

SB328_Marylanders for Patient Rights_fav.pdf

Uploaded by: Anna Palmisano

Position: FAV

Marylanders for Patient Rights

MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON SB328 Funding for Wages and Benefits for Nursing Home Workers

Marylanders for Patient Rights is a leading advocacy group for patients in our state. We are proud members of the Caring Across Maryland coalition--- a broad coalition of patients, loved ones, care workers, and advocates all of whom are impacted by our broken long term care system.

Marylanders for Patient Rights strongly believes that SB328 is critically important to ensuring that we build and maintain a workforce of professional caregivers by providing them with a well-earned livable wage. Researchers from Leading Age and others have found that creating living wage requirements for direct care workers would help to relieve staffing shortages and lower turnover rates, thus improving quality of care. ¹

As our population ages, the caregiver workforce continues to decline in alarming numbers, leaving many vulnerable patients without the help they need. It is very difficult and stressful for patients and their families to have a revolving group of caregivers while those workers, understandably, seek better employment situations. It is vitally important to ensure that this essential workforce is treated fairly and attracts qualified and caring employees.

Medical provider workers have been marginalized for too long. Maryland needs to increase provider reimbursement rates and ensure the increase is reflected in the wages and benefits of care workers. Please provide a favorable report on SB328, and support Maryland care workers and their patients.

Thank you,

A C Palmisano

Anna C. Palmisano, Ph.D
Director, Marylanders for Patient Rights
palmscience@verizon.net

¹ Leading Age, Making Care Work Pay Report, 2020

SB 328 - Funding for Wages and Benefits for Nursin

Uploaded by: Brian Wivell

Position: FAV



MARYLAND STATE & D.C. AFL-CIO

AFFILIATED WITH NATIONAL AFL-CIO

7 School Street • Annapolis, Maryland 21401-2096

Balto. (410) 269-1940 • Fax (410) 280-2956

President

Donna S. Edwards

Secretary-Treasurer

Gerald W. Jackson

**SB 328 - Funding for Wages and Benefits for Nursing Home Workers
(Nursing Home Staffing Crisis Funding Act of 2024)
Senate Budget & Taxation Committee
January 22, 2024**

SUPPORT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Chairman and members of the Committee, thank you for the opportunity to provide testimony in support of SB 328. My name is Donna S. Edwards, and I am the President of the Maryland State and DC AFL-CIO. On behalf of the 300,000 union members in the state of Maryland, I offer the following comments.

Our healthcare system is in crisis. Nursing homes suffer from staff shortages that prevent them from providing the level of care that our state deserves. SB 328 fixes this problem by implementing a wage passthrough to raise nursing home worker wages and increase oversight of nursing homes by Maryland's Department of Health.

The pandemic pushed our healthcare workforce to the brink and many left the industry to find employment in higher paying, less demanding jobs. Despite taking care of our most vulnerable, direct care workers are underpaid and overworked. SB 328 follows the lead of 21 other states by implementing a wage pass through for direct care workers using Maryland's Medical Assistance Program.¹

In order to prevent this money from being used to increase company profits or compensate executives, 75% of the rate increase funding must be used to increase the salaries of healthcare workers, nursing home staff that provide direct care, and nursing home support staff like housekeeping, laundry, nutritional, and activity planners. This ensures that funding goes to the lowest paid workers. This is also an issue of racial equity. Maryland's direct care workforce is 87% people of color.²

We urge the committee to issue a favorable report for SB 328.

¹ McKnight Long Term Care News. "Nearly half of states now using Medicaid to boost direct-care pay." November 4, 2022.

² PHI. "The Direct Services Workforce in LTSS in MD and DC." September 2018.

Ditanya Rosebud SB328 TESTIMONY.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

To Chair Guzzone and Members of the Budget & Taxation Committee,

My name is Ditanya Rosebud. I am a Cook in a Long Term Care facility in Baltimore and a member of 1199SEIU United Healthcare Workers East. I've worked in food preparation for healthcare facilities for 26 years, and have been employed at my current facility for 10 years. I urge you to issue a favorable report on The Nursing Home Staffing Crisis Act of 2024.

My job is to prepare meals for the residents of the Long Term Care facility, where we have a new menu every week. I work the lunch and dinner shifts, so I prepare 60 meals per day. I'm also responsible for ensuring that the meals are all in accordance with the resident's dietary restrictions and wrapping the meals up afterward. I enjoy the work I do because preparing food is such an important way to care for people. Providing care is why I decided to enter this line of work.

My facility has been short staffed since the COVID19 pandemic hit, and it is only getting worse as time goes on. Before short staffing, I was cooking for 14-15 people, now I cook for 30. I miss the days preceding the short staffing crisis because we were able to have more of a family dynamic with the residents where we could spend quality time with them and customize their meals. The social aspect of dining was something that made the residents and the workers feel good. We used to cook in different "households" throughout the facility, but when management started short staffing the facility we were all directed to move to the main kitchen where there is no interaction with residents whatsoever. Now, the work feels more like being on an assembly line than providing healthcare.

Raising wages for workers in Long Term Care will help fix the problem of chronic short staffing because it would make those of us who have been working through this crisis feel more appreciated and less likely to quit. Short staffing is an issue in every department, not just in the kitchen, so we need to make sure to raise wages across the board. That would really boost workers' morale.

With the cost of living being so high, every month I have to make impossible choices like whether I pay the BGE or the water bill, because I can't afford to do both. I care for my two grandchildren. If I got a wage increase and could pay all my bills, I would spend anything extra on improving the quality of life for them. My grandchildren play sports and I want to be able to afford to buy them more nutritious foods, but those are the foods that are most expensive.

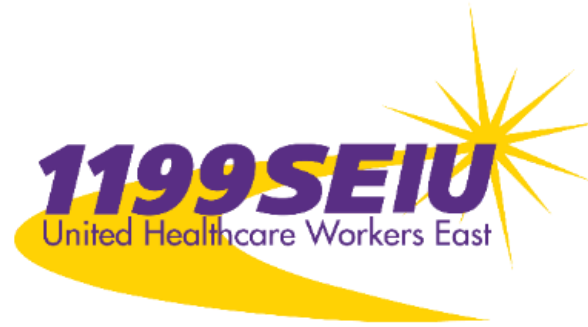
Healthcare workers are tired of being overworked and underpaid. We need to be able to care for our loved ones like we care for yours. Please vote yes on SB328 to raise our wages. Thank you.

Sincerely, Ditanya Rosebud

Helen Sutton SB328 Testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

Chair Guzzone and Members of the Senate Budget & Taxation Committee,

My name is Helen Sutton, I am a Certified Nursing Assistant & Geriatric Nursing Assistant at a Long Term Care facility in Baltimore County, and a member of 1199SEIU United Healthcare Workers East. I urge you to issue a favorable report on SB328: The Nursing Home Staffing Crisis Funding Act of 2024 to raise wages for Long Term Care workers.

I've been working in healthcare for 45 years. Every day, I care for the residents of my facility with my whole heart. I get them dressed, make sure they are comfortable, assist with hygiene, and help them eat. This work has always been challenging, but in my nearly five decades of working in healthcare, I have never seen a challenge as severe as the short staffing we are currently facing. Short staffing was an issue even before the COVID19 pandemic, but since the pandemic it has become a full blown crisis. It's not just CNAs/GNAs working short staffed, *every* department is short.

In my facility, we work short staffed every day. We have 20 patients per GNA, which is unsustainable for workers and means that residents don't get to spend the ideal amount of time with caregivers. We get the job done, but there isn't time to go above and beyond for our residents as we were able to before the short staffing crisis. The residents deserve to get the care they pay for. Healthcare workers do the best we can, but there's simply not enough of us to meet all the residents' special needs.

It is painful for me to even speak on the toll short staffing has taken on my physical and mental health. What makes this worse is the constant abuse we face from management. If we are feeling exhausted to the point where we need to use the sick days we are legally entitled to, they shame us for calling out. If we come in to work when we are exhausted, they bully us for being tired. It's a lose-lose situation.

