

NDWA HB189 MD Testimony (Data and Rate Study).pdf

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Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB189 Homecare Workers Employment Act of 2024 Maryland Medical Assistance Program – Provider Agencies and Personal Care Aides – Reimbursement and Wage Reports

March 19, 2024

Submitted via:

<https://mgaleg.maryland.gov/mgawebsite/MyMGATracking/WitnessSignup>

The National Domestic Workers Alliance (“NDWA”) submits this testimony in support of HB189/SB 371 the **Homecare Workers Employment Act of 2024**.

NDWA is the leading voice for the estimated 2.2 million domestic workers who work as direct care workers, nannies, and house cleaners in private homes providing essential care and supportive services to children, aging adults, and family members with disabilities every day. Founded in 2007, NDWA works to raise wages and strengthen industry standards to ensure that domestic and direct care workers achieve economic security and protection, respect, and dignity in the workplace. NDWA reaches and engages over 400,000 domestic workers on a regular basis through our 68 affiliate organizations in 50 cities and 19 states, our state and local chapters in the DMV (Washington D.C., Virginia & Maryland), North Carolina, Georgia, New York, Houston (TX), San Jose (CA), and Philadelphia (PA) through our digital platforms. While the National Domestic Workers Alliance is a national organization, our DMV chapter is a locally operated, membership-based organization covering the geographical area of Washington DC, Maryland, and Virginia and is staffed by several local organizers.

Care work is the foundation upon which strong economies and societies are built. Care workers- the mostly Black and women of color who do the tremendous labor of caring for our aging and disabled loved ones, who educate and nurture our children, and who care for our homes- are the essential workforce that holds us all together. From birth to end-of-life, we all share the need for care and we must develop an infrastructure that meets the needs of those seeking care AND those providing care. The work of care workers has historically been devalued by society

due to longstanding racism and sexism that contributes to the failure to recognize and value caregiving as the essential work it is in our society. It is the goal of the National Domestic Workers Alliance to make visible the critical work performed primarily by women of color and raise working standards for this workforce.

As the baby-boom population ages and the elderly population grows, the demand for the services of health aides and personal care aides will continue to increase.¹ Over 127,000 residents of Maryland need help with daily activities such as bathing or dressing.² Fifteen percent of the Maryland population over the age of 65 have reported difficulties with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) - and the need only continues to grow.³ In Maryland, the number of older adults was predicted to grow by 75 percent in the 30-year period from 2015 to 2045 - from 837,500 to nearly 1.5 million.⁴ During the same period, the number of adults aged 85 and over will increase by nearly 200 percent. With only 5 percent expected growth among working-age adults, the ratio of working-age adults to those aged 85 and above in the state will shrink from 32:1 in 2015 to just 12:1 by 2045. With anticipated separations and growth, research anticipates 37,000 job openings in the state for personal care aides, by 2028.

Although the number of direct care workers more than doubled from 2.2 million in 2000 to 5.1 million in 2022, the supply of direct care workers will fall short of the demand associated with 8.9 million projected job openings from 2022-2032⁵. Across the country, there is limited data on workforce volume, stability, and compensation. Without adequate data Maryland faces serious challenges to

¹ U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics (OES). 2018. May 2007 to May 2017 National Industry-Specific Occupational Employment and Wage Estimates, available at: <https://www.bls.gov/oes/current/oesosci.htm>.

² Paul, Rafal, & Houtenville. 2020. Annual Disability Statistics Compendium: 2020 (Table 1.8). University of New Hampshire, Institute on Disability, available at: https://disabilitycompendium.org/sites/default/files/user-uploads/Events/2021_release_year/Final%20Accessibility%20Compendium%202020%20PDF_2.1.2020reduced.pdf

³ PHI, *The Direct Services Workforce In Long-Term Services And Supports in Maryland and The District Of Columbia*, September 21, 2018, available at:

<http://phinational.org/resource/the-direct-services-workforce-in-ltss-in-md-and-dc/>

⁴ Id.

⁵ Bipartisan Policy Center, "Addressing the Direct Care Workforce Shortage: A Bipartisan Call to Action;"

December 2023, available at

<https://bipartisanpolicy.org/event/addressing-the-direct-care-workforce-shortage-a-bipartisan-call-to-action>

understand, mitigate, and prevent direct care workforce challenges.⁶ By requiring that home care agencies that receive Medicaid reimbursement report to the Maryland Department of Labor the rates they pay home care workers, Maryland can take action to ensure that workers receive competitive wages, helping attract, and retain the workforce Maryland needs.

The Center for Medicare and Medicaid Services (CMS) has also recognized that the shortage of direct care workers jeopardizes access to services, and acknowledges that the sufficiency of reimbursement rates as well as wages is necessary to ensure access to care. In its Notice for Proposed Rulemaking (“NPRM”) for “Ensuring Access to Medicaid,” CMS puts forth methods for better analysis of sufficiency of payment rates through transparency, data collection and a dedicated body (the interested parties advisory group) that includes direct care workers to review and develop more informed rate-setting recommendations.

Given that Maryland last did a Medicaid reimbursement rate study for home- and community-based services in 2018, this bill is needed more than ever. The Homecare Worker Employment Act of 2024 would allow Maryland to jumpstart improvement of their own processes by requiring rate studies every two years, with reports to the Senate Finance Committee and the House Health and Government Operations Committee. The rate study will involve interviews with key stakeholders, including providers, and will also examine the cost of ensuring that workers are paid at least 50% more than minimum wage (i.e., \$22.50/hour). These provisions are very similar to those recently passed in New Mexico, as well as the policies of many other states such as Arizona, Maine, Texas, and Indiana⁷.

