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HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

HOUSE BILL 318: MARYLAND MEDICAL ASSISTANCE PROGRAM - PROVIDER AGENCIES AND PERSONAL CARE AIDES - REIMBURSEMENT AND WAGES

FEBRUARY 14, 2023

POSITION: SUPPORT

Thank you to the Chair and Committee Members, for the opportunity to provide testimony on House Bill 318: Maryland Medical Assistance Program - Provider Agencies and Personal Care Aides - Reimbursement and Wages. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care. HB 318 would increase funding for certain Medicaid-funded home care programs while also ensuring that home care workers get a fairer share of that money – improving job quality, recruitment, and retention.

I am an Advocate with Disability Rights Maryland. My friend Brennan receives home and community-based services through the Brain Injury Waiver and Community First Choice. These services are funded through the Maryland Department of Health's Office of Long Term Services and Supports. Brennan is authorized to receive 96 hours of care through these programs, but he has never been able to staff the full 96 hours due to the workforce shortage. While PCAs have been assigned to his case, only one has actually showed up for the job. The other PCAs assigned to his case left shortly after the month-long agency orientation for jobs with better pay and benefits. For Brennan, this means that he has to stay at home almost all the time. He cannot go into the community or work without one on one support. Without the PCA shortage, Brennan would be able to fully integrate into the community, as HCBS intend.

With the End the Waitlist bill passing last session, demand for Medicaid-funded PCAs will skyrocket. Maryland cannot even fulfill its HCBS promises to individuals with disabilities at present since the workforce is inadequate. When waitlists begin to diminish, the workforce crisis will become even more damaging to the individuals with disabilities who rely upon the care hours promised by the HCBS programs in which they are enrolled. This negatively impacts health and community integration for the individuals in these programs.

DRM's clients have reported significant aide shortages during the public health emergency, which resulted in one client being stuck in their wheelchair for almost 48 hours. While staff shortages and call-outs are not new problems, it has gotten worse over the last two years as many PCAs have left the field for other work. The lack of equity and livable wages for PCAs

reflects a system that does not value this workforce or the people PCAs serve. People with disabilities deserve a care system that invests in PCAs and ensures that they are able to receive the medically necessary care they are entitled to.

PCA staffing shortages are placing Marylanders with disabilities in danger of unnecessary institutionalization and significant gaps in care. HB 318 will have the impact of improving Maryland's HCBS system, both for participants and providers, which furthers the goals of and complies with the Olmstead decision and community integration mandate of the Americans with Disabilities Act (ADA).¹ For these reasons, DRM strongly supports House Bill 318.

If you have any questions regarding DRM's testimony, please contact me using the information in my signature below. I appreciate the Committee's time and consideration in reviewing my testimony.

Respectfully,

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¹ Olmstead v. L.C., 527 U.S. 581 (1999); 42 U.S.C. § 12101.