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**Perspective from a Provider Organization**

Word count: 768

[open with story about someone with I/DD you support]

At [organization], it is our job to support people with I/DD, like [example before]. Our workforce supports people with I/DD through services such as helping people to manage their medications, making sure they maintain social connections, assisting with tasks like getting dressed or getting to appointments, and maintaining employment and volunteer opportunities. The needs of people with I/DD vary, but one thing is true across the board: the work of our employees greatly improves the quality of life of the people they support, and in many cases, having a personal provider is a medical necessity.

The work our staff carries out each day can be physically and emotionally demanding, and it’s work that continues around the clock, regardless of whether there’s a holiday or a pandemic. Our direct support professionals, frontline supervisors and program leaders do work that is essential 24/7/365, and it continues precisely because of their commitment to the people they support.

But unfortunately, our employees are grossly underpaid for their services. I should know, as I’m the person who signs the checks.

As the [job title], I would love to offer higher wages to my workers, and would do so immediately if the funds were available. But my hands are tied, as wages for our staff are determined by Medicaid reimbursement rates. Those rates are low, and especially here in [state], where the average starting wage is only $TK per hour. When those workers move into salaried positions, those salaries can be even lower than what they earned on an hourly basis. As you can imagine, it is difficult to recruit and retain workers on these wages, so care is being compromised by a mounting staffing crisis – and it’s all about to get worse.

The Department of Labor recently [proposed a rule update](https://www.federalregister.gov/documents/2023/09/08/2023-19032/defining-and-delimiting-the-exemptions-for-executive-administrative-professional-outside-sales-and) that would raise the minimum salary threshold for employees eligible for overtime pay from $35,568 a year to approximately $55,000 annually, as well as automatically update this threshold every three years.

If this rule moves forward as is, community providers will have to make drastic and devastating changes to our programs that will end up hurting the very workers this rule is meant to help. Adding an unfunded mandate of increasing the salary threshold for overtime exemption has the potential to collapse critical I/DD services that are already on the brink of disaster.

[ANCOR](https://www.ancor.org/), a community of providers for people with disabilities, recently surveyed more than 700 disability providers across 45 states, and found that the average estimated additional cost for compliance at providers’ current rates of employment could reach $2 million. That is simply untenable for most of us, so we will be forced to cut jobs and shutter services, leading our DSPs into unemployment and increasing the risk of institutionalization for the people with I/DD who we serve.

According to the providers surveyed, 61% said they would have to convert salaried employees to hourly workers if the rule were to be enacted, nearly half said they would restrict the amount of overtime permitted, and one-third said they would reduce their number of full-time salaried employees. [can add a specific anecdote about what this provider would have to do]

While this rule will certainly harm the employees who lose their jobs or are denied overtime as a result, people with I/DD who rely on these services to live will be hurt the most. Even now it is nearly impossible to hire DSPs at the current rates. To further reduce the number of full-time staff, as this rule could, would devastate care for people with disabilities.

Having worked in the field for TKTK years, this breaks my heart. Anyone who has a loved one with I/DD will tell you that direct support is the preferred way to help someone living with a disability. For decades, being warehoused in a large, state-run institution was the only option for people with disabilities. Today, people with I/DD and their families have options regarding the right place to live. These choices enable personalized care, which empowers people to full lives and enjoy greater independence. But those choices are threatened if home- and community-based options see further deterioration in their workforces.

In principle, this proposed overtime rule change is welcome as it would increase overtime pay for essential workers who unequivocally deserve it. But in practice, that’s not what would happen. In my industry, it would decrease overtime allowances and ultimately cost people their jobs.

There is a way to do it right, but it hinges on additional funding. Providers like ours and other members of ANCOR estimated that they could continue operating without any major structural changes if the threshold was only raised to a wage of between $40-42K per year. We are calling on the Department of Labor to slow their approach to the increased overtime rule. We need time to convince our federal and state officials to increase reimbursement rates so we can make room for this rule, pay DSPs what they deserve, and keep essential, lifesaving services for people with I/DD intact.