Raising wages for workers in Long Term Care will help stop the short staffing crisis in its tracks. Many years ago, management would give bonuses to workers if there was a day when we worked short, and those days were few and far between. Back then, workers had financial incentive to stay on the job. Now,

because our wages are so low and we don't get short staffing bonuses, a lot of workers are quitting. They are tired of working short staffed for low wages, and the rest of us are left to pick up the pieces.

For the sake of healthcare workers and the patients we care for, please vote YES on SB328. Thank you.

Sincerely,

Helen Sutton

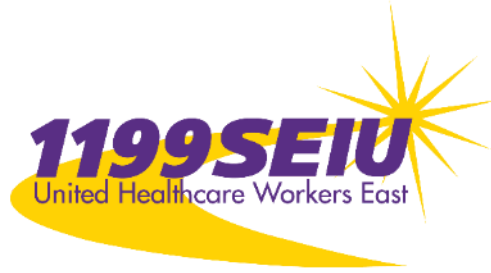
410-419-9542

suttonh840@gmail.com

Holly Ward SB328 Testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

Dear Chair Guzzone and members of the Budget and Taxation Committee:

My name is Holly Ward and I am Geriatric Nursing Assistant in a long term care facility in Maryland. I'm a member of 1199 SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 workers in Maryland/DC. Our union urges a favorable report for SB328: The Nursing Home Staffing Crisis Funding Act of 2024.

This bill works to ensure a fair portion of Medicaid reimbursement rates goes directly towards worker wages and benefits. Due to low wages, the long term care industry experiences high turnover and a staffing crisis. If long-term care employers can't find workers, what will older adults and people with disabilities do to survive? How will family caregivers stay afloat financially and emotionally?

Low pay requires me to subsidize my income and rely on assistance such as food stamps. By investing in the workforce, it would enable me to provide for my family. As we know, low pay leads to high turnover which in turn increases my workload. For instance, some patients require more attention than others but due to lack of staff, we do not have the ability to spend more time with those patients. Long term care is important because no one foresees that they will need this kind of assistance. The residents do not choose to be there, nor do they want to be. Their family members are not able to take care of them and often patients rarely see them. I love my job because I am their outlet. I provide them empathy and compassion. We need legislators to realize that as medical providers, we put most of our lives into these patients. We don't have the benefit of caring for our own life. It is shameful that we do not reap the benefits after all the sacrifices that we make. We do not receive the respect we deserve when the truth is, these facilities would not run without us.

Nursing homes have been the epicenter of the COVID-19 pandemic. Our care team including certified nursing assistants, maintenance, dietary aides, and housekeeping felt burnt out with overwhelming workloads, dangerous staffing shortages, and the emotional toll of caring for residents facing isolation, sickness, and death. The pandemic highlighted the brokenness of our long-term care system. The need for long term care services will only rise in the state, and this legislation ensures we are adequately supporting the care workforce.

Investing in the care workforce in Maryland's nursing homes is a good public health policy and is a matter of racial equity. The direct care workforce in our nursing homes is overwhelmingly made up of Black women¹. We are not only

failing to attract new workers to these jobs, but we are also trapping those who are currently in this workforce in poverty.

Because care can't wait, I urge this committee to issue a favorable report on SB328.

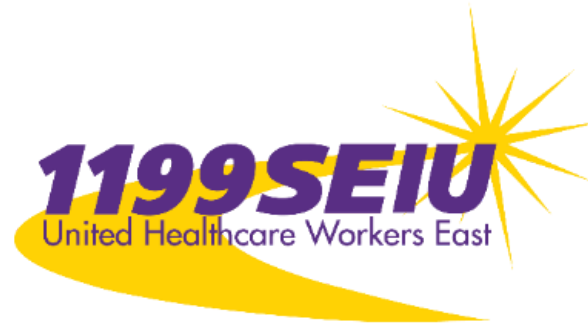
Sincerely,

Holly Ward

Kirsthal Kennedy SB328 testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

To Chair Guzzone and members of the Senate Budget & Taxation Committee,

My name is Kirsathl Kennedy. I work as Geriatric Nursing Assistant at a nursing home, and I am a member of 1199SEIU, United Healthcare Workers East. I support SB328: The Nursing Home Staffing Crisis Funding Act of 2024, and urge the Committee to issue a favorable report. This bill ensures that 75% of skilled nursing Medicaid provider reimbursements goes directly towards worker wages and benefits.

Providing care has always been a part of my life since I was young. Growing up, I saw my grandmother take care of our family members and then when my grandmother's health declined, I helped my mom, who is also a GNA, take care of my grandma. This work is personal to me and I believe that we need better care infrastructures that can ensure we can take care of our loved ones with love, dignity, and support.

I've worked over 60 hours a week and had my take home pay be about \$800. This is barely enough to pay my rent, and make sure I am paying all my bills.

Not only am I working night shifts and long hours, there is always a shortage of GNAs so while the state standard staff to patient ratio is to 40, there are weeks where I am taking care of about 60 patients. Even if the state standard is too low, we need more GNAs to patients so that every patient is getting quality care.

It was already bad before the pandemic but the pandemic really burnt us out and showed us how little the system really cares about us or our patients. We were overworked, underpaid, and at risk of spreading COVID-19 all while trying to take care of our families when we get home.

It's not just nurses, our housekeeping and dietary aides in the nursing homes are the most understaffed. It takes longer for rooms to get disinfected and cleaned, patient meal times are impacted as well.

I remember this one patient in particular. He came into the nursing home relatively healthy and mobile. He would go on walks around the building, but soon he would start getting bed sores and unable to get out of bed and became completely bed-ridden. I have seen patients die because management did not ensure we had the appropriate number of staff on call.

Patients are dying, and will continue to die in heartbreaking and inhuman conditions if we let our long term care system continue to put profit over people. Care Can't Wait.

Sincerely,

Kirsathl Kennedy

Pat Walker SB328 Testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

Chair Guzzone and Members of the Senate Budget & Taxation Committee,

My name is Pat Walker, I am a Geriatric Nursing Assistant (GNA) at a Long Term Care facility in Montgomery County, and a member of 1199SEIU United Healthcare Workers East. I've been a GNA in Long Term Care for 23 years. I urge you to issue a favorable report on SB328: The Nursing Home Staffing Crisis Funding Act of 2024 to raise wages for Long Term Care workers.

I work the 7am-3pm shift, which is the most difficult shift because of all the things that need to be completed in that timeframe. When I clock in, I do rounds to make sure everyone is breathing, go get my daily assignments, and give residents showers or hand baths. This must be finished in time to feed them breakfast at 8:45am. After breakfast, I help get the residents out of bed and do linen and depends changes by 12pm when we start serving lunch. Then the cycle repeats. Before I clock out, I also must document every interaction with every resident.

We have 15-20 patients per GNA in my facility, which is not nearly enough. If multiple residents ring their alarm indicating they need assistance at the same time, they are left to wait in bed because we literally cannot be in two places at once. That means residents develop ulcers and bedsores, and they become very stressed out.

Short staffing is as stressful for the workers as it is for the residents. When I look around at my coworkers who have been doing this work for 40+ years, I notice that every single one of them walks with a limp or has some other physical ailment caused by the toll working short takes on our bodies. Our mental health suffers too because there is no outlet for the stress we experience on the job. We just have to grin and bear it because we don't want that stress to impact residents or our coworkers.

The best way to tackle the short staffing crisis in Long Term Care is to raise workers' wages. That would recruit a new generation of workers to join the healthcare field to fill staffing gaps. It would also make it so workers like me who have been doing this for a long time are properly cared for. Because of the cost

of living, I work 60+ hours per week, and I still struggle to afford things like groceries. I'm constantly exhausted from working overtime every week. If I received a wage increase, I could scale back my hours to 40 hours. That would give me time to rest and to live, and I would be even better at my job.

The Nursing Home Staffing Crisis Funding Act of 2024 is a win for healthcare workers and a win for residents of Long Term Care facilities. Please vote YES on SB328. Thank you.

Sincerely,

Pat Walker

Rayshawn Carter SB328 Testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

To Chair Guzzone and Members of the Senate Budget & Taxation Committee,

My name is Rayshawn Carter. I am a Geriatric Nursing Assistant (GNA) at a Long Term Care facility in Baltimore County, and a member of 1199SEIU. I have been a GNA for seven years, and have worked in Long Term Care for four years. I support SB328: The Nursing Home Staffing Crisis Funding Act of 2024, and I urge you to issue a favorable report.

