

Chair Grayber, Vice-Chairs Elmer and Muñoz, and Committee members,

My name is Cristal DeJarnac, and I have been a Homecare and Personal Support Worker with the State of Oregon for 9 years now. I am also the President of Homecare for SEIU 503. I am asking you today to please vote “yes” on HB 3838 to establish a workforce standards board for care work in Oregon.

Being a State paid Care Provider, I currently make \$20.75 an hour, which is lower than what the majority of Agency Care Providers make. I live in Bend, where housing is the most expensive in the State. Up until this year, housing costs haven’t really affected me personally, because I have had stable housing up until now. Next month that is all changing for me. Due to the State’s Estate Recovery Program, I am having to move so the property I’ve lived on these last 9 years can be sold to pay back the State. We are a family of 5 and have three generations living here, and we are all going to have to move next month. With the costs of housing in Bend, we are most likely going to end up living in a RV and a 5th wheel trailer.

Everyone knows there is a massive shortage of Care Providers in this State. We State paid Care Providers saw that gap grow even larger over the past few years due to Agencies poaching our Care Providers with the promises of higher wages of \$24-\$30 an hour and unlimited hours. Over the past few years we’ve had over 4000 Personal Support Workers move to Agencies because of this discrepancy in pay and hours. We State paid Care Providers are under a Contract with the State that limits our wages and caps our hours at only 60 a week. Currently our base wage is now \$20 an hour.

When a Consumer has more than 60 hours a week available, the Case Managers will usually bring in Agency Workers to fill the gap. Now mind you the State paid worker and the Agency worker are doing the same job, but they are getting paid two different wages for doing so. There have been cases where Agencies have told Case Managers that the hours available for them to fill are too few and they were refusing to send anyone. In most of these cases, the State paid worker ends up with their hours cut or completely taken away so the Agency can come in and take over all the hours.

We’ve had Consumers and their family members complain about the quality of care these Agencies provide and want their State paid worker back and were told that can’t happen unless the Worker leaves the State Program and goes to work for the Agency instead. I’m sorry, but isn’t that considered Union Busting? Once a Worker leaves the State Program and goes to an Agency, they are no longer eligible to be a Union member.

I have seen advertisements for some Agencies offering higher wages \$26 an hour, medical, dental, vision, 401k, sick pay, HSA, and life insurance. Through our State paid plan as long as we work 40 hours a month we qualify for medical, dental, vision, EAP, PTO, and for retirement we get Oregon Saves.

In order to become a State paid Homecare Worker, Personal Support Worker and Personal Care Attendant you have to apply to the State, pass a background check, go through a 6 hour New Employee Orientation, get your Provider number, then take 8 hours of self-paced online training, which you are tested on after each class. You have 120 days in which to complete all of this before you can even begin caring for a Consumer. If you are already an established State paid Provider, you have to take 12 hours of Continuing Education training every 2 years, just to renew your Provider number, some are online and some are in person.

I have been told of cases where Agency Workers watched a 20-minute video and were then sent out to a Consumers house. This is how things go wrong; the Consumer can get hurt or the Worker can get hurt. As Care Providers, there is a lot more to the job then just housekeeping, there's toileting, bathing, physically transferring a consumer, med management, there can be wound care, preparing meals, feeding a consumer, driving a consumer to run errands, taking them to medical appointments, being their voice when there are cognitive issues involved, getting them out in the community, and saving their life. For instance, I have a consumer I had to perform the Heimlich maneuver on twice because they choked on their medications, luckily I was there and knew what to do, otherwise they could have died. Our Consumers become a friend or a member of our families, we spend holidays with them and are there for them in emergencies, or when they call us 3-4 times a day just to have that connection when they are lonely.

I support this Bill because I think all Care Providers should be fully trained for what their job entails and should have on going training too. I think all Care Providers should be paid a livable wage and shouldn't have to work more than one job to make ends meet. In our current Bargaining Survey taken by our Union member Care Providers, 68% live paycheck to paycheck, 40% have a household income of \$30,000 or less, more than half of them have at least 1 dependent, 1 in 4 work multiple jobs, 30% are on some sort of public assistance, 18% don't have access to or can't afford internet service, 71% are housing insecure, spending more than 50% of their paycheck on housing, and 7% have been without housing or are currently unhoused.

We are an invisible workforce, we don't have a shared workplace, but that doesn't mean we don't deserve a livable wage and a secure, stable, equitable life. This is why I support this Bill, things need to change.

Thank you for your time and support.

Cristal DeJarnac