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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

COMMITTEES

HUMAN SERVICES, CHAIR

CAUCUSES

PENNSYLVANIA BLACK LEGISLATIVE CAUCUS
PENNSYLVANIA BLACK MATERNAL HEALTH CAUCUS
SOUTHEAST DELEGATION

M E M O R A N D U M

TO: Members of the House Human Services Committee
FROM: Representative Dan Williams, Majority Chair, House Human Services Committee
DATE: August 13th, 2026
RE: House Human Services Committee Public Hearing

The House Human Services Committee will hold a Public Hearing on Tuesday, August 18th on House Bill 1939 P.N. 2447. The hearing will be held in G-50 Irvis Office Building at 10:00AM.

Please contact Dylan Lindberg (dlindberg@pahouse.net) with any questions. If you are unable to attend this meeting, please submit a Leave Request Form to the appropriate Chair's office prior to the start of the meeting. Thank you.

DW/as

House Human Services Committee Public Hearing
Room G50 Irvis Office
Harrisburg, PA 17120
August 18, 2026
10:00 AM

Agenda

Panel 1

Kristin Ahrens

- Deputy Secretary, Office of Developmental Programs, Department of Human Services

Panel 2

Patrick DeMico

- Executive Director, The Provider Alliance

Nick Kratz

- Government Relations Manager, Pennsylvania Advocacy and Resources

Panel 3

Rose Baumann

- Parent

Zena Ezekiel

- Team Lead East, Invision Human Services

And any other business that comes before the Committee

Adjournment

PRINTER'S NO. 2447

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1939 Session of 2025

INTRODUCED BY BENHAM, ORTITAY, HILL-EVANS, CIRESI, VENKAT, RIVERA, KHAN, DEASY, SALISBURY, SHUSTERMAN, INGLIS, SANCHEZ, SAPPEY, ABNEY, D. MILLER, MAYES, GREEN, HOHENSTEIN, CEPEDA-FREYTIZ, MIHALEK AND GAYDOS, OCTOBER 10, 2025

REFERRED TO COMMITTEE ON HUMAN SERVICES, OCTOBER 10, 2025

AN ACT

Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth," in public assistance, providing for fee schedule rates.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. The act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, is amended by adding a section to read:

Section 443.16. Fee Schedule Rates.--(a) Subject to Federal approval and in addition to 55 Pa. Code § 6100.571 (relating to fee schedule rates), the following applies to the fee schedule rates for home and community-based services provided through intellectual disability and autism programs administered by the Office of Developmental Programs for the twelve-month period beginning October 1, 2026, and each October 1 thereafter:

(1) To the extent funds are appropriated for the purposes under this section, the fee schedule rates shall be increased by

the percentage change to the Consumer Price Index for the most recently reported twelve-month period.

(2) If the increase to the fee schedule rates under paragraph (1) will result in the total estimated expenditures exceeding the funds appropriated for the purpose, the percentage increase to the fee schedule rates shall be limited by the amount appropriated.

(3) If no change or a decrease occurs in the Consumer Price Index under paragraph (1), the fee schedule rates for home and community-based services under this section shall remain unchanged for the year. For any year in which the Consumer Price Index increases following a year of decrease, the percentage increase shall be calculated by subtracting the cumulative percentage of any consecutive preceding years of decrease.

(4) The department shall transmit notice to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin providing the percentage increase to be applied to the fee schedule rates under this section prior to implementing the adjustment to the fee schedule rates.

(5) When fee schedule rates increase under this section, a provider shall increase the total wages of a direct support professional by the increased percentage in the Consumer Price Index under paragraph (1) no later than January 1 of the applicable fiscal year of the rate increase.

(6) Beginning October 1, 2026, and each year thereafter, the department shall transmit notice to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin providing the lower bound wage rate for a direct support professional based on any increase in the fee schedule rates. No provider may pay a direct support

professional wage below the applicable lower bound wage rate.

(7) Effective July 1, 2027, if a provider does not comply with the compensation provisions under this section, the provider shall be subject to a financial penalty to be imposed by the department not to exceed an amount equal to the number of hours worked by each direct support professional who received wages lower than the lower bound wage rate multiplied by the difference between the wage the direct support professional received and the lower bound wage rate published under paragraph (6).

(8) Notwithstanding any other provision of law, a financial penalty collected under this section shall be deposited into the Home and Community-Based Services for Individuals with Intellectual Disabilities Augmentation Account established under section 1729-E of the act of April 9, 1929 (P.L.343, No.176), known as The Fiscal Code.

(9) A provider shall report annually to the department the following information, in a form and manner as prescribed by the department:

(i) The number of direct support professionals rendering services.

(ii) The average wage of direct support professionals by each service type rendered.

(iii) The starting wage of direct support professionals by each service type rendered.

(iv) Information on the amount and type of compensation paid to direct support professionals, including the following:

(A) Salary, wages and other remuneration under 29 U.S.C. Ch. 8 (relating to fair labor standards) and 29 CFR Pts. 531 (relating to wage payments under the Fair Labor Standards Act of

1938) and 778 (relating to overtime compensation).

(B) Benefits, including health and dental benefits, sick leave and tuition reimbursements.

(C) The employer share of payroll taxes.

(b) Subsection (a)(1), (2), (3), (4) and (5) shall not apply in a fiscal year in which the department establishes new fee schedule rates under 55 Pa. Code. § 6100.571.

(c) As used in this section, the term "provider" means a provider of home and community-based services provided through an intellectual disability or autism program administered by the Office of Developmental Programs of the department.

Section 2. This act shall take effect immediately.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1939 PN2447	**Prepared By:**	Dylan Lindberg (717) 705-1925
Committee:	Human Services		
Sponsor:	Benham, Jessica	**Executive Director:**	Dylan Lindberg
Date:	2/12/2026		

A. Brief Concept

Requires an annual update to the home and community-based ID/A fee schedule rates.

C. Analysis of the Bill

House Bill 1939 amends the Human Services Code to require an annual update to the home and community-based ID/A fee schedule rates.

Rate Increase

To the extent funds are appropriated, beginning October 1st 2026, and each October 1 thereafter, ID/A rates are required to increase by the percentage change of the Consumer Price Index (CPI) for the most recently reported 12-month period. However, if not enough funds are appropriated to match the CPI increase, then rate increases will be enhanced in proportion to the amount appropriated. If there are no CPI changes or a decrease, then there will be no corresponding rate changes. If a CPI increase occurs the year after a decrease occurred, the rate increase is calculated by subtracting the cumulative percentage of any consecutive preceding years of decrease.