GNA's care for residents by helping with their hygiene, meals, dressing, and movement. The care we provide is not "one size fits all" because each resident has different abilities and needs. Our work enables our residents to live with dignity. Unfortunately, the short staffing crisis makes patient care feel like a rush job. In my facility, we have 1 GNA per 24 residents. That ratio is not fair to workers or residents. Our residents are frustrated because they need more assistance, and we are frustrated because we want to spend more time with them but can't. Being in a constant state of frustration creates a negative impact on residents' and workers' mental health.

We have a high turnover rate in my facility so we are always working short staffed. Raising wages for long term care workers would make a big difference because earning a living wage makes it less likely that workers will quit. Raising our wages means we would retain enough staff to properly care for residents, and would improve quality of life for caregivers like me.

I am a single mother of two children, with no financial or caregiving support. I've had too many days where I come home feeling so burnt out from working short-staffed that I don't have the energy to spend as much time with my kids as I want to. Making a living wage would change all of our lives. If I got a raise, I would be able to afford a car. That would cut my commute so I could spend more time with my children, and make it easier for me to take them to extracurricular activities.

The Nursing Home Staffing Crisis Funding Act of 2024 is your opportunity to improve patient's lives, healthcare workers' lives, and our families lives. Please vote YES on SB328. Thank you.

Rayshawn Carter

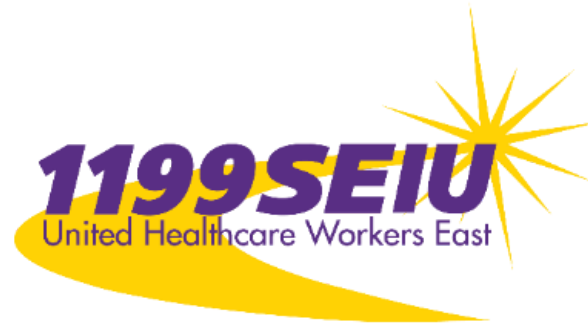
667-378-0303

rayshawnc1995@gmail.com

Rhonda White SB328 Testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

Mr. Chair and Members of the Committee,

My name is Rhonda White. I am a certified medicine aide at a Long Term Care facility, and a union Delegate for 1199SEIU. I support SB328: The Nursing Home Staffing Crisis Funding Act of 2024, and urge you to issue a favorable report. This bill would help fix the staffing crisis in nursing homes by increasing wages for caregivers like me.

Healthcare workers made sacrifices on the frontlines of COVID19. Some of us survived, others lost their lives, or left healthcare. Those of us still working are dealing with a short staffing crisis. This was a problem before the pandemic but is even worse now.

Our facilities are short staffed because the wages are too low. Recently, I was conducting a new hire orientation. When I told the new GNA what her wages would be, she told me she would "be right back" then I looked out the window and saw her driving away, and never heard from her again. This is just one of many examples.

In my facility we have one GNA to 20 patients, so we can't spend enough time with our patients. We provide high quality healthcare, but can't be everywhere at once. This is bad for residents, and for workers too. When we don't have enough workers, our mental and physical health suffers. We are stuck in a cycle of not having enough workers, so many workers burnout and quit, then the short staffing cycle continues.

Senators, you have the power to break this cycle. Vote yes on SB328. Healthcare workers care for you, please care for us. Thank you.

Sincerely, Rhonda White

Teneia Wells SB328 testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB328
The Nursing Home Staffing Crisis Act of 2024
Position: **FAV**

Chair Guzzone and Members of the Senate Budget & Taxation Committee,

My name is Teneia Wells, I am a Geriatric Nursing Assistant (GNA) at a Long Term Care facility in Baltimore County, and a member of 1199SEIU United Healthcare Workers East. I've been a GNA since 2001. I urge you to issue a favorable report on SB328: The Nursing Home Staffing Crisis Funding Act of 2024 to raise wages for Long Term Care workers.

I work the night shift, 11pm-7am. Our GNA to patient ratio is 1:22. Overnight we have 12+ residents that need Dialysis treatment. When residents need to be moved out of bed, we need two GNAs to move them safely. With short staffing, that means residents are laying in bed for too long waiting for two GNAs to be available at the same time, which causes bedsores and other health issues. In addition to moving residents from bed to dialysis, we are also responsible for linen changes and colonoscopy bag changes.

In order to do the daily living activities that improve quality of life for our residents like we used to do before the short staffing crisis (for example: socializing with residents), we would need twice as many GNAs. I've been caring for many of my residents for over a decade. They are like family to me. It is heartbreaking to see their quality of life decline because of short staffing.

We all want to be able to go the extra mile for our residents but management is underpaying workers, keeping us constantly short staffed. I've had several coworkers quit because of the low pay. They took jobs at Amazon and WalMart where the pay is comparable because working at those places is less stressful than constantly working short staffed in healthcare.

Raising our wages is the solution to the short staffing crisis because it will retain the workers we already have, and recruit a new generation of healthcare workers to join us. Making a living wage would help me better support my family and my health. One thing I would love to do if I got a wage increase, but can't afford right now, is be able to get massages because of all the physical stress being a GNA puts on my body.

The short staffing crisis in Long Term Care impacts EVERYONE because you never know who will be laying in that bed someday. It could be me, it could be you, it could be a loved one. Being "able bodied" is temporary and we ALL need healthcare. Please vote YES on SB328. Thank you.

Sincerely,

Teneia Wells

SB0328_Nursing_Home_Staffing_Crisis_Funding_MLC_FA

Uploaded by: Cecilia Plante

Position: FAV



**TESTIMONY FOR SB0328
FUNDING FOR WAGES AND BENEFITS FOR NURSING HOME WORKERS
(NURSING HOME STAFFING CRISIS FUNDING ACT OF 2024)**

Bill Sponsor: Senator Rosapepe

Committee: Budget and Tax

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0328 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

Nursing Homes generally receive little notice from the public except during the pandemic, when it was clear that they were understaffed and generally did not have the procedures in place to deal with a contagious virus effectively. Since then, they have gone back to being almost invisible. However, the problems that were on display during the pandemic have not gone away. There is a staffing crisis at nursing homes across the state that is leaving our elderly, and those who are least able to care for themselves in a system that provides inadequate care. These are our grandparents and parents. For those who wind up in a nursing home and are entirely dependent on someone else for their care, and that person is too busy to care for them, their life becomes hellish.

We need to SEE this problem and try to solve it. This bill, if enacted, would provide a greater monetary infusion into nursing homes that they can then translate to additional staff. The infusion comes from an 8% higher reimbursement rate from the state and carries some reporting requirements to ensure that the additional monies are used appropriately.

We support this bill and recommend a **FAVORABLE** report in committee.

SB382_Maryland Center on Economic Policy_FAV.pdf

Uploaded by: Christopher Meyer

Position: FAV

Wage Standards, Sufficient Medicaid Rates Would Strengthen Nursing Facility Care in Maryland

Position Statement in Support of Senate Bill 328

Given before the Senate Budget and Taxation Committee

Maryland's budget is a moral document that has the power to move us toward broadly shared prosperity if invested wisely, and just as much power to move us in the wrong direction if not. Investing Marylanders' shared resources in decent jobs that pay a family-supporting wage is vital to support a healthy, equitable economy. **Senate Bill 328 would advance these goals while strengthening our long-term care workforce.** For these reasons, the Maryland Center on Economic Policy supports Senate Bill 328.

Long-term care workers are a vital part of the social infrastructure that keeps Maryland going. They provide essential services to aging Marylanders and Marylanders with disabilities, but the state struggles to meet the need for these workers.ⁱ Demographic change is expected to worsen this shortfall in coming years and decades. Maryland's 65+ population grew by 18% from 2015 to 2021, while the 20–64 population increased by only 0.2%.ⁱⁱ By 2030, our 65+ population is projected to grow by another 29% as the 20–64 population slightly declines.ⁱⁱⁱ Paltry wages and dangerous working conditions are an important contributor to this worker shortage,^{iv} and disproportionately harm women of color, who constitute the bulk of this workforce:^v

- 79% of direct care workers in nursing homes in Maryland are Black and 86% are workers of color, as of 2021.
- 93% of direct care workers in nursing homes in Maryland are women.
- 37% of direct care workers in nursing homes in Maryland were born outside the United States.

