autism will have to rely on family members for housing and 24/7 support services. Parents may have to leave jobs and children may have to leave school to look after their loved ones. Multiply that scenario by a few hundred thousand cases, and consider the effect this might have on our economy.

VOR urges Congress to appropriate funding increases for salaries, benefits, and training for ALL DSPs to address this critical healthcare need. It is time to provide funds for safe and stable care for those with I/DD in the FY2024 appropriations. Doing so for ALL people with I/DD will eliminate the dangers of perpetuating a siloed and competitive structure of funding that robs Peter to pay Paul. A comprehensive legislative approach will stabilize the DSP workforce and address the care needs of their patients.

Thank you for your time and consideration,



Hugo Dwyer – Executive Director



Joanne St. Amand – President