The Minnesota HomeCare Association (MHCA) would like to share our comments regarding the proposed sick leave in the City of Minneapolis. MHCA represents a wide array of home care providers from Medicare-certified agencies to hospice to personal care assistants, including many that provide services in Minneapolis. We are most concerned about our clients’ access to service and encourage you to consider some of the following potential challenges.

* MHCA 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 hard work. 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 to cover the additional cost for increased wages or benefits.
* Of the government programs, many services are covered by Medical Assistance, a state regulated program, which requires consistency across the state. Has consideration been given for how a city ordinance could or could not trump the 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)?
* Home Care providers are providing sick leave for full time employees and often for half time employees. That being said, we estimate that approximately 15-20% of home care workers are not currently eligible for sick leave and counted on are to meet the needs of our older and disabled population. Home care workers consist of Registered Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Social Workers, Home Health Aides, Homemakers and Personal Care Attendants. A patient receiving home care services may indeed have two or three different types workers in their home at a given time. Adding a requirement to offer sick leave to all employees, including casual workers, will have a financial impact on the home care industry, as well as impact access to services for your residents.
* We do not consider employees being eligible for sick leave when working just 80 hours per year to be acceptable. We are not aware of any precedence for providing sick leave for individuals working just 2 weeks a year.
* Does this proposal include the personal care assistants (PCAs) that are in collective bargaining? PCA agencies received an increase in reimbursement to cover the sick leave 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?
* In the home care industry employees are providing care for individuals in various areas (could be up to 30 -60 counties within the State) so tracking time an employee spends in individual cities (and or zip codes) will be a complex, administrative burden.
* Have you considered how this will impact service delivery for your Minneapolis residents? As compassionate as home care providers are, agencies may choose not to serve people in Minneapolis simply because they can't afford to do so, thus impacting access to care.
* 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.

We appreciate you hearing our 'voice' through this written message and welcome any inquiries or further discussion regarding the impact this proposal may have on the home care industry and ultimately, your residents.

Kathy Messerli

Executive Director

MHCA

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