Senate Bill 328 would strengthen Maryland's long-term care workforce by requiring 8% annual increases in Medicaid reimbursement rates for nursing home care in fiscal years 2026 to 2028 and requiring that facilities pass through 75% of the required rate increase to care workers.

Strengthening protections to ensure workers are paid livable wages would directly benefit workers and would also reduce barriers to maintaining a sufficient long-term care workforce to provide essential supports to aging Marylanders and Marylanders with disabilities.

For these reasons, the Maryland Center on Economic Policy respectfully requests that the Senate Budget and Taxation Committee make a favorable report on Senate Bill 328.

Equity Impact Analysis: Senate Bill 328

Bill summary

Senate Bill 328 would require 8% annual increases in Medicaid reimbursement rates for nursing home care in fiscal years 2026 to 2028 and require that facilities pass through 75% of the required rate increase to care workers.

Background

Long-term care workers provide essential services to aging Marylanders and Marylanders with disabilities, but the state struggles to meet the need for these workers. Demographic change is expected to worsen this shortfall in coming years and decades. Research links this shortage in large part to low wages and dangerous working conditions.^{vi}

Equity Implications

Senate Bill 328 would strengthen protections for nursing home workers who face dangerous working conditions, often take home low wages, and are disproportionately women of color.^{vii}

- 79% of direct care workers in nursing homes in Maryland are Black and 86% are workers of color, as of 2021.
- 93% of direct care workers in nursing homes in Maryland are women.
- 37% of direct care workers in nursing homes in Maryland were born outside the United States.

Impact

Senate Bill 328 would likely **improve racial, gender, and economic equity** in Maryland.

ⁱ “The Direct Services Workforce in Long-Term Services and Supports in Maryland and the District of Columbia,” PHI, 2018, <https://phinational.org/wp-content/uploads/2018/09/DSWorkers-Maryland-2018-PHI.pdf>

ⁱⁱ MDCEP analysis of U.S. Census Bureau Population Estimates.

ⁱⁱⁱ MDCEP analysis of U.S. Census Bureau Population Estimates and Maryland Department of Planning population projections.

^{iv} “The Direct Services Workforce,” 2018.

^v PHI Workforce Data Center, <https://www.phinational.org/policy-research/workforce-data-center/>

^{vi} “The Direct Services Workforce,” 2018

^{vii} “The Direct Services Workforce,” 2018

PJC Written Testimony -- SB 328 -- 2024 01 23.pdf

Uploaded by: Diana Jarek

Position: FAV



Diana Jarek, Attorney
Public Justice Center
201 North Charles Street, Suite 1200
Baltimore, Maryland 21201
410-625-9409, ext. 223
djarek@publicjustice.org

SB 328- Public Health – Health Care Facilities and Regulation

Hearing of the Senate Committee on Budget and Taxation – January 24, 2024 at 1:00pm

Position: Favorable

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Workplace Justice Project works to expand and enforce the right of low-wage workers to receive an honest day's pay for an honest day's work. The PJC **supports SB 328**, which would increase Medicaid medical care provider reimbursement rates and allow the increase to be specifically designated for worker wages and benefits.

Problem: Direct care workers play a critical role in the functioning of the health care system. However, low-wages and chronic understaffing have fueled a substantial labor shortage in the care industry.

- Between 2018 and 2028, the long-term care sector will need to fill about 8.2 million job openings in direct care, including 1.3 million new jobs and an additional 6.9 million jobs that will become vacant when workers leave the field or exit the labor force altogether.¹
- Despite the dire need for care workers, wages for direct care workers are untenably low.
 - The median wage for a direct care worker in Maryland is \$14.62/hour.²
 - The annual median personal earnings a full-time care worker in Maryland is \$26,700.³
 - One in three direct care workers in Maryland live below the poverty line.⁴
 - 39% of Maryland's care workers lack affordable housing.⁵

Solution: A Medicaid rate reimbursement increase with a wage pass-through is the most direct way to address nursing home and home care staff shortages and increase quality of care.

¹ Kezia Scales, "From Crisis to Emergency: 8.2 Million Direct Care Job Openings Expected by 2028." January 2020. Available at <https://phinational.org/resource/from-crisis-to-emergency-8-2-million-direct-care-job-openingsexpected-by-2028/>.

² PHI, "Direct Care Workforce State Index: Maryland." Available at <https://www.phinational.org/state/maryland/>.

³ *Id.*

⁴ *Id.*

⁵ *Id.*

- As of September 2020, 22 states have enacted similar wage pass-through provisions as part of their Medicaid programs to attract and retain care workers.⁶
- SB 328 additionally requires nursing homes to submit a report to the Maryland Department of Health annually documenting their wage disbursements to ensure these targeted reimbursement increases are being used to increase workers' wages.
- This increase in workers' take-home pay is the first step towards bolstering and retaining the care workforce that Marylanders rely upon.

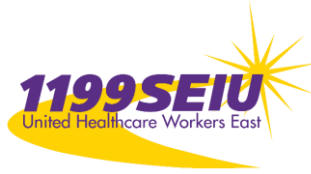
For the foregoing reasons, the PJC **SUPPORTS SB 328** and urges a **FAVORABLE** report. Should you have any questions, please call Diana Jarek at 410-625-9409 ext. 223.

⁶ Institute for Healing Justice & Equity, "Direct Care Worker Wage Pass-Through Law Final Report," September 2020. Available at https://ihje.org/wp-content/uploads/2020/12/Direct-Care-Worker-Wage-Pass-Through-Law-Final-Report_September-2020_Institute-of-Healing-Justice-and-Equity.pdf.

SB 328 - 1199 SEIU- The Nursing Home Staffing Crisis

Uploaded by: Loraine Arikat

Position: FAV



Testimony in favor of
The Nursing Home Staffing Crisis Funding Act of 2024

Dear Chair Guzzone and members of the Budget and Taxation Committee:

My name is Ricarra Jones, and I am the political director of 1199SEIU United Healthcare Workers East in Maryland/DC. 1199SEIU is the largest healthcare union in the nation, and here in Maryland we have over 10,000 members working in hospitals, long term care settings, and federally qualified health centers. This legislation is foundational to addressing the severe staffing crisis that’s impacting quality of care in Maryland’s nursing homes.

This legislation aims to improve nursing home transparency, address the staffing crisis, and protect quality of care for nursing home residents. Starting in 2026, legislation calls for an 8% increase in Medicaid provider reimbursements to skilled nursing facilities while mandating that 75% of that increase be allocated towards direct patient care staffing. The table below shows the percentage increase in Medicaid provider reimbursements allocated to skilled nursing facilities from 2020-2023. Additionally, the state budget report lists pandemic relief funding appropriate for skilled nursing facilities for FY 2021 and FY 2022, however this funding was not directly targeted to direct care as it was in other states.

Medicaid Provider Reimbursement Rate Increases for MD Skilled Nursing Facilities FY 2020-2023				
	2020	2021	2022	2023
Percent rate increase	3%	4%	4%	8%
Supplemental allotment			2%	\$20 million
Sources	https://health.maryland.gov/mmcp/Documents/MEDICAID%20PROVIDER%20RATE%20CHANGES%20FROM%20JANUARY%201%202021.pdf	https://health.maryland.gov/mmcp/Documents/MEDICAID%20PROVIDER%20RATE%20CHANGES%20FROM%20JANUARY%201%202021.pdf	https://health.maryland.gov/mmcp/Documents/Provider%20Information%20for%20FY%202022%20Medicaid%20Nursing%20Facility%20Rates.pdf	https://health.maryland.gov/mmcp/Documents/Public%20Notice/FY24-Provider-Rate-Increases-01.01.24-Public-Notice.pdf Supplemental: https://health.maryland.gov/mmcp/MCOupdates/Documents/PT%2011-23%20Fiscal%20Year%202023%20Rates%20and%20Supplemental%20Payment%20for%20Nursing%20Facility%20Services.pdf

Nursing homes rely mostly on public funding through Medicare and Medicaid, and yet, stakeholders in Maryland lack the information necessary to identify how those public dollars are used in our nursing homes. . One national study of over 11,000 nursing homes cost reports show that nursing homes are getting plenty of money, they are just not being held accountable for using it appropriately.¹ Nursing homes had total net revenues of \$126 billion, a profit of \$730 million in 2019, and average nursing home profit margin was 8.84%. Too many seniors and families are accepting substandard care because their nursing home tells them that they cannot afford to hire more staff. The study identified that overall spending for direct care was 66% of net revenues, including 27% on

nursing, in contrast to 34% spent on administration, capital, other, and profits.¹ 1199SEIU has been advocating for our regulators to conduct a similar study of the cost reports for Maryland’s nursing homes.