Despite the increasing demand and essential nature of home care, the caregiving work of personal care aides is still not valued- workers receive extremely low pay,

⁶ The Business Monthly, “Absence of data complicates Maryland’s direct care crisis,” Sept 5, 2023, available at: <https://bizmonthly.com/news/business/health/2023/09/absence-of-The%20Business%20Monthlyd-ata-complicates-marylands-direct-care-crisis/>

⁷ New Mexico Advocates Score a Major Win for Direct Support Professionals - PHI, available at: <https://www.phinational.org/new-mexico-advocates-score-a-major-win-for-direct-support-professionals/>; An Arizona Direct Care Worker Survey Is Driving Innovation - PHI, available at: <https://www.phinational.org/an-arizona-direct-care-worker-survey-is-driving-innovation/>; Low pay for direct care workers is costing Maine millions, available at: <https://www.maine-public.org/health/2023-04-27/low-pay-for-direct-care-workers-is-costing-maine-millions-according-to-report>; Cost and Accountability Report Information | Provider Finance Department, available at: <https://pfd.hhs.texas.gov/cost-and-accountability-report-information>, House Bill 1460 - Professional and occupational licensing, available at <https://iga.in.gov/legislative/2023/bills/house/1460/details>.

few benefits and enjoy limited protections. Improving the working conditions for home care workers is critical to address staffing shortages and meet the growing demand for this essential work in Maryland. Data will enable policymakers to make sound decisions to stabilize the workforce in order to ensure both access and better quality of care. As our population ages and the demand for home and community-based services sharply rises, without data-driven policy interventions, Marylanders will be left to fend for themselves and their loved ones.

For these reasons, the National Domestic Workers Alliance (NDWA) fully supports HB189 the Homecare Workers Employment Act of 2024 as amended.

Sincerely,

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HB 189 - Maryland Medical Assistance Program - Pro

Uploaded by: Andrea Rafter

Position: FAV

BILL NO: House Bill 189
TITLE: Maryland Medical Assistance Program – Personal Care Aides – Wages Reports
COMMITTEE: Finance
HEARING DATE: March 20, 2024
POSITION: **SUPPORT**

House Bill 189 seeks to require home care agencies that receive Medicaid funds to provide basic data to the state regarding the wages paid to Maryland home care workers and will lay the groundwork to address the shortage of home care workers and the low wages currently earned by home care workers in Maryland.

Maryland currently lacks hard data regarding home care workers' pay rates because most of this workforce is funded by Medicaid and Maryland has not conducted a Medicaid reimbursement rate study for home and community-based services since 2018. HB189 will require Medicaid reimbursement rate studies every two years and will require these studies to include data regarding the average, highest and lowest wages paid to home care workers, as well as data regarding the cost of ensuring that home care workers are paid at least 50% more than the minimum wage.

The data that HB 189 would require will allow policymakers and the Maryland Department of Health to have the information needed to ensure that reimbursement rates are adequate to allow providers to pay competitive wages. This is significant as Maryland ranks 49th out of 50 states in the difference between home care workers' actual wages and what is needed to attract and retain enough workers while paying workers enough to live, according to June 2022 study by the Economic Policy Institute and New America. This is a particularly acute burden for women, and women of color in particular, who represent a disproportionate percentage of personal care aides.

HB 189 seeks to address the shortage of home care workers and to accurately document the abysmal wages those employees currently earn, which will in turn will support Maryland families and will support the continued economic security for women in Maryland. As such, the Women's Law Center of Maryland, Inc. urges a favorable report on House Bill 189.

The Women's Law Center of Maryland is a non-profit legal services organization whose mission is to ensure the physical safety, economic security, and bodily autonomy of women in Maryland. Our mission is advanced through direct legal services, information and referral hotlines, and statewide advocacy.

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SENATE FINANCE COMMITTEE
HOUSE BILL 0189: MARYLAND MEDICAL ASSISTANCE PROGRAM – PROVIDER
AGENCIES AND PERSONAL CARE AIDES – REIMBURSEMENT AND WAGE
REPORTS (HOMECARE WORKERS EMPLOYMENT ACT OF 2024)

MARCH 20, 2024

POSITION: SUPPORT

Thank you, Madam Chair Beidle and Committee Members, for this opportunity to provide testimony on House Bill 0189: Maryland Medical Assistance Program – Provider Agencies and Personal Care Aides – Reimbursement and Wage Reports (Homecare Workers Employment Act of 2024). 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.

We are swiftly approaching the 25th anniversary of the Supreme Court’s decision in *Olmstead v. L.C.*, in which the Court ruled that the Americans with Disabilities Act (ADA) prohibits the unnecessary segregation of people with disabilities. In states across our nation, the Justice Department has enforced this civil rights mandate, creating real choice for people with disabilities in where they receive services, including where they live, where they work, and where they go to school. But all too often, people with disabilities cannot secure the critical home and community-based services (HCBS) that they need not just to thrive in the community, but also to survive.¹ Consequently, many people with disabilities find that institutionalization is their only real option, due to inadequate workforce infrastructure.

Demand for health care workers is extremely high, but job quality is often low. This conundrum results in poor outcomes for people that require care. HB 0189 would require residential service agencies (RSAs) – the term for home care agencies in Maryland – to report to the Maryland Department of Health, with respect to personal care aides (PCAs) providing Medicaid-funded care, their average, lowest, and highest hourly pay rates. Wage information was last collected in 2018, and so much has changed since the pre-pandemic era. The state does not know how much PCAs are being paid with Medicaid funds. This information is critically important for policymakers to make informed decisions. Such data will ensure that RSAs are provided with sufficient reimbursement rates and workers are paid enough to keep turnover low while attracting more workers to the field. HB 0189 will give MDH the information necessary to improve home and community-based services for participants and the workers providing the care.

¹ Office of Public Affairs of the U.S. Department of Justice, *Justice Department Celebrates Anniversary of the Supreme Court’s Olmstead Decision*, JUSTICE.GOV (Jun. 22, 2023), <https://www.justice.gov/opa/blog/justice-department-celebrates-anniversary-supreme-courts-olmstead-decision>.

DRM's clients have reported significant PCA shortages during the public health emergency, which resulted in one client being stuck in his wheelchair for just short of 48 hours. While staff shortages and call-outs are not new problems, they have become worse over the last five years as many PCAs leave the field for other work. The lack of equity and labor protections for PCAs reflects a system that does not value this workforce or the people PCAs serve. People with disabilities deserve to receive medically necessary care. That is done, in part, by better understanding the pay rates earned by state workers.

PCA staffing shortages are placing Marylanders with disabilities in danger of unnecessary institutionalization and significant gaps in care. Collecting the information under HB 0189 will have the impact of improving Maryland's HCBS system which furthers the goals of and compliance with the *Olmstead* decision and community integration mandate of the Americans with Disabilities Act (ADA).²

For these reasons, DRM strongly supports House Bill 0189 and urges a favorable report.

Respectfully,

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² *Olmstead v. L.C.*, 527 U.S. 581 (1999); 42 U.S.C. § 12101.