The department must submit the rate increase in the next Pa Bulletin.

Direct Support Professional Wages

When a fee rate increase occurs, a provider must increase a direct support professional's wages by the increase in CPI, no later than January 1st.

Beginning October 1st, 2026, the department must annually submit in the Pa Bulletin the lower bound rate for a direct support professional based on any rate increases. A provider is prohibited from paying a direct support professional below the lower bound wage.

Penalities

Effective July 1st, 2027, a provider who does not comply with this act is subject to a fine. The fine cannot exceed the number of hours worked by each underpaid direct support professional multiplied by the difference between what they were paid and the required minimum wage rate.

Any fine collected is deposited into the Home and Community-Based Services for Individuals with Intellectual Disabilities Augmentation Account.

Report

A provider must annually report to the department the following:

- number of direct support professionals;
- average wage of direct support professionals by each service type;
- starting wage of direct support professionals by each service type;

- information on the amount and type of compensation paid to direct support professionals, including:
  - salary, wages, and other remuneration;
  - benefits, including health, dental, sick leave, and tuition reimbursements;
  - employer share of payroll taxes;

Applicability

The department is still required to conduct a fee schedule update, utilizing multiple data points, every three years. When the department establishes a new fee schedule rate as required every three years, the CPI increases will not apply.

Effective Date:

Immediately.

G. Relevant Existing Laws

55 Pa. Code §6100.571 requires DHS to establish a fee schedule, using a market-based approach, and update it every three years. They must publish the rates in the Pennsylvania Bulletin.

42 CFR §§ 441.311(e) and 441.302(k), beginning in 2028, require states and providers to report payment adequacy and ensure that at least 80% of Medicaid payments for certain HCBS are spent on compensation for direct care workers.

E. Prior Session (Previous Bill Numbers & House/Senate Votes)

House Bill 661 of 2023 was referred to the Human Services Committee, where it received no further consideration.

Pennsylvania
Department of Human Services

HB 1939

Deputy Secretary Kristin Ahrens

Office of Developmental Programs (ODP)

House Human Services Committee Public Hearing

August 18, 2026

Chair Williams, Chair Heffley, and members of the House Human Services committees, thank you for the opportunity to testify on HB 1939, sponsored by Representative Benham.

Background

I would be remiss if I did not begin my testimony with situating us at a critical juncture in our nation's history related to disability-rights and specifically home and community-based services (HCBS). On July 20, 2026, days before the anniversary of the Americans with Disabilities Act (ADA), the Department of Justice published a notice stating that it will no longer rely on its longstanding *Olmstead* guidance in enforcing Title II of the Americans with Disabilities Act. That guidance reflected the overwhelming consensus of courts interpretation of the requirements under section 504 of the Rehabilitation Act, the Americans with Disabilities Act, regulations, and the Supreme Court's decision in *Olmstead v. L.C*. The legal consensus for the past many decades has been that individuals with disabilities have the right to receive publicly funded services in "the most integrated setting", a setting which "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible . . . ."

Through this recission, the Department of Justice is now indicating that ADA's integration mandate and *Olmstead v. L.C.* is "not enforceable." The Department of Justice's abandonment of a decades-long commitment to enforcing the rights of people with disabilities to live and engage in their communities is of grave concern. I am hearing concerns daily from Office of Developmental Program (ODP) stakeholders about the implications and potential threats to services. People are afraid that we will go backwards and that they or their loved one will be forced into institutional and congregate care. Pennsylvania's legal obligations and the Shapiro administration's commitments have not changed. The most durable protection the Commonwealth can offer is a community-based service system with a workforce sufficient to sustain it.

Pennsylvania has long been a leader nationally in HCBS delivery. Under the Shapiro administration, the Commonwealth stands out in our aggressive reduction of the adult emergency waiting list (39% reduction since February 2024), implementation of performance-based contracting, and rebalancing efforts through Community HealthChoices, which has resulted in 78% of adults with physical disabilities and older Pennsylvanians receiving the support they need in their homes instead of nursing facilities.

The Shapiro administration is committed to protecting and preserving a sustainable Medicaid HCBS delivery system for people with disabilities. A hearing to examine how the Commonwealth best supports a sustainable home and community-based services system is impeccably timed in light of this threat to the foundation of HCBS.

ODP administers services for approximately 62,000 individuals of all ages with intellectual disabilities and/or autism (ID/A). Roughly 42,000 of these individuals receive HCBS through ODP's four Medicaid 1915(c) waivers: Consolidated, Community Living, Person/Family Directed Support (P/FDS), and Adult Autism waivers. All individuals registered to receive HCBS through ODP's waivers must meet the level of care for an intermediate care facility meaning that they require significant support in at least 3 of these areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. To say this more plainly, most people that come to ODP for services need support most of the time. Many need extensive support from interdisciplinary professionals including nurses, psychiatrists, psychologists, dietitians, speech therapists, physicians, direct support professionals, and behavioral consultants. A third of individuals do not use words to talk. Many individuals need significant assistance related to medical, mental health or behavioral support needs. Individuals with ID/A that qualify for ODP services will generally need lifelong services for basic health and safety, life sustaining support, improved function, integration, independence, and quality of life.

There are over 1,500 providers enrolled to deliver Medicaid-funded HCBS to individuals eligible for ODP services. ODP HCBS are generally paid on a fee schedule meaning that a rate is developed with the support of ODP's actuary and published for each distinct service and each level of service (e.g. 1:1 staffing for higher acuity needs versus 1:3 for less acute needs). ODP enrolled providers operate in a highly regulated environment given the vulnerability and specialized needs of the population. ODP enrolled providers employ tens of thousands of Direct Support Professionals (DSPs) who are the core of the workforce serving people with ID/A. DSPs have extensive requirements for initial and on-going training to assist them in meeting the professional demands of the work. The National Alliance of Direct Support Professionals (NADSP), an ODP approved credentialling body, describes complexity and professional requirements of the DSP role as:

> *"Direct Support Professionals (DSPs) assist people with intellectual and/or developmental disabilities in realizing their full potential and becoming valued and*

participating members of their communities. Their work is complex and goes well beyond caregiving, requiring skills including independent problem solving, decision making, behavioral assessment and prevention, medication administration, health and allied health treatment, teaching new skills, crisis prevention and intervention and more. The job duties of a DSP may resemble those of teachers, nurses, social workers, counselors, physical or occupational therapists, dieticians, chauffeurs, personal trainers, and others. Their work requires strong communication skills and the ability to build relationships with the people they support and their families. DSPs may work in family or individual homes, intermediate care facilities, residential group homes, community job sites, vocational and day programs, and other locations. Their work is determined by the unique needs and preferences of the individuals they support and they are held to high ethical and professional standards."