This bill addresses racial equity. It is long overdue to confront the historic racial and gender inequities in the direct care workforce. The direct care workforce in our nursing homes is overwhelmingly made up of Black women. We are not only failing to attract new workers to these jobs, but we are also trapping those who are currently in this workforce in poverty. In Maryland the average annual income for a certified nursing assistant is \$35,000. The table below shows Maryland wages for certified nursing assistants which are relatively low compared to the rising cost of living in the state.

Maryland Wages for Certified Nursing Assistants, FY 2020-2022			
	Released May 2020	Released May 2021	Released May 2022
Nursing Assistant Mean Annual Wage	\$33,840.00	\$34,040.00	\$37,180.00
Mean Hourly Wage	\$16.27	\$16.37	\$17.87
Median Hourly Wage	\$15.66	\$17.45	\$17.45
Source	https://www.bls.gov/oes/2020/may/oes_md.htm#31-0000	https://www.bls.gov/oes/2021/may/oes_md.htm#31-0000	https://www.bls.gov/oes/current/oes_md.htm#31-0000

The American Health Care Association which represents nursing homes across the country released a 2022 report with some stark numbers: 98% are experiencing difficulty hiring new staff⁸. 76% said their current financial situation and lack of funding is an obstacle in being able to offer competitive wages to hire new staff⁸. By mandating that dollars be explicitly directed to care giver wages, this legislation would address the need in Maryland to support long term care facilities and invest in our care workforce.

22 other states have already implemented a wage passthrough in addition to taking crucial steps to addressing the staffing crisis through wage increases:

Massachusetts has had a program since 2001 with an appropriations bill that set aside money for the sole purpose of funding base hourly wage increases for certified nurse aides at skilled nursing facilities. The 2019 version of this bill set aside \$38.3 million to fund wages related to all direct care staff in nursing homes, including CNAs (Certified Nurse Aides), housekeeping, laundry, dietary and activities staff.² In Massachusetts, nursing facilities are also required to report what is called a Direct Care Cost Quotient, which sets a requirement that a minimum of 75% of nursing home revenues be spent on direct care staffing costs.²

In 2020, in the wake of the pandemic, **New Jersey** released a report outlining key steps that needed to be taken to strengthen the resilience of their nursing homes. One of the findings of the report was that high staff turnover in nursing homes weakened the quality of care, and the report specified that low wages drove many of these workers

¹ Harrington C, Mollot R, Braun RT, Williams D. United States’ Nursing Home Finances: Spending, Profitability, and Capital Structure. International Journal of Social Determinants of Health and Health Services. 2023;0(0). doi:10.1177/27551938231221509

² https://www.sec.state.ma.us/reg_pub/pdf/911/E101206.pdf

to take multiple jobs, contributing to the turnover. In response, New Jersey increased Medicaid nursing facility rates, with requirements that this additional revenue be spent on wages.³

Michigan is another state that has been working to raise the wages of direct care workers, including those in skilled nursing facilities. by using federal dollars released through the American Rescue Plan Act (ARPA) as a launchpad to jumpstart these higher wages.⁴

Illinois adopted changes that require nursing homes to increase staff wages as a condition of receiving increased Medicaid provider reimbursement rates. Illinois specified that nursing homes must increase direct care staff wages by \$1.00 per hour as of July 2020, and an additional 50 cents per hour as of January 2021.⁵ Meanwhile, **North Carolina** directed nursing homes to devote 80% of their rate increase to direct care staff wages.⁶

This investment in our long-term care infrastructure is also important to Maryland's unique healthcare system. Maryland is the only state which operates under what is called a Total Cost of Care Model, a unique hospital rate-setting system, overseen by the Health Services Cost Review Commission. While the HSCRC does not have authority over long-term care providers, our Maryland Model demands that care settings outside of our hospitals provide high quality care. In fact, our system's success hinges on the ability of all providers across the spectrum to ensure that we reduce unnecessary hospitalizations. So, we must prioritize long-term care settings such as skilled nursing facilities when we address our healthcare system.

For these reasons, 1199 SEIU urges you to issue a favorable report. I am happy to answer any additional questions at ricarra.jones@1199.org

In Unity,

Ricarra Jones
Political Director
1199 SEIU United Healthcare Workers East

³ <https://www.nj.gov/ooie/news/div-assets/docs/ManattRecommendations.pdf>

⁴ https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder98/Folder1/Folder198/MDHHS_SNF_COVID19_DCW_FAQs_v4_073020.pdf?rev=fe4e5041d75d41fa9847a99b212d6825

⁵ <https://www.kff.org/report-section/state-actions-to-address-nursing-home-staffing-during-covid-19-appendix/>

⁶ <https://www.kff.org/report-section/state-actions-to-address-nursing-home-staffing-during-covid-19-appendix/>

SB 328 Ernestine Pitts Testimony.pdf

Uploaded by: Loraine Arikat

Position: FAV



Testimony in support of
SB 328
Nursing Home Staffing Crisis Funding Act of 2024

Dear Chairman Guzzone and members of the Budget and Taxation committee.

My name is Ernestine Pitt and I live in Baltimore City. I have been a geriatric nursing assistant for 47 years. I always had to work two jobs until recently. I have two children and trying to make sure I had money to send them both to college was very challenging for me. Instead, I sacrificed my physical and mental wellbeing as I worked two jobs as a GNA and a food service worker in order to provide for my children.

When I first started working in nursing homes in 1977, there were a lot of older adults and seniors. But now, the residents are younger and often have various needs that have challenging needs that require more staff time. We used to work with 40 residents and only have 5 staff to work with those residents. Now, they have increased the number of residents but with the same or less staff than before. When someone calls out sick, the burden is even greater on staff. Now, a lot of residents who need total care needs or have mental health and behavioral health needs that require far more attention and time from staff.

This legislation is important because it makes the needed investment into staffing and direct care that patients and workers need. I have been working at the same nursing home for the past 40 years and the owner has changed 6 or 7 times. When management changes, staffing is always the first change and it is often cut in order to save money for the nursing home.

SB 328 will improve transparency of how skilled nursing facilities spend money and protect quality of care. For these reasons, I urge legislators to issue a favorable report on the Nursing Home Staffing Crisis Funding Act because Medicaid funding which is public tax payer dollars should go towards investing in the direct care workforce.

Sincerely,

Ernestine Pitts
epittsed@gmail.com

SB328-BT-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB0328

January 24, 2024

TO: Members of the Budget and Taxation Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: Senate Bill 328 – Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024)

POSITION: SUPPORT

Chair Guzzone, Vice Chair Rosapepe, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 328.

SB 328 increases the health care provider reimbursement rate required in the Governor's proposed budget for fiscal years 2026-2028 for several Maryland Department of Health programs, including the Medicaid program that reimburses nursing homes for the care they deliver. Specifically, the bill requires that the budget include an eight percent rate increase for providers. Additionally, the bill specifies that 75% of these increases must be allocated for increasing compensation for workers providing care to residents, and that nursing homes be required to submit annual reports documenting that the funds were spent in accordance with this requirement.

SB 328 will improve the stability and quality of the state's nursing home workforce by shaping Medicaid reimbursement to support a living wage for these essential employees. Baltimore City alone is home to 28 nursing homes. The BCA supports improvements in quality of care in these homes and equitable compensation for those who work there – particularly direct care workers.