HB189_Maryland Center on Economic Policy_FAV.pdf

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Position: FAV

Reliable Data Are Key to Strengthening Maryland's Care Infrastructure

Position Statement in Support of House Bill 189

Given before the Senate Finance Committee

Home care workers are a vital part of the social infrastructure that keeps Maryland going. These workers provide essential services to aging Marylanders and Marylanders with disabilities. They provide long-term care in the community, rather than in residential facilities, which brings many documented benefits. But today we face a severe and growing labor shortage in the industry. While the causes of this shortage are not mysterious – most importantly, low wages undermine efforts to attract and retain a sufficient workforce – policymakers lack the high-quality data needed to solve this problem. House Bill 189 would increase the state's knowledge base on home care workers' wages and agencies' cost structures, enabling policymakers to set appropriate reimbursement rates, raise wages, and build a stronger workforce. **For these reasons, the Maryland Center on Economic Policy supports House Bill 189** as amended.

Maryland already has a serious shortage of home care workers.ⁱ Without a significant influx of new workers into the industry, this shortage will only grow in coming years as our state's population continues to age. Maryland's 65+ population grew by 18% from 2015 to 2021, while the 20–64 population increased by only 0.2%. By 2030, our 65+ population is projected to grow by another 29% as the 20–64 population slightly declines.ⁱⁱ At this rate, we will be increasingly unable to meet the need for home care as time goes on.

Policymakers cannot make good decisions without high-quality information. Our current home care system does not produce the kind of workforce data needed to manage Marylanders' growing home care needs effectively.ⁱⁱⁱ We have made limited progress on this front recently, as lawmakers in 2022 enacted legislation requiring home care agencies to report to the state the number of workers they classify as employees and the number they classify (in most cases inappropriately) as independent contractors. However, policymakers still lack data on the most important variable for strengthening this workforce – wages.

As amended, House Bill 189 would build policymakers' knowledge base by requiring agencies to report to the state their average, lowest, and highest hourly wages paid to home care workers. At the same time, the bill minimizes burdens on home care agencies, requiring only a small amount of high-level, aggregate data.

For these reasons, the Maryland Center on Economic Policy respectfully requests that the Senate Finance Committee make a favorable report on House Bill 189 as amended.

Equity Impact Analysis: House Bill 189

Bill summary

House Bill 189 as amended would require home care agencies to report to the state their average, lowest, and highest hourly wages paid to home care workers, as well as other information the Maryland Department of Health deems appropriate.

Background

Maryland currently faces a shortage of long-term care workers.^{iv} As the state's population continues to age in coming years, the needs for these services will grow significantly. Absent a substantial increase in the supply of long-term care workers, the shortage will become more severe.

Equity Implications

The data required under House Bill 189 as amended would strengthen the state's ability to meet Marylanders' growing home care needs. This is especially important for Marylanders with disabilities, who are a major population served by home care workers.

To the extent that policymakers use these data to improve wages, House Bill 189 will also benefit home care workers, a group that disproportionately includes workers who face structural barriers in our economy:

- 84% of home care workers in Maryland are women.
- 60% of home care workers in Maryland are Black, and 74% are workers of color.
- 61% of home care workers in Maryland are women of color.
- 42% of home care workers in Maryland were born outside the United States.
- Home health and personal care aides in Maryland typically took home only \$15.26 per hour in 2022.^v For a misclassified worker, this is equivalent to \$14.00 paid to an employee.

Impact

House Bill 189 as amended would likely **improve racial, gender, disability, 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 and Maryland Department of Planning population projections.

ⁱⁱⁱ Christopher Meyer, "Budgeting for Opportunity Case Study: A Racial Equity Analysis of Medicaid-Funded Home- and Community-Based Services," Maryland Center on Economic Policy, 2023, <https://www.mdeconomy.org/budgeting-for-opportunity-case-study/>

^{iv} "The Direct Services Workforce," 2018.

^v Bureau of Labor Statistics, May 2022 Occupational Employment and Wage Statistics for Maryland

PJC - HB189 - Sen - FAV - with attachment.pdf

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Position: FAV

HB189: Maryland Medical Assistance Program – Personal Care Aides - Wage Reports

Hearing of the Senate Finance Committee, March 20, 2024

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 HB189, which would help implement the recommendations of Maryland’s Commission to Study the Health Care Workforce Crisis by getting critical home care job-quality data to policymakers.**

Summary: HB189 provides that for personal care aides who work for home care agencies (called “residential service agencies” – RSAs – by the Health Code) under certain Medicaid programs, RSAs will report to the state workers’ average, highest, and lowest pay rates. Given that most home care in Maryland is funded by Medicaid, this data is necessary for policymakers to help solve the home care workforce crisis. The amended bill before you—which passed the senate as SB371—reflects detailed discussion and compromise between all key stakeholders.

HB189 reflects the findings of the just-released final report of Maryland’s *Commission to Study the Health Care Workforce Crisis*¹ and would help advance several of the report’s recommendations.

- The Commission’s report is a result of visionary 2022 legislation sponsored and championed by Senate Finance Chair Beidle and then-Delegate, now-Senator Kelly, SB440/HB625, which passed with unanimous support. Relevant findings and recommendations from the report are attached to this testimony, with key parts highlighted.
- The report begins its “findings” section by noting that “more complete and accurate data is required to fully examine the workforce shortages and to develop.” For home care specifically, while the report recognizes that home care jobs are “usually low paying,” the report also finds that “those who provide in-home care play a significant role in the healthcare system but data about them is limited.”
- Most home care in Maryland is funded by Medicaid. By getting basic wage data on the Medicaid-funded home care workforce to the State of Maryland and requiring regular analysis of the costs of providing Medicaid-funded home care, HB189 would advance two of the report’s four recommendations: (1) helping build the data necessary for a “state healthcare workforce data center” and (2) supporting a “Task Force to study the home healthcare workforce shortages in Maryland.”

¹ See Commission to Study the Health Care Workforce Crisis, Final Report, Dec. 31, 2023, [https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf) at p. 14.

Maryland lacks data on home care workers' pay rates—information policymakers need to solve the home care workforce crisis.

- Consumers and employers report home care workforce shortages and high turnover. But although most of the workforce is funded by Medicaid, there is no hard data on workers' pay rates. As a result, policymakers lack the data they need to improve home care jobs and solve the workforce crisis.
- This bill fixes the problem by requiring that home care agencies that receive Medicaid reimbursement report to the Maryland Department of Labor the average, highest, and lowest pay rates they pay home care workers. With this information, Maryland can take action to ensure that workers receive competitive wages, helping attract and retain the workforce Maryland needs.
- The bill applies *only* to work funded by Medicaid programs administered under the Office of Long Term Services and Supports. It does not apply to programs administered under the Developmental Disabilities Administration. Nor does it apply to the private sector.