I provide this background to illuminate the context for discussion about payment for ID/A HCBS which constitutes $6.2B (state and federal) of Pennsylvania's budget annually. These two groups of people are at the center of any discussion related to ODP and rates, individuals receiving services and the DSPs who support Pennsylvanians with ID/A to be safe and healthy and live productive and engaged lives in communities across the commonwealth.

History of ODP Rates

Until 2019, when ODP promulgated the 55 Pa Code Chapter 6100 regulations that included provisions related to rate setting for HCBS, there was no obligation for the Department of Human Services (DHS) to routinely and rigorously examine fee schedule rates. With a process for establishing fee schedule rates codified in regulation, DHS must update the data used to establish rates at least every 3 years. Section 6100.571 of 55 Pa. Code prescribes the process that must occur for the development of the fee schedule rates requiring a market-based approach. The approach includes a review of the waiver service definitions and a determination of allowable cost components which reflect costs that are reasonable, necessary and related to the service, as defined in the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (OMB Circular Uniform Guidance, December 26, 2014). DHS evaluates and uses various independent data sources, such as a Commonwealth-specific compensation study, to ensure the rates reflect the expected expenses for the delivery of the service under the Consolidated, Community Living, P/FDS and Adult Autism waivers. DHS examines and uses data relating to the following factors:

- The service needs of the individuals.

- Staff wages.
- Staff-related expenses.
- Productivity.
- Occupancy.
- Program and administration-related expenses.
- Geographic costs based on the location where the service is provided.
- Cost of implementing applicable Federal and State statutes and regulations and local ordinances.

Of note in the rate setting process is the fact that a Standard Occupational Classification (SOC) for DSP does not exist. This means that there is no discrete wage data for DSPs in the Bureau or Labor Statistics data sets. The implication in the rate setting process is that ODP, with actuary assistance, identifies and compiles wages for related relevant SOCs to develop wage ranges. Using the regulatory prescribed process, DHS establishes fee schedule rates to fund services at a level sufficient to ensure access to services to the extent that services are available to the general population, encourage provider participation and promote provider choice, while at the same time ensuring cost effectiveness and fiscal accountability.

Members of the General Assembly who have served multiple terms may recount that fiscal years including a rate increase for ODP providers has some "sticker shock." Because the data examined to establish the fee schedule rates is reviewed by DHS every three years, as outlined in 55 Pa. Code § 6100.571, the cumulative increases to wages and health insurance as evidenced in Bureau of Labor Statistics (BLS) data tend to be significant over that time span. The result is historically large budgetary requests for the Community Waiver appropriation.

Year of Rate Increase	Total Appropriation ODP HCBS Fee Schedule Increases (State and Federal)
2017	$249M (state and federal)
2021	$400M (state and federal)
2024	$280M (state and federal)

Given the factors examined by DHS in rate setting as prescribed by 55 Pa. Code § 6100.571, data updates have predictably resulted in higher Fee Schedule rates in-line with market forces. The biggest cost driver

in ODP rate setting is wages; wages of DSPs, who are the bedrock of supporting people with ID/A to live Everyday Lives in communities across the commonwealth. For most ODP service types, 80% or more of the rate is DSP wage and compensation. BLS data and compensation studies over the past decade have shown that DSP wages have increased year over year, despite rate increases occurring three times during that time.

Position on HB1939

DHS works every day to help Pennsylvanians with ID/A access vital supports and services they need to live safely and independently, pursue education and job opportunities, and participate in the Everyday Lives they deserve. Part of this work includes actuarially sound investments in payment rates to support the DSPs who devote their lives to helping others. Under current rules, DHS establishes the rates paid to agencies and does not regulate the wages those agencies pay their workers, which is a reason why some provider wages lag significantly behind others and may lag behind wages in rate assumptions. HB 1939 would change that in a targeted way, and DHS supports doing so.

DHS supports changing policies related to ID/A rate setting that allow for greater budgeting predictability for DHS, the Budget Office, the General Assembly and, of course, providers.

DHS is supportive of HB1939 because it does a few critical things:

1) **Increases rates in-line with a consumer price index to the extent appropriations are available.** This approach provides greater predictability to rate and appropriations increases. ID/A services are essentially single payor services, paid by Medicaid. For providers that are paid Medicaid rates to serve the most vulnerable Pennsylvanians, payment rate predictability is essential for business operations, planning, and the ability to offer DSPs pay increases to recruit and retain needed staffing levels. For state budget and appropriators, the predictability of an annual increase tied to a market index avoids the likelihood of a large request every three years when ODP refreshes the data used to establish rates.
2) **Each rate will continue to be re-evaluated on a three-year cycle to ensure that rates remain consistent to a market-based approach** so that payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that services are available to at least the extent that such services are available to the general population in the

geographic area. DHS will update data used to establish the fee schedule rates at least every three years, per 55 Pa. Code § 6100.571. The periodic data update for the rate setting process will ensure that the rates remain in line with costs, which may vary by service type. For example, if a service has a significant transportation component and transportation costs rise excessively, the data refresh outlined in 55 Pa. Code § 6100.571 would account for the differential costs associated with provision of that particular service. There are also certain occupation classifications for which salaries may rise at disparate rates like we saw occur with nursing during the pandemic. The prescribed process in regulation accounts for those market-based cost fluctuations.

3) **Ensures that rate increases flow through to the workforce, that DSPs have wage increases commensurate with rate increases**. Provisions in HB 1939 include requirements for providers to apply the percentage rate increase to DSP wages. Guardrails to ensure adequacy of DSP wages include both that wages are minimally above the lower bound wage in ODP rate assumptions and financial penalties for providers failing to comply with the statute.
4) **Provides transparency into DSP wage and compensation while capitalizing on data collection required under federal regulation.** In addition to providing transparency for stakeholders and the General Assembly relating to rates and wages, the reporting requirements included in HB 1939 are aligned with the federal Access Rule requirements for reporting under Payment Adequacy provisions.[1] Federal wage and compensation reporting will be required for most ODP service types beginning July 2028. HB 1939 is written to eliminate duplicative reporting requirements for providers, acknowledging the administrative burden. Wage and compensation data are also anticipated to yield a more discrete data source for ODP rate setting.