Direct care staff turnover in nursing homes is a major contributor to inconsistent and inadequate care in these facilities, putting patients at risk. Turnover occurs because these direct care workers perform some of the most difficult and taxing jobs in our economy, serving persons with complex and debilitating chronic conditions. However, despite the critical work they perform, they are underpaid and overworked, and find that other industries provide more compensation for less challenging work. SB 328 will help retain these workers (and attract new ones), resulting in better care for nursing home residents. Over the next 35 years, Maryland's aging population is expected to increase almost 30% – from 1.37 million to 1.79 million adults ages 60 and older.ⁱ It is imperative – and will only become more so – that we attract and retain direct care workers to support older adults and individuals with disabilities.

For these reasons, the BCA respectfully requests a **favorable** report on SB 328.

ⁱ Maryland Department of Aging. (2021). State Plan on Aging, 2022-2025. Retrieved from <https://aging.maryland.gov/SiteAssets/Pages/StatePlanonAging/MD%20State%20Plan%202022-2025.pdf>

Testimony in support of SB0328.pdf

Uploaded by: Richard KAP Kaplowitz

Position: FAV

1/23/2024

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0328 - FAVORABLE

Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024

TO: Chair Guzzone, Vice Chair Rosapepe, and members of the Budget and Taxation Committee

FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of SB#/0328 Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024

On November 11, 2019 my son was celebrating his 45th birthday with my wife and I at a local restaurant. He had a massive stroke at the table and was rushed to Frederick Health. After days in intensive care and standard care he was transferred to the long term care facility now managed by Autumn Lakes at Ballenger Creek.

Since Autumn Lakes acquired the facility from the prior management the level of care has been significantly impacted by their inability or unwillingness to properly staff their facility to maintain a high quality of care. My son often must wait over 30 minutes when buzzing for an aide to assist him. He has food allergies and the staff on the weekends, when management is not present, has sent him meals he cannot eat with foods that could cause him to suffer a severe reaction. The facility has an acting administrator who appears deaf to the complaints of both staff and patients.

In my discussions at his care conferences I have expressed dissatisfaction with the level of care he is receiving and been told that part of the challenge is a low staff level. This bill is an attempt to provide more funding to hopefully assist facilities such as Autumn Lakes to hire more and retain more of their staff. Throughout Maryland we have a nursing shortage and this bill attempts to create economic incentives for increasing the ability of facilities to recruit and train new personnel.

I respectfully urge this committee to return a favorable report on SB#0328.

SB328_DRM_Fav.pdf

Uploaded by: Sam Williamson

Position: FAV

Senate Budget and Taxation Committee
Senate Bill 328 Funding for Wages and Benefits for Nursing Home Workers
(Nursing Home Staffing Crisis Funding Act of 2024)
January 24, 2024

Position: Support

Thank you, Chair Guzzone and Committee Members, for the opportunity to write in support of Senate Bill 328, the Nursing Home Staffing Crisis Funding Act of 2024. Disability Rights Maryland (DRM) 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 healthcare.

Nearly one-quarter of Maryland's nursing homes have been found by the Office of Health Care Quality to have serious deficiencies that caused immediate jeopardy to resident health or safety.¹ Recent incidents include neglect that led to a stage 4 pressure ulcer² – a life-threatening infection that reaches deep into muscle, ligaments, or bones – and permitting elopement of a resident with dementia onto a road with six lanes of traffic.³ These deficiencies do not include the 1,786 complaints in Fiscal Year 2021 that went uninvestigated by the Office of Health Care Quality.⁴

DRM regularly receives complaints from nursing home residents about being left on bed pans or in soiled garments for hours, long wait times for pain medication, and failure to receive prescribed physical therapy and other necessary services. Staffing shortages are resulting in serious injury and even death of residents. DRM is investigating the death of a nursing facility resident who passed away from an infected stage 4 pressure ulcer, which was the result of the lack of staff to rotate the resident hourly as ordered. People with disabilities deserve a care system that promotes their dignity and safety, and that provides the medically necessary care they are entitled to.

Many of the deficient nursing homes are understaffed, having fewer nurse hours per resident than our statewide average of 3.9 hours per resident per day.⁵ Sufficient staffing would solve many common and serious complaints about quality of care in Maryland's nursing homes. Senate Bill

¹ Nursing Home Inspect, ProPublica, <https://projects.propublica.org/nursing-homes/state/MD/> (last accessed 1/23/2024).

² Statement of Deficiencies for Provider No. 215321, Department of Health and Human Services, Centers for Medicare & Medicaid Services (Survey Date 08/14/2023), <https://www.medicare.gov/care-compare/inspections/pdf/nursing-home/215321/health/complaint?date=2023-08-14>.

³ Statement of Deficiencies for Provider No. 215092, Department of Health and Human Services, Centers for Medicare & Medicaid Services (Survey Date 12/07/2022), <https://www.medicare.gov/care-compare/inspections/pdf/nursing-home/215092/health/complaint?date=2022-12-07>.

⁴ Annual Report and Staffing Analysis, Fiscal Year 2021, Maryland Department of Health Office of Health Care Quality, p. 13, https://dlslibrary.state.md.us/publications/Exec/MDH/OHCQ/HG19-308%28b%29%284%29_2021.pdf. Later data is not yet available. See OHCQ Reports, <https://health.maryland.gov/ohcq/Pages/Reports.aspx>.

⁵ Nursing Home Inspect, ProPublica, <https://projects.propublica.org/nursing-homes/state/MD/> (last accessed 1/23/2024).

328 is a crucial step forward in retaining and recruiting nursing home staff and preventing further harm towards Marylanders with disabilities.

For these reasons, DRM strongly supports Senate Bill 328 and urges a favorable report.

Respectfully,

Sam Williamson, Esq.
Staff Attorney
Disability Rights Maryland
1500 Union Ave., Suite 2000
Baltimore, MD 21211
SamW@disabilityrightsmd.org
Phone Number: (410)727-6352

KLAPPER_MCHI_FAV_SB328.pdf

Uploaded by: Stephanie Klapper

Position: FAV



TESTIMONY IN SUPPORT OF SENATE BILL 328

Before the Senate Budget and Taxation Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative

January 24, 2024

Chair Guzzone, Vice-Chair Rosapepe, and Members of the Committee, thank you for this opportunity to testify in support Senate Bill 328 which would call for an 8% increase in Medicaid provider reimbursements to skilled nursing facilities starting in 2026 while mandating that 75% of that increase be allocated towards direct patient care staffing. Special thank you to Vice-Chair Rosapepe for sponsoring this critical legislation. I am testifying on behalf of Maryland Citizens' Health Initiative, and our mission is quality, affordable health care for all Marylanders.

Under your leadership over 400,000 Marylanders have enrolled in health coverage since the passage of the Affordable Care Act, cutting the uninsured rate in Maryland in half to 6% of all Marylanders. As more Marylanders receive access to affordable health coverage, it is critical to ensure that the care they access is high quality. Roughly 50% of nursing homes have annual direct care worker turnover rates between 40% to 60%, meaning that half of nursing homes must replace half their staff each year.¹ Doing more to ensure that direct care workers receive living wages would relieve staffing shortages and reduce turnover rates, contributing to improved quality of care for some of our most vulnerable residents.

Thanks to your leadership, Maryland has one of the top five health care systems in the entire nation, and SB 328 will help us continue to lead. We urge a favorable report for SB 328.

¹ National Consumer Voice, 2022. "High Staff Turnover: A Job Quality Crisis in Nursing Homes." [Source](#).

SB 328 Funding for Wages and Benefits_Nursing Home

Uploaded by: Tammy Bresnahan

Position: FAV



One Park Place | Suite 475 | Annapolis, MD 21401-3475
1-866-542-8163 | Fax: 410-837-0269
aarp.org/md | md@aarp.org | twitter: @aarpmd
facebook.com/aarpmd

SB 328 Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024)

Senate Budget and Taxation

FAVORABLE

January 24, 2024

Good afternoon, Chairman Guzzone and members of the Senate Budget and Taxation Committee. I am Tammy Bresnahan, Senior Director of Advocacy for AARP MD. On behalf of our more than 850,000 members, we would like to thank you for the opportunity to speak in support of SB 328 Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024). We thank Senator Rosapepe for introducing SB 328.