The amended bill before you—which passed the senate as SB371—reflects detailed discussion and has the agreement of all key stakeholders.

- As introduced, the bill originally called for the Maryland Department of Health to do regular analyses of Medicaid reimbursement rates every two years. The Department asked that these provisions be removed because a new CMS rule expected soon will require very similar analyses. Accordingly, those provisions were stricken. In their place, there is uncodified language requiring the Department to report to the Senate Finance Committee and the House Health and Government Operations Committee 180 days following the rule's release concerning progress on operationalizing the rule.
- The Department of Health has actively and collaboratively engaged with stakeholders on this bill. The compromise reflected in the amended bill was reached through detailed discussions with the Public Justice Center, the Maryland National Capital Homecare Association, and others.

For these reasons, the PJC **SUPPORTS HB189** and urges a **FAVORABLE** report. Should you have any questions, please call David Rodwin at 410-625-9409 ext. 249.



**COMMISSION TO STUDY THE
HEALTH CARE WORKFORCE
CRISIS**

**FINAL REPORT
2022/2023**

PREPARED FOR THE MARYLAND GENERAL ASSEMBLY
IN ACCORDANCE WITH SB440/CH0708 (2022)

10/14/22 11:00AM-12:00PM	The Maryland Hospital Association and a representative from <i>GlobalData</i> gave a presentation about the Maryland Nursing Workforce Study that included projections for Maryland’s nursing workforce through 2035 and subsequent recommendations. Workgroups met briefly.
10/28/22 11:00AM-12:00PM	A representative from the <i>Maryland Regional Direct Services Collaborative</i> gave a presentation about their forthcoming report regarding the direct service workforce in Baltimore City. Workgroup leads provided an update about the status of data collection and review.
<i>The Data Advisory Group did not meet in the month of November due to multiple state holidays. Members were encouraged to use the month to collect and submit data to workgroup leads in preparation for a presentation in December.</i>	
12/09/22 11:00AM-12:00PM	Workgroup leads gave presentations about health care workforce shortages in their respective setting(s).
01/20/23 11:00AM-12:15PM	Dr. Yetty Shobo, Director of Virginia Healthcare Workforce Data Center, gave a presentation about the creation of the Data Center and provided an overview of their data dashboard, including how they have been used to inform policy recommendations.
02/17/23 1:30PM-2:30PM	Gene Ransom, CEO of <i>MedChi</i> , gave the presentation “Payment Issues in Maryland for Physicians” that included data gleaned from MedChi’s 2022 salary survey.
04/21/23 1:30PM-2:30PM	Dr. Ann Kellogg and Michele Calderon of the MLDS delivered the results of a data request submitted by Workforce Data Advisory Group to examine the labor market outcomes of students who graduated with an associate degree or certificate in healthcare-related majors from Maryland Community Colleges.
05/25/23 2:30PM-3:30PM	Sara Seitz, Director of the State Office of Rural Health, gave the presentation “ <i>Preparing for a Maryland Healthcare Workforce Data Clearinghouse.</i> ”
07/21/23 1:30PM-2:30PM	Dr. Ann Kellogg provided an update to the MLDS data request made by the Workforce Data Advisory Group. Dr. Kellogg’s presentation focused on wage visibility for the same group of students who graduated with an associate degree or certificate from Maryland Community Colleges at three, five-, and ten-years post-graduation.

The Data Advisory Group concluded regular meetings in July 2023. The Data Advisory Group Chair continued to communicate with members and stakeholders via email throughout the duration of the Commission’s operation.

C. FINDINGS

It is challenging to find current, publicly available data on the healthcare workforce shortages in Maryland. Data sources are often siloed and do not account for the interconnectedness of the allied healthcare system. When asked to provide data that detailed workforce shortages, many Commission

members responded that they could only provide data that, when taken collectively, could infer shortages for a particular occupation. Despite this, the Workforce Data Advisory Group was able to make some progress in determining the extent of healthcare workforce shortages across the state. **More complete and accurate data is required to fully examine the workforce shortages and to develop potential solutions.**

1. Maryland is faring worse in growing its healthcare workforce compared to other states.

Maryland experienced slower growth in healthcare employment compared to other states in the region. According to the Bureau of Labor Statistics Quarterly Census of Employment and Wages, 2013-2022, Maryland's healthcare workforce grew at a rate of 4.6%. This represents a full percentage point lower than all other mid-Atlantic states combined (excluding Maryland) which grew at 5.8%. Maryland's healthcare workforce grew significantly slower than the national average of 11.5%.

Maryland is not restoring its pre-pandemic healthcare workforce at the same rate as other states. While most states in the mid-Atlantic region have not fully returned to their 2019 level of employment in the healthcare sector, Maryland is tied with Pennsylvania as having the second-worst recovery rate post-pandemic at 4.3%. This is also lower compared to the rest of the region and the nation, with a recovery rate of -2.2 % and -0.1%, respectively. Virginia is the only state in the mid-Atlantic that has reached, and exceeded, its 2019 level of employment, at 14% growth.

Prior to the pandemic, many critical healthcare occupations were already experiencing, or projected to experience, a workforce shortage. A 2017 report by the U.S. Department of Health and Human Services showed a gap existed between the supply of nurses and projected need, citing Maryland among the top six states facing a deficit in Licensed Practical Nurses (LPNs) by 2030.¹ A nursing workforce study conducted by the Maryland Hospital Association similarly found that Registered Nurses (RNs) and LPNs will see a 38%, 50%, and 57% demand in growth in home health, nursing homes, and residential care, respectively, by 2035.²

Behavioral healthcare providers are also seeing distinct shortages. A 2019 survey of the behavioral health workforce conducted by Maryland's Behavioral Health Administration found that respondents experienced turnover in occupations such as Social Workers, Case/Care Managers, and Rehabilitation Specialists at rates of 25-50%.³

2. Health care workforce shortages are most pronounced in rural parts of the state.

A recent report produced by the Maryland Loan Assistance Repayment Program (MLARP) for Nurses and Nursing Support staff found that as of September 30, 2023, there are a total of 76 primary care Health Professional Shortage Areas (HPSAs) in the state, inclusive of 1,748,349 Maryland residents.

