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**HB 1142 Public Health - Maryland Interested Parties Advisory Group – Establishment**  
**Senate Finance Committee**  
**March 27, 2025**  
**FAVORABLE**

Good afternoon, Chair Beidle and members of the Senate Finance Committee. My name is Tammy Bresnahan, and I serve as the Senior Director of Advocacy for AARP Maryland. On behalf of more than two million Marylanders aged 50 and older, I want to thank you for the opportunity to speak in strong support of House Bill 1142. We also extend our sincere appreciation to Delegate Bagnall for sponsoring this important legislation.

AARP Maryland is committed to ensuring that older adults have access to the care they need to remain in their homes and communities with dignity and independence. HB 1142 strengthens the Maryland Interested Parties Advisory Group (IPAG) by formally establishing it within the Maryland Department of Health and expanding its responsibilities to address key issues related to Medicaid home- and community-based services (HCBS).

### **What HB 1142 Does**

This bill codifies the federally required IPAG within the Maryland Department of Health (MDH). IPAG's primary role is to advise and consult on the adequacy of Medicaid payment rates for essential services—specifically homemaker, home health aide, personal care, and habilitation services. Under HB 1142, IPAG will:

1. **Evaluate the sufficiency of Medicaid payment rates** for these service categories.
2. **Assess access challenges** for individuals seeking Medicaid HCBS.

The bill also sets clear timelines for implementation:

- The Deputy Secretary of Health Care Financing (or a designee) must appoint the initial IPAG members by **October 1, 2025**.
- IPAG must begin meeting annually starting **November 1, 2025**.
- By **September 1, 2026**, and annually thereafter, IPAG must submit a report to the Governor and General Assembly detailing its activities and recommendations.

### **Why HB 1142 Matters**

For many older Marylanders, Medicaid-funded HCBS are a vital lifeline, allowing them to age in place rather than moving into more costly institutional care. However, ongoing challenges—

particularly related to recruiting and retaining a well-trained, adequately compensated direct care workforce—continue to threaten access to these services.

HB 1142 is a meaningful step toward ensuring that Medicaid payment rates are sufficient to support a stable, qualified direct care workforce, which is essential to the sustainability of HCBS in Maryland.

The bill also mandates an annual review of:

- Employment standards for direct care workers,
- Barriers to accessing care,
- Disparities that affect both workers and those receiving services.

These provisions are closely aligned with AARP’s long-standing priorities to improve care quality, ensure workforce stability, and promote equitable access to services—especially for those facing economic or health-related disparities.

## **AARP Policy Alignment**

AARP supports policies that:

- Ensure access to affordable, high-quality HCBS so older adults can age in place.
- Strengthen the direct care workforce through fair wages, training, and improved working conditions.
- Address disparities in care by removing systemic barriers affecting caregivers and consumers alike.

HB 1142 advances these goals by requiring the Maryland Department of Health to:

- Assess Medicaid payment adequacy,
- Improve employment standards for direct care workers, and
- Develop a public education plan to increase awareness of IPAG’s work.

## **Conclusion**

This bill represents a necessary and proactive investment in Maryland’s long-term care infrastructure. It will help ensure that our state is prepared to meet the needs of a growing aging population—while supporting the dedicated workforce that makes independent living possible for so many older adults.

AARP Maryland respectfully urges a favorable report on HB 1142 to strengthen home- and community-based services across the state.

Thank you for your time and consideration. I would be happy to answer any questions. You can reach me at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or 310-302-8451.