This bill requires that the Governor's proposed budget for each of fiscal years 2026, 2027, and 2028 include an 8% reimbursement rate increase for providers under the Maryland Medical Assistance Program, the Maryland Children's Health Program, and the Community First Choice program. It also requires nursing homes to annually submit a cost report to the Maryland Department of Health beginning in September 2026.

AARP believes that living wages and salaries should be commensurate with comparable salaries in the state and with the time, skill, and effort required to render high-quality services and supports. Medicaid reimbursement rates should be rebased and updated regularly to consider relevant economic and financial information, including provider costs. State governments should require pass-throughs (i.e., using additional LTSS funding) or other mechanisms to increase compensation for direct-care workers.

In addition, there should be adequate accountability procedures, such as audits, to ensure that reimbursement increases designated for staffing costs are used for that purpose. And lastly State governments should document the shortage of workers and their training needs, and support research to identify effective ways to address these problems and create a sustained high-quality workforce.

For these reasons, we ask the Committee for a favorable report on SB 328. If you have questions or comments, please contact Tammy Bresnahan at tbresnahan@aarp.org or by calling 410-302-8451.



SWASC Testimony SB 328.pdf

Uploaded by: UM SWASC

Position: FAV

SUPPORT OF SENATE BILL 328
Funding for Wages and Benefits for Nursing Home Workers
Budget and Taxation Committee

January 24, 2024
FAVORABLE

Good afternoon, Chair Guzzone, Vice Chair Rosapepe, and members of the Senate Budget and Taxation Committee. My name is Rebecca Spiro, and I am a member of the graduate student coalition Social Work Advocates for Social Change at the University of Maryland School of Social Work. I am also a former geriatric caregiver. **I write in strong support of SB 328 Funding for Wage and Benefits for Nursing Home Workers, which would increase wages of health care workers, strengthen our health care staffing infrastructure, and promote equity.**

SB 328 requires an 8% reimbursement rate increase in the Governor's proposed budget for Medicaid and the Children's Health Insurance Program (CHIP) in fiscal years 2026, 2027, and 2028 – 75% of which is required to fund wages and benefits for workers and staff providing direct care, indirect care, direct care support services, and other patient care to nursing home residents.

I was a nursing assistant in a skilled nursing facility in Maryland during the COVID-19 pandemic and saw firsthand the impact of our state's staffing shortfalls.¹ I am one of many direct care workers that provided daily essential support to individuals with long-term and complex medical conditions for \$15.10/hour. Due to low wages, it was common for us to work with dangerous staff shortages. I am grateful for Senator Rosapepe's leadership, for **SB 328 would address our nursing home staffing crisis at its source by fairly compensating direct care work.**

I remember taking long shifts with overwhelming workloads, doing painful two-person lifts by myself, and putting myself in danger because of frequent staffing shortages. In April 2020, I returned to work while COVID-positive, only four days after testing, because we were understaffed on a COVID-positive wing. When our facility had no PPE to provide us, my colleagues teamed up to buy paint suits with our own money because of our dedication to care and safety. **It is time for Maryland to take care of the people that are taking care of its own.**

¹ Heiks C, Sabine N. Long Term Care and Skilled Nursing Facilities. *Dela J Public Health*. 2022 Dec 31;8(5):144-149. doi: 10.32481/djph.2022.12.032. PMID: 36751604; PMCID: PMC9894029.

Without action like SB 328, the current staffing shortfall will only get worse. We need well-staffed nursing homes to meet the needs of our aging population, and the need to protect this sector of the workforce is only growing. By 2035, demand for RNs is expected to grow by 50% in Maryland nursing homes, alongside demand for direct care workers.² We need to plan for fair compensation now if we are to have the workforce that our aging loved ones require.

SB 328 helps ensure that those who care for Maryland's most vulnerable are also able to care for themselves. If we expect nursing home workers to provide good care to our parents and grandparents every day, they need compensation that allows them to take care of their families, too. It is shameful that the average wage for a certified nursing assistant in Maryland is \$35,000.³ I personally saw skilled, passionate colleagues leave the profession because of low pay and understaffing, and even more care workers frustrated by the level of care we were able to provide.

SB 328 promotes equity and justice, for direct care workers are disproportionately made up of Black women and immigrants. Seventy six percent of direct care workers in Maryland are Black, and 81% are workers of color. Almost nine of 10 (88%) direct care workers in Maryland are women, and one third (32%) were born outside of the United States.⁴ This bill confronts longstanding racial and gender inequities that trap Marylanders in poverty and make it impossible to attract new workers to this field.

By increasing the wages of care workers in nursing homes, SB 328 creates both a stronger nursing home workforce and a fairer economy in Maryland. **I urge you to issue a favorable report for SB 328.**

Rebecca Spiro
rkspiro@umaryland.edu

² Task Force on Maryland's Future Health Workforce. (August 2022). 2022 State of Maryland's Health Care Workforce Report. Maryland Hospital Association. <https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf>

³ May 2022 State Occupational Employment and Wage Estimates: Maryland (2022) Occupational Employment and Wage Statistics. https://www.bls.gov/oes/current/oes_md.htm#31-0000

⁴ PHI. (2018). The Direct Services Workforce in Long-Term Services and Supports in Maryland and the District of Columbia. <https://www.phinational.org/wp-content/uploads/2018/09/DSWorkers-Maryland-2018-PHI.pdf>

Final HFAM Testimony SB 328.pdf

Uploaded by: Joseph DeMattos

Position: FWA



**TESTIMONY BEFORE THE
BUDGET AND TAXATION COMMITTEE**

January 24, 2024

Senate Bill 328: Funding for Wages and Benefits for Nursing Home Workers
(Nursing Home Staffing Crisis Funding Act of 2024)

Written Testimony Only

POSITION: FAVORABLE WITH AMENDMENTS

On behalf of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendments for Senate Bill 328.

HFAM is the oldest long-term and post-acute care provider association in Maryland and is affiliated with the American Health Care Association/National Center for Assisted Living (AHCA/NCAL), the largest association of its kind in the United States. HFAM skilled nursing members provide nearly three million days of care across all payer sources annually, including approximately two million days of Medicaid care to Marylanders most in need.

We support SB 328 with amendments because consistent funding of the Medicaid rate is critical to quality care and support for the healthcare workforce. Skilled nursing and rehabilitation centers are a vital component of the Maryland healthcare continuum and our members want to pay employees as much as possible supported by Medicaid rates.

There are good, well-intentioned people and organizations requesting favorable and unfavorable referrals of this legislation. HFAM is supporting it with essential amendments.

Senate Bill 328 intends to increase wages and benefits for certain workers in skilled nursing and rehabilitation centers. As currently drafted, this legislation calls for an 8% increase in the Medicaid rate for FY26, FY27, and FY28 and requires that 75% of each fiscal year funding increase shall be used to fund wages and benefits for all directly employed workers providing direct care (the nursing cost center of the reimbursement system), all directly employed workers providing indirect care (the other patient care cost center) and all directly employed workers providing various other care to residents in a nursing home. The bill is well intended, but operationally not feasible in its current form.

There are three important requirements for this legislation to be feasible and supported by HFAM:

1. This legislation must be fully funded with new Medicaid dollars at the 8% annual level for FY26, FY27, and FY28. We estimate in total state and federal dollars, under current parameters, an 8% increase is \$134.8 million annually in Medicaid rates to skilled nursing and rehabilitation centers.
2. As currently drafted, SB 328 allows the Maryland Department of Health to suspend or terminate a nursing home's participation in the Medicaid program for failure to comply with the parameters of the legislation—that is a disproportionate penalty. The other enforcement actions in the legislation suffice. This language threatening termination must be removed from the bill. Nursing homes in Maryland provide more than five million days of Medicaid care annually, providing a

safety net for Marylanders most in need. Nursing homes cannot risk losing their Medicaid status, and thus the ability to provide care to our most vulnerable Marylanders, over potential failure to meet the requirements outlined in this legislation.