¹ <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nchwa-hrsa-nursing-report.pdf>

² <https://www.mhaonline.org/docs/default-source/default-document-library/maryland-nurse-workforce-projections-globaldata.pdf>

³ [https://health.maryland.gov/bha/Documents/Workforce%20Survey%20Summary%20distribution9.4.20%20\(2\)%20\(2\).pdf](https://health.maryland.gov/bha/Documents/Workforce%20Survey%20Summary%20distribution9.4.20%20(2)%20(2).pdf)

All	933	\$7,320	711	\$13,077	304	\$12,727	101	\$14,371
Other								
Two or More	1,181	\$6,880	957	\$13,841	611	\$13,791	282	\$16,345
White	20,879	\$6,954	19,354	\$12,674	15,097	\$13,293	7,880	\$15,613

Analysis Completed by the Maryland Longitudinal Data System Center, June 2023

4. Uncredentialed healthcare professionals and those who provide in-home care play a significant role in the healthcare system but data about them is limited.

A 2018 PHI National of New York study estimated that there are over 71,000 direct care workers in Maryland.⁵ Direct care occupations such as personal care attendants, home health aides, and direct support professionals provide key services that enable many Marylanders to stay in their homes rather than relying on costly care from a hospital or nursing facility. Direct support professionals assist individuals with activities of daily living (ADLs) but do not necessarily provide medical or clinical interventions. ADLs include things such as eating, bathing, and mobility and directly impact a person’s ability to live independently and care for themselves.⁶

1199 SEIU United Healthcare Workforces East reports that there are nearly 20,000 direct care workers providing Medicaid-funded personal care throughout the state, roughly 10% of whom provide personal care through two or more Residential Services Agencies. These positions are usually low paying, with workers on the Eastern shore earning \$14,600/year and those in the capital region earning nearly \$28,000/year. These workers often care for the state’s most vulnerable and medically complex residents.

Population projections for Maryland estimate that the number of residents aged 65 or older will increase 33% from 2020 to 2030. Coupled with the slow recovery of Maryland’s healthcare workforce, the need for healthcare for this population, including increased demand for opportunities to age in place, will put a strain on the current workforce.

D. RECOMMENDATIONS

The scope and breadth of the issues related to healthcare workforce shortages presented challenges to the creation of recommendations that would be singularly impactful across all healthcare occupations, settings, and populations. It is the intention of the Commission to provide information gathered in the course of its work to help inform sound policy decisions. Specific recommendations submitted by stakeholder organizations regarding certain occupations, settings, and populations can be found in Attachment B.

1. There is a need for a state healthcare workforce data center.

⁵ <https://www.phinational.org/wp-content/uploads/2018/09/DSWorkforces-Maryland-2018-PHI.pdf>

⁶ Edemekong PF, Bomgaars DL, Sukumaran S, et al. Activities of Daily Living. [Updated 2023 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470404/>

Healthcare workforce data should be collected, analyzed, and managed within a state data center on a consistent basis. Healthcare workforce trends are fluid, a point that was reinforced by the COVID-19 pandemic. One-time collection efforts only provide a point-in-time snapshot of the current landscape and predicted need. While workforce data is collected by federal and state agencies and stakeholder organizations, there are gaps in the data which make it difficult to determine the supply and demand for any given healthcare occupation. For example, data collected by the health occupations boards does not consistently include demographic information, work settings, or work locations. Data collected by stakeholder organizations is limited to their constituency or a particular healthcare setting. Similarly, data provided by programs such as Medicaid or Medicare are specific to certain populations. A healthcare workforce data center is needed to accurately identify current and projected supply and demand for healthcare workforces.

The Primary Care Coalition of Montgomery County, Inc. (“PCC”), via funding from the MDH’s State Office of Rural Health, developed a national landscape analysis to inform the creation of a Maryland Statewide Healthcare Workforce Data Clearinghouse that offers recommendations for models, approaches to implementation, and considerations for sustainability. PCC found that several states have developed data clearinghouses that collect, analyze, and disseminate data regarding supply and demand trends, geographic distribution of health care occupations, and demographic information about healthcare professionals. These data clearinghouses vary by size and sophistication but serve as a single source for much of the same information the Commission was charged with analyzing (see Figure 5). Based on the work of PCC, it appears that the Commonwealth of Virginia’s model represents the “gold standard” in comparison to other states surveyed. In Virginia, the Health Care Workforce Data Center sits within the Department of Health Professions as part of the Health and Human Services Secretariat.⁷

A healthcare workforce data collection center that is supported by the Maryland Department of Health, Maryland Department of Labor, Maryland Longitudinal Data Systems Center, the health occupations boards, and other key state and federal agencies would provide consistent collection, analysis, and dissemination of data. The regular assessment of workforce supply and demand across Maryland’s healthcare professions through a workforce data center would improve data collection and measurement and ensure Maryland has a diverse healthcare workforce.

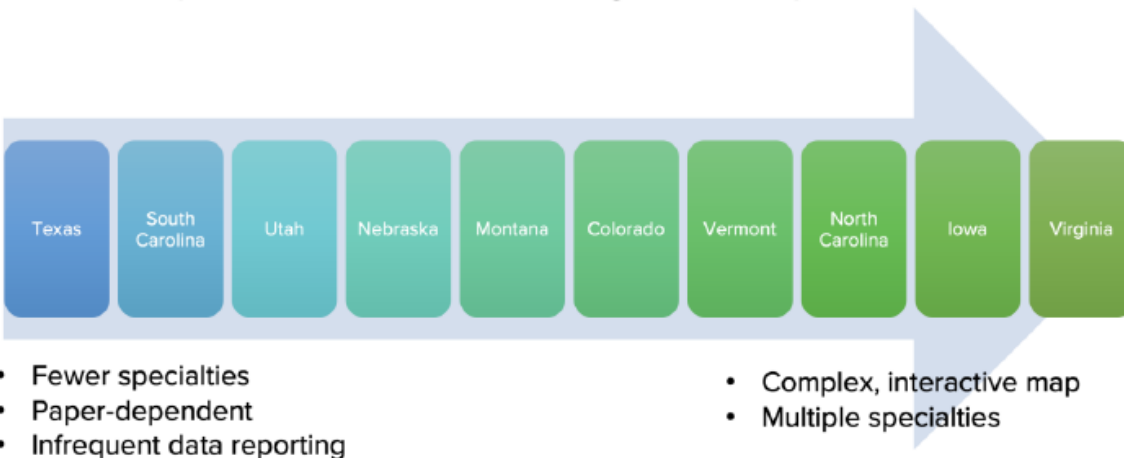
⁷ <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Figure 5- Out of State Data Clearinghouses, Spectrum of Complexities and Features

