



The Hospital + Healthsystem  
Association of Pennsylvania

June 8, 2026

Members of the House Aging and Older Adult Services Committee:

On behalf of more than 235 member hospitals and health systems, The Hospital and Healthsystem Association of Pennsylvania (HAP) writes to share concerns on HB 1611 (Madden), amending the Older Adult Protective Services Act.

Pennsylvania hospitals employ more than 300,000 statewide—one in eight workers in the commonwealth. They are the top employer in 20 counties, generating almost \$63 million in wages, salaries, and benefits, despite persistent double digit workforce shortages. HAP supports the intent of the legislation, protecting older adults from abuse and neglect is a shared priority. While we acknowledge and appreciate the grandfathering provision in the legislation, HB 1611 as written still presents significant challenges that would create unintended barriers to health care delivery.

- **Universal applicant clearances:** HB 1611 requires every applicant for facility employment, regardless of whether the role involves contact with older adult patients, to submit fingerprints and receive a Department of Aging eligibility determination before employment can begin. This would extend to roles such as medical transcription, health information management, medical equipment preparation, maintenance, office support, food service, supply chain management, and parking administration—all with little to no direct and long-term patient contact. There is no clear provision for the timing of the background checks or understanding if the Department of Aging has the capacity to process the volume of applicants.
- **Workforce barriers:** The bill's tiered employment bans (5, 10, 20, and 35 years) reach an expansive offense list, several of which have no clear connection to older adult care or to the applicant's role. For example, two or more misdemeanor theft convictions would bar an applicant for five-10 years from **any** hospital position, regardless of patient contact. Additionally, as certain behavioral health facilities are included, this list also reaches roles where lived experience is part of the qualification. Professionals, such as peer specialists, recovery support workers, or community health workers sometimes have past convictions tied to their own history. Understanding the desire to provide an abundance of protections, many of these professionals would be barred from employment under HB 1611 as written. A waiver process is available, but it is offense and facility specific, which adds another administrative step and would lengthen time to hire.



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The committee is encouraged to consider limiting criminal history requirements to align more closely with the Child Protective Services Law model and limiting the criminal history requirements to staff who have direct contact with older adult patients; allowing the employer to apply the disqualifying offense list rather than routing every applicant through the Department of Aging; and having the offense list and waiver process more closely examined to ensure it is not inadvertently barring safe and qualified individuals from entering the workforce.

HAP applauds the goal of protecting and safeguarding older adults and believes those goals can be achieved without the unintended consequences HB 1611 presents to health care delivery in the commonwealth. HAP appreciates the opportunity to offer input and engage in conversations on the topic as they continue.

Please feel free to reach out to [me](#) or [Sarah Lawver](#), HAP's senior director, state advocacy, if you have any questions.

Sincerely,

Arielle Chortanoff  
Vice President, State Advocacy