3. When directing the percentage of each fiscal year increase towards wages and benefits, the percentage calculation must include wages and benefits for all directly employed workers providing direct care (nursing cost center), all directly employed workers providing indirect care (other patient care cost center) and all directly employed workers providing various other care to residents in a nursing home.

In addition, here are seven very important points for context about our support with amendments to this legislation:

1. HFAM worked long and hard until the last moments of last year's session on the precursor of SB 328, and the core issue of it— ensuring proper wages and benefits to healthcare workers in Maryland skilled nursing and rehabilitation centers.
2. Most skilled nursing and rehabilitation operators in Maryland want to pay staff as much as possible supported by the Medicaid rate, and most providers are operating above minimum staffing levels as required by Maryland regulation.
3. Within Maryland's Medicaid reimbursement system for skilled nursing and rehabilitation centers, the largest cost center is direct nursing care and labor is the largest cost among direct nursing care costs.
4. The other patient care, routine, and administrative cost centers of Maryland's Medicaid reimbursement system also include wages and benefits that are critical to quality care, such as activity coordinators and social workers.
5. We have long-faced workforce challenges in healthcare, however, the shortage we now face was drastically exacerbated by the COVID-19 pandemic. The current shortage is impacting all healthcare settings and it will take years with a wide variety of public policy changes and market conditions to resolve it.
6. There are advantages and disadvantages to fee-for-service which is the norm in healthcare settings in Maryland and across the country, including in skilled nursing and rehabilitation centers. From a workforce perspective, Maryland hospitals benefit from our unique Total Cost of Care Contract. However, unlike in hospitals, revenue and occupancy are linked in nursing homes. Regardless of the system of payment and regardless of setting, underfunding is always an issue.
7. The full funding of SB 328 is critically linked to our payment system and policies – they cannot be separated and one does not work without the other. HFAM genuinely wants to help advance this legislation, but only if it is operationally achievable, fully funded, and sustainable.

Given the context and background, we propose the following amendments:

- All references to wages should be amended to **“Wages and benefits.”**
- Page 4, line 19 shall be amended to **“60%” rather than “75%”**. For each of fiscal years 2026, 2027, and 2028 **in any of these three years in which Medicaid funding is increased by at least 8% for the purposes of funding an increase in wages and benefits** [75%] **60%** of the funding increase provided in the legislative appropriation for Program M00Q01.03 Medical Care Provider Reimbursements – Medical Care Programs Administration in § 16–201.4(b)(5) through (7) of the health – General Article, as enacted by Section 1 of this Act, shall be used to fund all directly employed workers providing direct care (nursing cost center), all directly employed workers providing indirect care (other patient care cost center) and all directly employed workers providing various other care to residents in a nursing home.
- Relative to enforcement language, strike line 17 on page 4: **“(III) SUSPENSION OR TERMINATION FROM THE PROGRAM.”**
- Relative to enforcement language, this line should be added for clarity: **“ENFORCEMENT ACTIONS ARE SUBJECT TO PROVIDER RIGHT TO ADMINISTRATIVE AND JUDICIAL APPEAL UNDER THE CONTESTED CASE PROVISIONS OF THE ADMINISTRATIVE PROCEDURES ACT UNDER THE STATE GOVERNMENT ARTICLE.”**

Again, we want to pay workers as much as possible as supported by the Medicaid rates. Given that providers are reliant on non-negotiable Medicare and Medicaid rates for the majority of their revenue, any wage and benefit pass-through measure must be funded with new Medicaid dollars.

We appreciate the opportunity to provide this testimony, and with the above outlined amendments, we request a favorable report from the Committee on Senate Bill 328.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB 328 - MDH - B&T - LOO.pdf

Uploaded by: Sarah Case-Herron

Position: UNF



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 24, 2024

The Honorable Guy Guzzone
Chair, Budget and Taxation Committee
3 West
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 328 – Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024)

Dear Chair Guzzone:

The Maryland Department of Health (MDH) respectfully submits this letter of opposition for Senate Bill (SB) 328 – *Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024)*. SB 328 increases the percentage reimbursement rate for providers of nursing home services, medical day care services, private duty nursing services, personal care services, home and community-based services, and services provided through the Community First Choice Program in fiscal year (FY) 2026, 2027, and 2028. The bill also requires nursing homes to submit annual cost reports to MDH demonstrating that the rate increase was used to fund wage increases for workers. Seventy-five percent of the funding increase must be used to fund wages and benefits for workers. MDH would be required to review the reports and act upon non-compliance.

SB 328 will result in substantial financial impact to MDH. Overall, the implementation of SB 328 will require \$1.201 billion in total funds (\$601 million federal funds, \$601 million state general funds) in fiscal years 2026 through 2029.

Annual rate increases of 8% required in FY 2026 through FY 2028 will drive the majority of the legislation's fiscal impact, a total of \$1.198 billion total funds (\$599 million federal funds, \$599 million state general funds). As SB 328 requires MDH to oversee nursing home cost reporting requirements, MDH will need to increase its staffing to provide program integrity and compliance services. This will cost an additional \$2.9 million in total funds (\$1.45 million federal funds, \$1.45 million state general funds). An audit contractor will also be needed to review the submitted nursing home cost reports, costing \$780 thousand in total funds (\$390 thousand federal funds, \$390 thousand state general funds). If the nursing homes require technical assistance, the billable hours will increase, increasing total costs.

The Honorable Guy Guzzone
January 24, 2024
Page 2

While MDH sets reimbursement rates for the services rendered by Medicaid providers, it does not have any role in setting wages or benefits paid to their employees. Enforcement of laws that protect workers' rights fall outside MDH's purview and are subject to oversight by other state and federal agencies. MDH further believes that the mandate requiring agencies to pay a certain hourly rate and report on their compliance would fall outside the scope of its authority and would be subject to oversight by other state and federal agencies.

MDH notes that in situations of non-compliance where lesser sanctions are ineffective and may warrant revocation of nursing home licensure, the Office of Health Care Quality (OHCQ), which oversees nursing home licensure, would be responsible for enforcement.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott'.

Laura Herrera Scott, M.D., M.P.H.
Secretary

SB0328_LOI_MNCHA_Funding Wages & Benefits NH Worke

Uploaded by: Pam Kasemeyer

Position: INFO



Maryland-National Capital Homecare Association

Senate Bill 328: *Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024)*

Senate Budget & Taxation Committee

January 24, 2024

Position: Letter of Information

On behalf of the Maryland-National Capital Homecare Association (MNCHA), whose members include Medicare-certified home health agencies, personal care providers and durable medical equipment suppliers across the State, we submit this letter of information on Senate Bill 328. As introduced, this bill provides an eight percent mandatory appropriation for Medicaid providers (i.e., those Medicaid providers that previously received the mandatory four percent) for Fiscal Years 2025, 2026 and 2027. The bill then requires that the nursing homes allocate 75% of each year's increase to increase wages and benefits for employed staff. In reviewing this bill, it is difficult to determine the applicability, given that the title and specific provisions of the bill pertain only to nursing homes, but the funding allocation of eight percent pertain to other Medicaid providers, including private duty companies.

MNCHA cautions on the approach taken by this bill. The providers captured in this bill each have distinct cost and care challenges. However, one common thread is that the COVID-19 pandemic exacerbated current employment hardships within the healthcare workforce. Hiring needs currently outpace the availability of workers. Dramatically increasing wages to the extent required under this bill for staff in nursing homes will create tension in the industry and encourage workers to move out of one sector and into another in search of higher wages. There currently exists a disparity in the wages that can be paid by nursing homes and in home-and-community based settings. Even with the funding increase allocated in this bill, it would still pose challenges in competing with wages and still be able to fund other operational requirements. We request that the State embark on a more comprehensive review of both funding and wage challenges to determine a long-term strategy on how to appropriately fund providers and bolster wages in a fair and equitable manner. Thank you.

For More Information:

Caitlin Houck
Executive Director
Maryland-National Capital Homecare Association
Cell: 240-383-0420

Danna Kauffman / Pam Kasemeyer
Schwartz, Metz, Wise and Kauffman P.A.
dkauffman@smwpa.com / pmetz@smwpa.com
Cell: 410-294-7759 / 410-746-9003