In conclusion, DHS is supportive of HB 1939 because it will improve predictability, sustainability, and transparency for ODP funded HCBS which Pennsylvanians with ID/A rely on to live everyday lives in communities across the Commonwealth. The bill as written includes key provisions to improve wages for direct care workers, supporting one of the most critical challenges to hiring and retaining DSPs.

[1] 42 CFR 441.302(k)

Written Testimony of Patrick DeMico
Executive Director, The Provider Alliance
House Bill 1939

Pennsylvania House Human Services Committee

August 18, 2026

Chairman Williams, Chairman Heffley, and members of the House Human Services Committee:

Thank you for the opportunity to provide testimony regarding House Bill 1939 and the future sustainability of Pennsylvania's community intellectual disability and autism service system.

I am Patrick DeMico, Executive Director of The Provider Alliance, an association representing community providers of intellectual disability and autism services across Pennsylvania.

I also want to thank Representatives Jessica Benham and Jason Ortitay for their leadership in introducing this bipartisan legislation, as well as the members of the General Assembly from both parties who have engaged on this issue.

I recognize and appreciate the engagement of the Shapiro Administration and the Department of Human Services in the continuing discussion about how Pennsylvania can strengthen its community ID/A system and the workforce upon which it depends.

That bipartisan engagement is important because the issue before this Committee is not, and should not become, a partisan one.

At the core of our work is a simple shared mission: **supporting people with intellectual disabilities and autism to live, work, participate, and thrive in their homes and communities throughout their lifetimes.**

The question presented by House Bill 1939 is whether the Commonwealth will establish a reliable funding framework capable of sustaining the community system necessary to fulfill that mission.

The Problem Is Structural

Pennsylvania currently establishes fee schedule rates for ID/A services through the methodology contained in 55 Pa. Code § 6100.571.[1] Under that regulation, the Department

[1] 55 Pa. Code § 6100.571, *Fee schedule rates.*

of Human Services is required to update the data used to establish rates at least every three years.

Importantly, however, the regulation does not require rates to be increased every three years—or in any particular year.

House Bill 1939 addresses that gap. It does not replace the existing rate-setting methodology. It expressly operates in addition to § 6100.571 and establishes an annual process for adjusting fee schedule rates based upon changes in the Consumer Price Index, subject to legislative appropriations and federal approval.[2]

That distinction matters.

The problem with Pennsylvania's current system is not simply that rates sometimes need to be higher. The deeper problem is that there is no dependable mechanism for maintaining the purchasing power of those rates between comprehensive rate reviews.

Providers employ people, purchase insurance, maintain homes and facilities, operate vehicles, provide training, pay utilities, purchase food and supplies, and meet increasingly complex regulatory and clinical requirements every day. Those costs change every year.

A funding system that recognizes those economic realities only periodically will inevitably fall behind them.

House Bill 1939 offers a structural response: establish a predictable annual process through which reimbursement can be adjusted for inflation while preserving the Commonwealth's existing comprehensive rate-setting methodology.

The Workforce Evidence

The consequences of an unstable funding system can be seen most clearly in Pennsylvania's Direct Support Professional workforce.

The *2025 Pennsylvania Direct Support Professional & Front Line Supervisor Compensation Study*, published April 7, 2026, included 119 Pennsylvania provider agencies and collected information on 19,928 DSPs—approximately 36 percent of Pennsylvania's estimated DSP workforce. The study found an average DSP wage of $18.53 per hour, annual turnover of **41 percent**, and a DSP vacancy rate of **18.2 percent**.[3]

Those numbers represent far more than an employment problem.

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[2] H.B. 1939, Printer's No. 2447, 2025–2026 Reg. Sess. (Pa. 2025), § 2 (proposed 62 P.S. § 3051).

[3] *2025 Pennsylvania Direct Support Professional & Front Line Supervisor Compensation Study* (Apr. 7, 2026).

ID/A services are frequently lifelong services. Continuity matters. Relationships matter. Experience matters.

When nearly one in five DSP positions is vacant and approximately four out of every ten DSPs turn over in a year, the consequences are experienced by the people receiving services and by their families. They are experienced through disrupted relationships, reduced service capacity, overtime and burnout among remaining staff, difficulty accessing needed supports, and increased reliance upon families to fill gaps in care.

The workforce study also provides an important insight into the limitations of relying exclusively upon periodic market surveys to determine reimbursement.

The report notes that the average DSP wage has increased faster than inflation over time, yet those increases have not been sufficient to resolve the workforce problem. Turnover exceeds 40 percent and approximately 18 percent of DSP positions remain vacant.

The study goes further. It questions whether an existing DSP wage can accurately be characterized as the "market value" of that workforce when the wage produces a labor market in which approximately 18 percent of necessary positions remain unfilled. At an average wage of $18.53, Pennsylvania was effectively achieving an approximately 82-percent-filled DSP workforce.[4]

That is an important policy consideration.

A reimbursement methodology should not institutionalize workforce scarcity by treating the wage associated with persistent vacancies as evidence of an adequate market wage.

Predictability Matters

House Bill 1939 would not eliminate the Commonwealth's responsibility to establish appropriate base rates. Nor does it guarantee that reimbursement rates will increase every year.

The legislation makes annual adjustments subject to appropriation by the General Assembly. It also preserves DHS's authority to establish new fee schedule rates through the existing § 6100.571 methodology.[5]

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[4] *Id*. See also, *2025 Pennsylvania Direct Support Professional & Front Line Supervisor Compensation Study*, discussion of DSP wage growth, turnover, and vacancy rates at 7.

[5] H.B. 1939, Printer's No. 2447, 2025–2026 Reg. Sess. (Pa. 2025), § 2 (proposed 62 P.S. § 3051).

What HB 1939 would do is create something the system does not currently have: **a statutory annual framework for addressing inflation rather than waiting for reimbursement inadequacy to become a crisis.**

Predictability has value in itself.