Primary Care and Rural Health Workgroup

Out of State Data Clearinghouses

Evaluated Spectrum of State Data Clearinghouse Complexities and Features



Source: Primary Care and Rural Health Workgroup, December 2022

2. Develop a definition of “shortage” specific to Maryland for each identified critical health care occupation.

Maryland largely relies on federally defined provider ratios or facility-level vacancy rates to determine health care occupation shortages. For instance, HRSA states that for primary medical care, the population to provider ratio must be at least 3,500 to 1 (3,000 to 1 if there are unusually high needs in the community). HRSA’s formula for designating HPSAs is limited by the exclusion of advanced care practitioners and specialists and may not adequately portray the need across Maryland. Similarly, vacancy rate determinations are not necessarily standard and do not produce a shortage formula that can be utilized across occupations, settings, patient populations, and specialty.

3. Efforts to improve healthcare workforce shortages should focus on retention strategies in equal measure to creating entryways into the healthcare workforce.

Data provided by MLDS shows that healthcare professionals with an associate or bachelor’s degree have noticeably decreased wage visibility at five- and ten-years post-graduation. This suggests that although creating accessible and attractive pathways into healthcare should continue, it is equally important to ensure that there are incentives for workforces to stay in the field.

Individuals who continue to work in healthcare for ten or more years also tend to leave hospital settings in favor of outpatient care centers or physicians’ offices. Hospitals often serve as the teaching ground for many new healthcare professionals. However, the loss of veteran staff, whether to attrition from the field or to private healthcare settings, means that Maryland’s new healthcare professionals are not getting the full benefit of their experience and knowledge. Stakeholder organizations that have participated in the Commission have identified several recommendations for retaining workers such as fully funding loan repayment programs for critical healthcare occupations and ensuring that insurance payments to practitioners are competitive.

4. Create a Task Force to study home healthcare workforce shortages in Maryland.

The home healthcare workforce plays a vital role in the care of Maryland’s aging and disabled citizens. Accurate data on this workforce may not be available for several reasons. First, the care is provided outside of traditional settings. Second, many home healthcare workers are not credentialed and, therefore, do not appear in state licensing data. Third, the occupational titles and credentials required for professionals providing care in the home can vary between employers or based on the population they serve (e.g., older adults, individuals with disabilities). For example, an Indeed.com search for “home care” in Maryland yielded results for “caregiver”, “personal care attendant”, and “direct care professional.” Some of the “home care” positions required that the provider be certified as a CNA/GNA, but many did not. The same search also included postings for RNs and LPNs, which are needed in a supervisory capacity for home nursing provided by CNA/GNAs. A task force dedicated to the study of the home health care workforce may help assess the needs of Marylanders who wish to receive quality healthcare in their homes.

IV. EDUCATION AND PATHWAYS ADVISORY GROUP

A. BACKGROUND

The Education and Pathways Advisory Group held its initial meeting in August 2022. In keeping with the charge to the Advisory Group, issues related to education and pathways of the health care workforce were explored. The foci of the Advisory Group included: examining short-term solutions to address immediate needs related to shortages, examining changes needed to enhance incentives for individuals to enter and stay in the health care workforce in the State, examining methods for improving transition of active duty to retired military to the civilian health care workforce, and examining barriers that confront foreign-born health professionals and identifying career and licensure pathways for refugees and immigrants with education, training, and experience from other nations. In addition, in collaboration with the Workforce Data Advisory Group, examining ways to

HB189_SponsorTestimony

Uploaded by: Delegate R. Lewis

Position: FAV

ROBBYN LEWIS
Legislative District 46
Baltimore City

Health and Government Operations
Committee
Subcommittees

Health Occupations and Long Term Care
Public Health and Minority
Health Disparities

House Chair
Joint Committee on Program Open Space
and Agricultural Land Preservation



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of HB189 - Maryland Medical Assistance Program - Provider
Agencies and Personal Care Aides - Reimbursement and Wage Reports
(Homecare Workers Employment Act of 2024)**

Hearing Date: March 20, 2024

Thank you Chair Beidle, Vice Chair Klausmeier and members of the Finance Committee. I am Delegate Robbyn Lewis, testifying today on behalf of HB189. Homecare workers, also called Personal Care Workers, or Personal Care Assistants, are the backbone of our health delivery system, and yet, they are in short supply. This bill will improve hiring, retention and effective deployment of this vitally important, but heretofore ignored cadre

This bill is in the exact same posture as its Senate crossfile SB371. That bill passed the Senate by a vote of 34-12 on March 14th.

The bill works on the principle that what gets measured, matters.

This means wage transparency: provider agencies must report annually to the DOL the wage rates they are paying to homecare workers they employ. This measure ensures accountability and allows us to better address the needs of our homecare workforce.

The Maryland Department of Health will report to this Committee on its plan to operationalize the final federal Ensuring Access to Medicaid Services rule. This measure strengthens the State's commitment to plan, anticipate and allocate resources towards the needs of homecare services. By putting homecare workers first, this bill will bolster employment in the home care industry, enable more livable wages and ultimately, improve health care outcomes.

Thank you for your consideration and I respectfully request a favorable report for HB189.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Lewis', with a long horizontal stroke extending to the right.

Delegate Robbyn Lewis

HFAM Testimony HB 189 (Senate Finance).pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

March 20, 2024

HB 189: Maryland Medical Assistance Program - Provider Agencies and Personal Care Aides -
Reimbursement and Wage Reports (Homecare Workers Employment Act of 2024)

Written Testimony Only

POSITION: FAVORABLE

On behalf of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for House Bill 189. 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). HFAM skilled nursing members provide nearly three million days of care across all payer sources annually, including approximately two million days of Medicaid care.

House Bill 189 requires provider agencies to submit certain reports to the Maryland Department of Labor regarding wage rates for personal care aides on or before September 1 each year, beginning in 2025; and requiring, by September 30, 2026, and every 2 years thereafter, the Maryland Department of Health to submit reports to the Senate Finance Committee and the House Health and Government Operations Committee regarding reimbursement rates for provider agencies and any recommended regulatory or legislative changes.

