- Home Care providers are providing sick leave for full time employees and often for half time employees; that being said, an average of 25% of home care workers are not currently eligible for sick leave and counted on to meet the needs of our older and disabled population. Adding a requirement to offer sick leave to all employees will have a significant financial impact on the home care industry.

- Have you considered how this will impact service delivery for your Mpls residents? As compassionate as home care providers are,  agencies will likely choose not to serve people in Mpls simply because they can't afford to do so.

- Many agencies count on casual workers to appropriately serve their clients - no PTO/sick

- Does this include those in collective bargaining (PCAs)? PCA agencies received an increase in reimbursement to cover this mandate - do you plan to seek increases to meet the financial needs of employers? Also, PCAs are required to work 600 hours prior to being eligible for sick leave - will that be mirrored in this plan?

- Is the proposed 80 hours just the time spent in Mpls? If so, employers will now need to track where employees are working - requiring significant additional administrative burden.

- Have you considered how to track compliance for workers that are going into individual homes vs working for a Mpls based employer and does the city have the resources to do so?

- Unlike many other industries, most of our providers are paid by insurance companies or through government programs and are not able to increase their rates just to cover this cost.

1) You could raise the question about how exactly this would work in terms of PCA being a Medical Assistance service that is offered across the state and within which there is supposed to be consistency regardless of where in the state the service is accessed. The Mnpls paid sick time provision raises questions about how a city ordinance could or could not trump state Medicaid laws, and/or the complications of how these would intersect (particularly if we go down the road of different cities having different requirements in this area).

2) I have being hearing informally that health and long term care providers who are trying to contribute to this discussion are being painted as caring primarily about the impact on their financial bottom line. You have already done this below but I would encourage you to focus on the fact that the PCA/homecare world is very supportive of increased wages and benefits for the staff that provide these critical services to our family and community members, as these staff are providing a very valuable service and should be recognized for their very hard work. But as organizations that cant set their own prices for those accessing their services through state benefits and as organizations that are trying to provide the same high quality services to Minnesotans regardless of what city they live in, the homecare community believes there are technical/operational questions that need to be answered and thought through for this proposal to be implemented successfully.

**Agree with all the above and took liberties with a couple edits. I would suggest that MNHomeCare promote clear differentiation between who would be included in this mandate and that casual or prn staff are excluded.**