Providers make decisions about compensation, benefits, recruitment, training, housing, transportation, technology, clinical services, and program capacity years into the future. Families make decisions based upon whether services will actually be available. Pennsylvania is planning to expand access to services for people currently waiting for them.

None of those objectives can be served by a reimbursement system characterized by long periods of uncertainty followed by episodic efforts to catch up.

Pennsylvania would not be alone in recognizing this problem through statute. Other states have adopted different mechanisms to address inflation and recurring reimbursement adequacy in disability and human services.

Most recently, Connecticut enacted Public Act 25-151 in 2025, requiring annual CPI-based increases beginning July 1, 2027, for recurring contracts with nonprofit human-services providers, including providers serving people with intellectual and developmental disabilities and autism. The law also provides for corresponding Medicaid rate adjustments unless prohibited by federal law. Minnesota and other states have likewise incorporated inflation adjustments or recurring inflation review into portions of their disability or human-services reimbursement systems.[6]

These approaches differ in important respects, but they demonstrate that establishing a statutory mechanism to address inflation in human-services reimbursement is neither unprecedented nor uniquely a Pennsylvania concern.

The Commonwealth should be able to plan. Providers should be able to plan. DSPs should be able to build careers. And individuals and families should be able to rely upon the services Pennsylvania has committed to supporting.

Access and Pennsylvania's Growth Strategy

[6] See Conn. Pub. Act No. 25-151, §§ 352–353 (2025) (providing annual CPI-based adjustments beginning July 1, 2027, for specified nonprofit human-services contracts and corresponding Medicaid rate adjustments); Minn. Stat. § 256B.4914 (establishing rate methodologies and inflationary adjustments for specified disability waiver services)

This issue becomes even more important as Pennsylvania seeks to expand access to community services.

The Shapiro Administration's Multi-Year Program Growth Strategy represents an important commitment to reduce and ultimately eliminate the adult emergency waiting list.[7] But authorization and funding alone cannot create service capacity.

People cannot receive services if there are not enough people available to provide them.

Meeting Pennsylvania's growing need for services will require more than reimbursement policy alone. We should continue expanding technology-enabled supports, remote supports, self-direction, innovative service models, and other approaches that increase independence and make more effective use of a limited workforce. But innovation and workforce investment are complementary strategies, not substitutes for one another. Technology cannot compensate for an unstable service infrastructure, and providers cannot make sustained investments in new models when the underlying reimbursement system remains unpredictable.

The stakeholder coalition supporting HB 1939 specifically recognized this connection: expanding access requires the workforce and provider infrastructure necessary to serve the individuals Pennsylvania intends to move from the waiting list into services.

House Bill 1939 should therefore be understood not merely as a provider reimbursement bill or a workforce bill. It is an **access-to-services bill**.

A sustainable funding mechanism is part of the infrastructure necessary to turn Pennsylvania's commitment to community services into actual opportunities for people and families.

Responsible Stewardship

There is, of course, a fiscal component to this legislation.

Every commitment of public resources requires responsible stewardship.

But fiscal responsibility should not be measured solely by whether an expenditure can be deferred from one fiscal year to another. Failing to maintain a service system also has costs—to individuals, families, providers, the workforce, and ultimately the Commonwealth.

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[7] Pennsylvania Department of Human Services, Office of Developmental Programs, *Multi-Year Program Growth Strategy* (2024).

Pennsylvania's ID/A services operate through Medicaid and therefore leverage substantial federal financial participation. State investment in eligible services draws federal matching funds, allowing Pennsylvania to share the cost of maintaining this essential community infrastructure with the federal government.

That makes maintaining the system not only a moral and policy responsibility, but an opportunity to leverage state resources effectively.

House Bill 1939 also preserves the General Assembly's appropriations authority. The amended legislation expressly limits the annual rate adjustment by the amount appropriated for that purpose.[8]

This is not an unlimited entitlement to provider funding.

It is an effort to create a predictable statutory process through which the Commonwealth considers the economic realities facing the system every year.

Technical Issues for Committee Consideration

I strongly support advancing House Bill 1939. I also believe several provisions should be clarified as the Committee completes its work on the legislation.

First, the legislation should make unmistakably clear that annual rate adjustments are intended to address inflation for all cost components of service delivery, not DSP wages alone.

DSP compensation is appropriately central to this discussion, but reimbursement rates also support benefits, payroll taxes, transportation, insurance, training, supervision, occupancy, utilities, and other costs necessary to deliver services. The legislation should preserve sufficient reimbursement to address those inflationary pressures as well.

The current bill itself recognizes many of these components in its required compensation reporting, including benefits and the employer share of payroll taxes.

Second, the DSP wage requirement should correspond to the rate adjustment actually funded and received.

The current language requires providers, when fee schedule rates increase, to increase DSP wages by the percentage increase in CPI. At the same time, the bill provides that the rate increase itself may be limited by the amount appropriated.[9]

[8] H.B. 1939, Printer's No. 2447, 2025–2026 Reg. Sess. (Pa. 2025), § 2 (proposed 62 P.S. § 3051).
[9] *Id.*

Those provisions should be aligned consistently.

A provider should not be statutorily required to increase wages by a percentage greater than the reimbursement adjustment actually funded by the Commonwealth. The wage obligation should correspond to the percentage increase actually applied to the provider's reimbursement rate.

Third, comprehensive rate reviews should not become a mechanism through which the annual inflation protection created by HB 1939 is subsequently lost.

The bill appropriately preserves DHS's existing authority to establish new fee schedule rates under § 6100.571. But the interaction between those comprehensive reviews and the annual statutory adjustment should be structured so that providers are not placed in the anomalous position of receiving annual inflation adjustments only to have that progress erased through a subsequent rate rebasing.

Fourth, the provider penalty provisions should be removed from the bill.

I strongly support accountability for the use of public funds and the bill's objective of ensuring that DSPs benefit from annual reimbursement adjustments. I do not believe, however, that HB 1939 should establish a new financial penalty structure for providers based upon a lower-bound wage derived from the existing rate methodology.

Before any wage benchmark becomes the basis for statutory penalties, the methodology used to establish that benchmark must be clearly defined, transparent, and capable of being independently understood and evaluated by affected providers. More fundamentally, imposing additional financial penalties on organizations already struggling with workforce shortages and inadequate reimbursement risks removing resources from the very service system this legislation is intended to stabilize.