We believe that for consistent quality care across all healthcare settings, reporting must be consistent. The Maryland Department of Health (MDH) currently collects Medicaid cost report data from Medicaid providers and that data is publicly available. Nursing home staffing data, including nursing hours and labor costs, is publicly available via the Centers for Medicare and Medicaid Services (CMS) Payroll-Based Journal (PBJ) data. We must also have data regarding wage rates for personal care aides to better inform potential public policy changes.

This legislation reflects the findings of the recently released final report of Maryland's Commission to Study the Health Care Workforce Crisis. The report recommends that healthcare data be collected, analyzed, and managed on a consistent basis to ensure Maryland has a diverse healthcare workforce.

Often, healthcare public policy is focused on hospitals or nursing homes. Of course, these settings are important but the truth is that most people in Maryland and across the nation receive care at home. Therefore, it is essential that we also collect and analyze data for workers in home care settings – especially because much of this workforce is funded by non-negotiable Medicaid rates set by the government.

Labor, revenue, and profits are critical to the success of any enterprise. In healthcare, long-term success also correlates to quality care. In all of this, data is essential. For these reasons, we respectfully request a favorable report on House Bill 189.

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

NASW Maryland - 2024 HB 189 FAV - Home Care Worker

Uploaded by: Karessa Proctor

Position: FAV

**Testimony Before the Senate Finance Committee
March 20, 2024**

**House Bill 189 - Maryland Medical Assistance Program - Personal Care Aides -
Reimbursement and Wage Reports**

Support

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD) Committee on Aging, we would like to express our support for House Bill 189 - Maryland Medical Assistance Program - Provider Agencies and Personal Care Aides - Reimbursement and Wages.

As social workers, we are in favor of this bill because it calls for the state to study the wages of personal care aides employed by Maryland Medicaid provider agencies. The bill requires provider agencies to submit a report on the wages that home care workers earn to the Maryland Department of Labor. The Maryland Department of Health (MDH) will analyze those rates in comparison to the funding that the provider agencies received from the state. Finally, MDH will determine the amount of any wage adjustment required to bring wages of personal care aides to at least 150% of the state minimum wage.

These steps are important because the median wage for home care workers in Maryland is currently \$15 per hour. Because the pay is low and the work is demanding, there is a serious shortage of personal care aides in Maryland; this shortage leads to delays and gaps in care for older Marylanders and those with disabilities in Medicaid community-based programs. As our state's personal care workforce shrinks, the need continues to grow as Maryland's population ages. According to the Administration for Community Living, 22 percent of Maryland's population will be sixty or older by the year 2030, an increase of 26 percent from 2012.

We hope that the wage analysis required by HB 189 will lead to an increase in wages for the hard-working Marylanders who provide vital personal care services to some of our most vulnerable citizens. We believe HB 189 is the first step to requiring more fair wages to support personal care employees and their families, increase the supply of workers, and enhance care for older Marylanders and Marylanders with disabilities in Maryland Medicaid programs.

We ask that you give a favorable report on HB 189 as amended.

Respectfully,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

HB 189 - Senate Finance.pdf

Uploaded by: Loraine Arikat

Position: FAV



Testimony in support of HB 189

Homecare Worker Employment Act of 2024

Dear Chair Beidle and members of the Finance committee:

My name is Ricarra Jones, and I am the Political Director of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the nation – representing 10,000 healthcare workers in long-term care facilities and hospitals across Maryland. 1199 SEIU supports HB 189 in its amended form because we believe the state needs to lay the foundation for collecting and analyzing data for the home care workforce that can bolster wages and job quality.

Fair pay for personal care aides is a race equity and gender equity issue. PCAs are about 90% women and 70% are Black. Nearly 1 in 10 personal care aides live in poverty in the state. Higher wages means personal care aides are relying less on public assistance, improve quality care, and attract more people to stay in the field. **1199 SEIU is at the forefront of navigating a dire shortage of healthcare workers across hospitals and long term care.** We know that the demand for home care is increasing as Maryland's population of those 65 and older will exponentially increase. In order to meet the need adequately, Maryland will need 40 percent more care workers over the next 10 years¹.

HB 189 sets the groundwork to invest in Maryland's long term care system with fair Medicaid reimbursement rates for agencies and higher wages for workers. Because state Medicaid agencies set reimbursement rates and pay for many of these workers, states have the opportunity and responsibility to improve outcomes for home care workers and the families they serve by ensuring that the home health care workforce is supported by family sustaining wages.

1199 SEIU also supports HB 189 because it addresses the lack of adequate data and transparency about Maryland's home care workers. Maryland Department of Labor will collect basic information on wages of the home care workforce that can inform future rate and wage increases in Maryland. 1199 SEIU supports the recommendations from the Commission to Study the Healthcare Workforce Crisis and believes HB 189 is an important step towards improving data on the home care workforce.

Because care can't wait and for the reasons above, we request a **favorable** report on HB 189 Please reach out to Ricarra Jones at ricarra.jones@1199.org should you have any questions.

Sincerely,

Ricarra Jones

Political Director | 1199 SEIU United Healthcare Workers East

HB 189 - FIN - MDH- LOSAA.docx (1).pdf

Uploaded by: Maryland State of

Position: FAV



DEPARTMENT OF HEALTH

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

March 20, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: HB 189 – Maryland Medical Assistance Program – Personal Care Aides – Wage Reports – Letter of Support as Amended

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of support as amended for House Bill (HB) 189 – Maryland Medical Assistance Program – Provider Agencies and Personal Care Aides – Reimbursement and Wage Reports (Homecare Workers Employment Act of 2024). The Department supports HB 189’s requirements related to wage reports and supports the amendments to remove language requiring submission of certain cost reports by residential service agency providers (RSAs) and use of those reports for rate changes and to replace these provisions with certain other reporting requirements.

Currently, Maryland Medicaid has 920 Medicaid enrolled RSAs providing personal assistance services. In FY 2022, The Department reimbursed RSAs \$394,351,407 for personal assistance services provided to 14,230 Medicaid participants. The Department is responsible for determining the overall reimbursement rates for the personal assistance services rendered by RSAs.

While the Department 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 worker’s rights would fall outside the scope of the Department’s authority and would be subject to oversight by other state and federal agencies. The Department supports the bill’s requirement for RSAs to submit annual reports related to the wage rates of personal care aids to the Maryland Department of Labor beginning September 1, 2025.

