**SB728: Labor and Employment – Worker Safety and Health – Injury and Illness Prevention Program**

**Concerns/Unintended Consequences Likely if Legislation Passes as Written**

**Privacy of people with IDD**

Several provisions of the bill require a “health and safety committee” to conduct investigation and inspections of the worksite. In DDA, living settings (which double as “worksites” for DSPs include 3-4 person group homes and the personal homes of people who receive supports/ the homes of their families.

The residents of these settings are entitled to privacy and control and to determine who comes into their home as a visitor. The safety committees ordered through this bill would be required to enter the facilities and review the safety and health of the physical environment. This activity is contrary to best practices with regard to privacy.

Additionally, the bill permits the public to request a copy of the health and safety program. Many group home providers already face community opposition to homes that support people with IDD. We are concerned that this provision of the bill could be used for NIMBY (Not in my back yard) opposition to group homes located in the community.

**Safety Issues**

Creating a mechanism to allow a group of unfamiliar people to enter the home of a person/people with IDD has the potential to raise safety issues for the resident(s) and/or for the committee members depending on the unique behavioral needs of the person/people whose home is subject to inspection.

**Existing protocols for investigation and reporting**

DDA-licensed providers are already required to submit emergency response and safety plans that are created and reviewed by internal organization committees on an annual basis. DDA providers are also subject to detailed investigatory and reporting requirements when there is a reportable safety incident. Finally, DDA mandated training for staff addresses a number of safety issues related to the supports that IDD employers provide. The mandates created through this bill would be highly duplicative and potentially conflict with the existing protocols.

**Unfunded Mandate & Staffing**

The bill would require that IDD providers pay an equal number of Direct Line and Management staff to participate on the committee. This provision creates an unfunded mandate for Medicaid providers who are dependent on the state for funding and who are not allowed to pass on any cost increases to the people they support. At this time, while recruitment is down and vacancy rates are high, many organizations simply do not have sufficient staff to cover the shifts of employees who would be participating on these committees to perform this duplicative function.