I also oppose directing provider penalties to the Home and Community-Based Services for Individuals with Intellectual Disabilities Augmentation Account. The General Assembly established that account to preserve and reinvest resources associated with the transition from State Centers to community services, including proceeds from State Center property sales and savings resulting from reduced State Center appropriations, and directed those resources toward community supports, DSP capacity, housing, and people on the emergency waiting list.[10] Using that account as a repository for provider penalties represents a fundamentally different policy purpose.

[10] Act of Apr. 9, 1929, P.L. 343, No. 176, § 1729-E, 72 P.S. § 1729-E, *Home and Community-Based Services for Individuals with Intellectual Disabilities Augmentation Account*.

Accountability provisions can and should ensure compliance with the law. They should not undermine provider capacity or repurpose an account established to strengthen community services. I respectfully recommend that the Committee remove the provider penalty provisions as it considers amendments to HB 1939.

These are technical issues that can be addressed through the legislative process. They do not diminish the fundamental value of House Bill 1939. Addressing them would make a strong bill more durable and effective.

Seven Years of Work—and Broad Support

My involvement with this issue began seven years ago following the promulgation of the Chapter 6100 regulations in 2019.

During the stakeholder process that culminated with the enactment of Chapter 6100 regulations, we advocated for a stronger mechanism to maintain reimbursement rates over time. When those efforts did not produce the framework we believed was necessary, then-Representative Dan Miller agreed to pursue legislation establishing annual rate adjustments using a nationally recognized inflationary index.

What began years ago as an effort without broad bipartisan consensus has evolved considerably.

Today, House Bill 1939 is bipartisan. The issue has attracted engagement from both chambers of the General Assembly and from the Executive Branch. That evolution reflects an increasingly broad recognition that the existing approach is not sufficient to ensure long-term sustainability.

In June, The Provider Alliance submitted a stakeholder letter supporting HB 1939 signed by 333 Pennsylvanians. Those signatories included 73 Direct Support Professionals, 58 provider employees, 57 provider organizations, 46 family members, 40 provider leaders, 7 self-advocates, 4 advocacy organizations, 3 community partners, 1 public official, 14 other stakeholders, and 30 signers who declined to identify a category.[11]

In a separate weekly survey conducted by The Provider Alliance in June, 25 of 28 respondents—89 percent—indicated support for House Bill 1939.[12]

The significance of this support is not simply its size. It is its breadth.

[11] *Community Stakeholder Sign-On Letter Supporting House Bill 1939* (June 23, 2026) (333 total signatories).
[12] The Provider Alliance weekly poll, HB 1939 (June 5, 2026).

Individuals, families, Direct Support Professionals, providers, advocates, legislators, and policymakers may approach this system from different perspectives, but increasingly they are arriving at the same conclusion: Pennsylvania needs a better way to sustain the community system over time.

Community Living Requires More Than a Legal Right

I want to conclude where I began—with the people this system exists to support.

We are living through a period in which long-established protections supporting community inclusion for people with disabilities are again being debated and challenged. Those debates matter, and the legal protections guaranteeing equality, integration, and opportunity must be vigorously defended.

But laws alone have never been sufficient to create opportunity.

A right to live in the community means little if the services necessary to make community living possible cannot be found.

A right to work means little without the supports necessary to get to work and succeed there.

Choice means little when workforce shortages leave no meaningful choices available.

And independence cannot be sustained by a service system that we allow gradually to become economically incapable of fulfilling its mission.

Throughout our history, insufficient resources and the denial of opportunity have often been among the most effective barriers to the exercise of rights.

Pennsylvania has built a community service system around a promise: that people with intellectual disabilities and autism can live lives of dignity, independence, choice, and opportunity in their communities.

Creating that system without sustaining it would be another way of denying the promise it was created to fulfill.

House Bill 1939 gives this General Assembly an opportunity to act affirmatively—to move from episodic crisis response toward predictability, from uncertainty toward planning, and from merely recognizing the right to community living toward sustaining the infrastructure that makes community living possible.

It represents responsible stewardship. It supports Pennsylvania's Direct Support Professional workforce. It strengthens the capacity needed to serve individuals and

families. And it establishes a framework through which future General Assemblies and administrations can maintain that commitment more reliably.

Pennsylvania has made an important commitment to community living, independence, and opportunity for people with disabilities.

That commitment must be matched by a funding framework capable of sustaining the system that makes those values real.

I respectfully urge the Committee to advance House Bill 1939, with appropriate technical refinements, and continue the bipartisan work necessary to make predictable and sustainable funding of Pennsylvania's ID/A community system a matter of policy rather than a recurring matter of crisis.

Thank you for the opportunity to provide this testimony and for your continued commitment to Pennsylvanians with intellectual disabilities and autism and their families.

Pennsylvania Advocates and Resources for Autism and Intellectual Disabilities

August 18th, 2026

Chairman Williams, Chairman Heffley, and members of the House Human Services Committee, thank you for the opportunity to testify before you today on the importance of annualized rate increases for Pennsylvania's Intellectual Disability and Autism system, or ID/A system.

Providers of ID/A services have seen firsthand the negative impact of staff turnover year after year. The most common response we hear from employees who are leaving is that they need to earn more money to support themselves and their families. It is devastating to see hardworking, compassionate, and dedicated individuals leave this field year after year because our rates do not provide the resources necessary to offer wages and compensation that keep them in the workforce. Direct Support Professionals (DSPs) provide life-sustaining and critical supports to individuals, and they deserve to be paid for the jobs that they do. PAR strongly supports efforts to regularly increase DSP wages and our members are committed to investing in this vital role.

As providers of ODP-administered programs, we operate primarily as fee-for-service providers. We receive funding for the services we provide, and those rates are established by the Commonwealth. To provide services in this system means that providers are not only told how much they will be paid for the services they deliver but also told how to deliver these services. This limits a provider's ability to increase DSP compensation beyond what the established rates can support.

Currently, these rates are required to be reviewed at least every three years. Through this process, the Department examines a series of assumptions to determine whether current rates have remained consistent with market values.

Following the last three rate reviews and rate increases, it is clear that when rates increase, providers increase DSP wages, resulting in fewer vacancies and lower turnover. However, the problem with the current methodology is what happens between those rate reviews.

After seeing a one-year boost in hiring and retention following a rate increase, providers can experience significant increases in turnover and vacant positions during the following two years. A recent study completed by the Center for Disability Information found that providers experience an average DSP turnover rate of approximately 40%.