The Department also supports the amendments that strike the provisions regarding submission of certain cost reports and related rate increases and replace these requirements with a report due 180 days after the release of the final federal Ensuring Access to Medicaid Services rule. Under the rule proposed by the Centers for Medicare and Medicaid Services (CMS) on May 5, 2023, at least 80% of Medicaid payments for certain HCBS services would be required to be spent on

compensation for direct care workers.¹ As amended, HB 189 will require the Department to report on the process that it will use to review wage reports of personal care aides; and how the data will be used to review Medicaid reimbursement rates as outlined in the final rule.

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,



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

1

<https://www.federalregister.gov/documents/2023/05/03/2023-08959/medicaid-program-ensuring-access-to-medi-caid-services>

HB 189 - Testimony - SAA - X - ALZ Association.pdf

Uploaded by: Megan Peters

Position: FAV

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Bill: HB 189 - Maryland Medical Assistance Program - Personal Care Aides - Wage Reports

Committee: Senate Finance Committee

Position: Favorable

Date: March 20, 2024

On behalf of the more than 110,000 Marylanders living with Alzheimer's and the nearly 250,000 caregivers, the Alzheimer's Association supports *HB 189 - Maryland Medical Assistance Program - Personal Care Aides - Wage Reports* and urges a favorable report.

HB 189 will require residential service agencies (RSA) to submit annual reports to the Maryland Department of Labor documenting the RSA's average wage rate and highest and lowest wage rates for personal care aides. Additionally, the bill, as amended, includes uncodified language requiring the Maryland Department of Health to report to the General Assembly within 180 days following the release of a proposed CMS rule that, among other things, will outline regular analyses of Medicaid reimbursement rates.

According to a study published in July 2023, Maryland is amongst the states with the highest prevalence for Alzheimer's dementia in people 65 and older.¹ Specifically, for U.S. counties with a population of 10,000 or more individuals age 65 and older, both Baltimore City and Prince George's County fall in the top 5 jurisdictions with the highest estimated prevalence rates, 16.6% and 16.1% respectively.²

As the prevalence of Alzheimer's disease increases, so does the demand for additional workforce involved in caring for those living with the disease. Personal care aides are an essential part of our care ecosystem. However, availability of these aides is expected to decline if no action is taken to address recruitment and retention. This bill works to address this issue by providing data that will inform policy decisions to ensure there are sufficient workers to care for people living with dementia and other vulnerable adults.

The Alzheimer's Association is committed to strengthening the dementia care workforce and urges a favorable report on HB 189. Please contact Megan Peters, Director of Government Affairs at mrpeters@alz.org or 410-921-9005 with any questions.

¹ Dhana K, Beck T, Desai P, Wilson RS, Evans DA, Rajan KB. Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics. *Alzheimer's Dement.* 2023; 19: 4388–4395. <https://doi.org/10.1002/alz.13081>

² Ibid.

HB0189-FIN-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

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

HB0189

March 20, 2024

TO: Members of the Senate Finance Committee

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

RE: Maryland Medical Assistance Program - Provider Agencies and Personal Care Aides - Reimbursement and Wage Reports (Homecare Workers Employment Act of 2024)

POSITION: FAVORABLE

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 189.

HB 189 requires providers under several Medicaid-funded home and community-based programs to submit annual reports to the Maryland Department of Labor documenting wages paid to employees who provide personal care services. The bill directs the Maryland Department of Health to report to the Senate Finance Committee and the House Health and Government Operations Committee on the final federal "Ensuring Access to Medicaid Services" rule and plans or steps that the Department will take to operationalize the rule, including 1) the process that the Department will use to review wage reports of personal care aides and 2) how the data will be used to review Medicaid reimbursement rates as outlined in the rule.

Maryland is home to nearly 1.4 million adults ages 60 and older.ⁱ Personal care workers in Medicaid home and community-based programs are essential to supporting older adults and persons with disabilities as they seek to remain in their homes and communities, rather than move to an assisted living facility. However, the state annual mean wage of home health and personal care aides is just \$32,590, and many of these workers must work multiple jobs to make ends meet.ⁱⁱ According to data from the U.S. Department of Labor, Maryland ranks below 40 other states for our number of home health workers per 1,000 residents, meaning we are not doing enough to attract and retain people to work in this essential field.ⁱⁱⁱ HB 189 takes important step towards addressing the need to provide adequate pay for these essential workers and assuring that Medicaid supports adequate pay for them.

For these reasons, the BCA respectfully request a **favorable** report on HB 189.

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>

ⁱⁱ US Bureau of Labor Statistics. (2023). Occupational Employment and Wage Statistics - Home Health and Personal Care Aides. Retrieved from <https://www.bls.gov/oes/current/oes311120.htm#st>

ⁱⁱⁱ United Health Foundation. (2024). Home Health Care Workers in Maryland. Retrieved from https://www.americashealthrankings.org/explore/measures/home_health_care_sr_b/MD

HB 189 MA Programs_Provider Agencies_ Personal Car

Uploaded by: Tammy Bresnahan

Position: FAV



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**HB 189 Maryland Medical Assistance Program – Provider Agencies and Personal Care
Aides – Wage Reports
Senate Finance Committee
FAVORABLE
March 20, 2024**

Good afternoon, Chair Beidle and members of the Senate Finance Committee. I am Tammy Bresnahan, Senior Director of Advocacy AARP Maryland is a proud member of the Caring Across Maryland coalition supporting a package of bills to bolster quality of care in long term care settings. AARP MD represents more than two million Marylanders 50 and over. We would like to thank you for the opportunity to submit testimony in support of HB 189 Maryland Medical Assistance Program-Provider Agencies and Personal Care Aids-Reimbursement. We thank Delegate Lewis for sponsoring this important piece of legislation.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people aged 50 and above, strengthens communities and fights for the issues that matter most to families, such as health care, employment and income security, retirement planning, affordable utilities, and protection from financial abuse.

HB 189 requires each residential service agency (RSA), by September 1, 2025, and annually thereafter, to submit a report to the Maryland Department of Labor (MDL) documenting the RSA's average wage rate and highest and lowest wage rates for personal care aides (PCAs)

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 HB 189. If you have questions or comments, please contact Tammy Bresnahan at tbresnahan@aarp.org or by calling 410-302-8451.