With turnover at that level, providers are repeatedly spending money on recruitment, onboarding, training, and benefits to fill the same positions multiple times. High turnover also contributes to increased overtime as providers work to ensure individuals continue receiving the services they need.

In a workforce of approximately 50,000 DSPs, it is alarming to consider what a 40% turnover rate compounded between rate increases could mean. By the time rates are updated again, a significant portion — potentially the entire workforce over the course of multiple cycles — may have turned over.

That is not sustainable for providers, and more importantly, it is not sustainable for the individuals and families who depend on these services. This is why annualized rate increases are so important.

With an inflationary adjustment to rates each year, providers could budget accordingly and provide more consistent annual increases in compensation for DSPs. Rather than waiting three years and attempting to catch up with rapidly increasing costs, providers could plan for predictable annual adjustments.

For the legislature, annual rate increases would also provide greater predictability during the state budget process. Instead of facing a steep increase in funding every third year, the Commonwealth could gradually adjust funding to account for inflation and other rising costs.
Rather than needing to appropriate an increase of $400 million or more every three years, the legislature could make more manageable annual investments.

Annual increases would also allow providers to better manage unexpected increases in the cost of doing business. For example, when insurance premiums increased substantially last year, providers were not immune from those increased costs. However, the rate assumptions established three years earlier could not have anticipated those increases.

Annual increases accomplish three important goals for this system:

1. **Annual DSP wage increases**
2. **Greater budget predictability**
3. **A more stable system available to those that need it**

House Bill 1939 — P.N. 2447
As currently drafted, HB 1939 lacks sufficient clarity regarding both the process and goals of the legislation. PAR would like to share some of our concerns in an effort to work towards a final product that would accomplish the goals as stated.
As I mentioned earlier, providers face costs every year that are either unaccounted for or inadequately considered under the current rate-setting methodology.
For years, PAR has advocated for greater transparency in rate setting. Providers should have a clear understanding of the methodology and assumptions used to establish rates for ODP-administered programs.

Costs such as health insurance, overtime, recruitment and retention, employee benefits, and regional differences in the cost of labor are not adequately reflected in a simple hourly wage calculation.In addition, providers are absorbing increased administrative costs tied to growing compliance requirements, incident management obligations, documentation expectations, and oversight activities. While these functions are necessary to meet regulatory standards, they do not directly add value to the daily life of a person supported; instead, they draw limited resources away from the very workforce delivering hands-on care and make it harder to direct more funding toward DSP salaries.

HB 1939 uses the "lower bound wage rate" as the threshold for determining potential penalties against providers that do not pass rate increases through to DSP wages.

Without full transparency into the rate-setting methodology and the assumptions used to establish that lower bound wage rate, we believe this approach could fail to account for significant costs providers incur to recruit, retain, and compensate their workforce.

DSPs are the lifeblood of this system. Without DSPs, services cannot be delivered, and individuals with intellectual disabilities and autism could be left without the supports they need. That places an even greater burden on families who are already under immense pressure.

Accountability is an important consideration when developing public policy. However, we must be careful not to establish policies that create additional administrative burdens or penalties for providers who are already struggling to maintain services and retain their workforce.

Instead of relying solely on the lower bound wage rate, PAR recommends using a formula based on the broader cost considerations outlined in the legislation to determine whether providers are appropriately passing rate increases through to DSP compensation.

For example, Provider A may cover 100% of an employee's health insurance premiums, provide a 401(k) match, and offer paid time off. Provider B may cover 80% of health insurance premiums and offer neither a 401(k) match nor paid time off, resulting in two different hourly wages, but potentially equal compensation.

If both providers are investing in their DSP workforce, why should Provider A potentially be penalized simply because its hourly wage may not reflect the same dollar-for-dollar increase as Provider B?

If the legislature chooses to establish penalties for providers that fail to pass increases through to DSPs, the more accurate approach would be to consider **total compensation**, rather than simply hourly wages.

That should include:

- Hourly wages
- Paid time off
- Health insurance and other health benefits
- Retirement contributions
- Other employer-provided compensation

Looking at total compensation would provide a much more accurate picture of how providers are investing in their DSP workforce.

Establishing a Clear Annual Rate Process

Additionally, HB 1939 currently lacks a clear and cohesive process for determining, implementing, and appropriating the annual increase.

PAR recommends a process that aligns with the state budget cycle.

Beginning in January, an analysis could be conducted to determine the estimated inflationary adjustment necessary to maintain the purchasing power of the rates. This information could then be provided to the Governor and legislature in time to inform the upcoming budget process and ensure that the necessary funding is appropriated.

Currently, the legislation calls for a review in October to determine whether funds were appropriated, but it is unclear who would determine how much funding is needed, how that amount would be calculated, and what happens if the necessary funding is not appropriated.

There are also carry-forward costs and other increases in state budget line items that can create confusion about whether providers are actually receiving additional funding for rate increases. For example, in the 2026-27 fiscal year budget, certain line items increased by approximately 6.9%.

However, that increase was not the result of a rate increase to providers. Would that increase have required providers to increase DSP wages by 6.9% even though no corresponding funding was added to the rates?

These questions must be answered before penalties are established. Providers should not be held accountable for passing through funding they did not actually receive.

We know what happens when rates increase. Providers are able to increase compensation, recruit more effectively, reduce turnover, and fill vacant positions. We also know what happens when we wait years between those increases: wages fall behind inflation, turnover increases, vacancies grow, overtime costs rise, and individuals wait longer for the services they need.
Annualized increases are about creating a predictable and sustainable system that allows providers to plan, allows the legislature to budget responsibly, and allows DSPs to receive consistent increases in compensation.

The greatest harm caused by chronic turnover is not only operational disruption; it is the direct impact on the person supported. Every time a DSP leaves, the person may lose someone who understands their communication style, routines, health needs, behavioral supports, preferences, fears, and goals. That loss can result in missed community activities, less consistent implementation of support plans, more reliance on unfamiliar staff, delays in appointments or personal care, disrupted relationships, and increased stress for families. For many people receiving ID/A services, stability is not a luxury; it is part of the service itself. A revolving door of staff means the person supported is repeatedly asked to rebuild trust with someone new, and their services suffer as a result.

PAR believes that annual rate increases can help accomplish three critical goals: **better wages for DSPs, greater predictability for the Commonwealth, and increased access to services for Pennsylvanians with ID/A.**

We also believe HB 1939 can be improved by creating a clear annual rate-setting process, increasing transparency in the rate methodology, considering total DSP compensation rather than wages alone, and ensuring that providers are only held accountable for funding they actually receive.

We look forward to working with this committee, the Department, the Governor, and our provider partners to develop a sustainable approach to rate setting that works for everyone — most importantly, the individuals and families who rely on this system every day.

Thank you for the opportunity to testify today. I am happy to answer any questions.

Nick Kratz
Vice President of Government Relations
Pennsylvania Advocates and Resources for Autism and Intellectual Disabilities

Good morning, and thanks to the committee for this opportunity to share my family's story today. My name is Rose Baumann, and I am a parent advocate living in Washington County.

This dashing young man is my 24-year-old son, Collin.

[Display image: CB Image 1.jpg]

In addition to his good looks and winning smile, Collin is significantly impacted by symptoms of profound autism and several co-occurring mental health conditions. He has very limited spoken language and significant self-injurious behaviors. Collin requires 24x7 supervision in both the home and the community. He needs significant support from qualified staff to accomplish even the most basic skills of daily living. Collin is an avid lover of the outdoors; he has an eclectic taste in music, and he enjoys being around people.

Collin has had an Intellectual Disability/Autism waiver through the Office of Developmental Programs for almost half of his young life due to the severity of his needs. Soon after Collin left the school system, about four years ago, he received a bump up to the consolidated waiver. When an individual receives a consolidated waiver, it feels like they've just been handed the golden ticket. That's because a consolidated waiver places no dollar cap on the services and supports the individual needs from our Medicaid-funded system. So, parents breathe a sigh of relief, believing that their adult child will finally receive the supports they need to thrive.

This isn't how things pan out for many, however, including my son. When he left school 4 years ago, Collin essentially graduated to the family couch. For most of the last 4 years, he sat on what we call the "hidden waiting list." This is where many individuals with complex needs find themselves: a well-defined support plan and available funding in hand, yet no staff to serve them.

When families do get lucky and find a provider willing and able to staff their child's case, many times the staff doesn't last long. In the 10 plus years that we have struggled to find and keep staff for in-home services, at times I wondered if I needed a revolving door on my house, that's how frequently we have lost staff. A recent survey by the Pennsylvania providers' associations tells us that the turnover rate for Direct Support Professionals in the ID/A space is 41%. My family's experience is absolutely aligned with that statistic.

Since leaving high school 4 years ago, Collin has experienced a significant increase in problematic behaviors, such as self-injury and aggression. His mental health has worsened, and the level of social isolation he has experienced breaks a mother's heart.

This photo illustrates that well.

[Display image: CB Image 2.jpg]

Why, when he has a Medicaid waiver with no dollar cap are we in this situation? I'll tell you why: the workforce crisis.

We have a system that is not equipped to recruit, compensate, adequately train, and continually develop and mentor Direct Support Professionals – or DSPs -- who are able and willing to support individuals as complex as my son.

This is hard work, just ask any parent who is forced to fill in the service gaps when agency after agency tells them they can't accept their child for services because they just don't have the staff. Waiting lists for some programs are years long, particularly for those who need one-to-one support in order to participate.

After 3 years of searching, we still do not have a provider of Community Participation Support services – known more commonly as a "day program". The reason? Agencies simply cannot find and retain enough staff to accommodate those needing a dedicated DSP to support them.

We must do better. Some of our most vulnerable Pennsylvanians are languishing in the homes of their aging parents, losing skills they worked so hard to gain in their school special education programs, and experiencing profound isolation as a result. As family caregivers age, the intense 24x7 caregiving that was extremely challenging in their younger and healthier years, becomes nearly impossible.

I, like many parents of disabled adult children across the Commonwealth, know that paying DSPs a wage that is adjusted for inflation -- as House Bill 1939 has the potential to do -- is not the only thing needed to ensure a stable and qualified workforce in this space. But, providing a pathway for providers to adequately compensate DSPs so that they remain financially stable and can show up to do this important work, is an essential part of the equation.

Thank you for your time.

Written Testimony of Zena Ezekiel
Direct Support Professional/Team Leader, InVision Human Services
House Bill 1939
Pennsylvania House Human Services Committee

August 18, 2026

Chairman Williams, Chairman Heffley, and members of the House Human Services Committee:

Thank you for the opportunity to provide testimony on House Bill 1939.

I am here today to give you a look into the life of a DSP and a mother of five children, two biological and three adopted. Two of my children have intellectual disabilities, and HB 1939 is very important to me both as a mother and as a staff member.

As a DSP, I know this bill would help agencies financially and make it possible to hire and retain better staffing. That would lead to more consistency, better care, longer-term staff relationships, and less turnover. I truly enjoy my job, but it is very difficult to make ends meet on these wages. I am currently working one full-time job and two part-time jobs just to provide the necessities for my family. Many days, I have thought about walking away because I am struggling and have nowhere to turn. The turnover is high, and the pay is low.

As a parent whose two children with intellectual disabilities are now adults, I struggle with finding reliable staff to provide care for them. Often, my daughter's Supports Coordinator (SC) or counselor changes without notice or warning. She has given up hope of ever getting services. This bill would improve quality of life for everyone: staff, individuals receiving services, and agencies. The end goal should be quality services.

I have one question: When did working in a warehouse or picking up trash become more valuable than caring for a human life? I ask this question not to undermine those jobs, but because most of those positions pay more than DSPs are paid. When I think about walking away from this profession, I then think about the person I have supported for 16 years and I cannot do it. I think of his smile and the bond I have formed with him, and that means more to me than I can describe. That relationship, despite all the challenges and hardships, has made it all worthwhile.

InVision Human Services

Innovative Approach. Shared Vision.

HB 1939 is a bill that would improve many facets of life for the individuals we serve. It would help them continue to live in their communities, go to work, receive support from reliable staff, build meaningful relationships, and maximize their potential.

Staff members are all that some individuals have, so when staffing feels like a revolving door, it is very difficult for them. Staff changes can lead to behavioral challenges, abandonment concerns, and feelings of hopelessness because every staff person they like or get to know eventually leaves. With this bill, I am hopeful that agencies will be able to hire staff who will stay and provide the best person-centered care possible, so individuals can live their lives to the fullest.

Respectfully Submitted,

Zena Ezekiel

Zena Ezekiel