

NDWA SB920 Written Testimony (IPAG) (1).pdf

Uploaded by: Allison Yunda

Position: FAV



Comments in Support of SB920/HB1142
Interested Parties Advisory Group
Public Health– Interested Parties Advisory Group – Establishment

March 25, 2025

Submitted via:

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

The National Domestic Workers Alliance (“NDWA”) submits this testimony in support of SB920/HB1142 to establish the Maryland **Interested Parties Advisory Group**. SB920/HB1142 outlines the formation of the Interested Parties Advisory Group (IPAG), a new body under the Maryland Department of Health mandated by federal law, that would include representation of direct care workers and consumers. The IPAG will provide critical recommendations to the State to improve provider payment rates for home care services by taking into consideration the wages and working conditions of direct care workers. For too long, poor job quality has hurt recruitment and retention of the direct care workforce and jeopardized access to care within Medicaid’s home and community-based services programs (HCBS). This legislation seeks to ensure that the IPAG is established to include active participation by workers and consumers, so those most impacted by Medicaid rates can influence the rate setting process in order to address the existing workforce shortages and challenges in offering continuous and quality care for Maryland’s aging and disabled populations.

About NDWA

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, 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. Direct care workers -- the mostly Black and women of color who do the tremendous labor of caring for our aging and disabled loved ones -- are the essential workforce that holds us all together. 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 for its enormous contributions to 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.

The Care Crisis

As the baby-boom population ages and the elderly population grows, the demand for the services of home 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, such as bathing, dressing and toileting.³ In Maryland, the number of older adults is 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.⁴ 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

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/oesrci.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.

separations and growth, research anticipates 37,000 job openings in the state for personal care aides, by 2028.

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, few benefits and enjoy limited protections. In Maryland, there are approximately 51,200 direct care workers, 86% of the workers are women, and the median annual income for home health and personal care aides is only \$28,124. Not only is the direct care workforce primarily women, 73% of all direct care workers are Black and 84 % are women of color.⁵

SB920/HB1142 seeks to ensure representation of direct care workers in an institution that can help influence Medicaid payment rates to raise wages for direct care workers, ensure this is career with a living wage that can both retain workers in the field and make the work more attractive to jobseekers to fill the growing need for these jobs.

The Interested Parties Advisory Group (IPAG)

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. In 2024, the Center for Medicare and Medicaid Services (CMS) published a federal rule, entitled Ensuring Access to Medicaid Services The rule recognized the inextricable link between access to continuous and quality care, and the wages and working conditions of the direct care workforce. It called for the establishment of an Interested Parties Advisory Group in each State that would advise on Medicaid payments to ensure rates are set high enough to pay home care workers adequate wages and stabilize the workforce. It permits representation of direct care workers and workers' rights organizations to be a part of this official body established by the state.

SB920 provides a framework and mandate to the Maryland Department of Health to establish a robust Interested Parties Advisory Group that allows for meaningful participation of the direct care workforce, helps ensure that Maryland takes action to set Medicaid rates high enough for sufficient wages, analyzes other issues facing

⁵ PHI, *Direct Care Workers in the United States: Key Facts 2024*, available at: <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2024>

the workforce, and gives workers a voice to provide strong recommendations to policymakers on how the state can raise rates in order to improve working standards. The bill lays out a balanced composition of members on the IPAG to ensure that the voices of direct care workers are adequately represented along with the voices of other relevant stakeholders.

While federal law did not mandate inclusion of provider-agencies or their representatives as part of the IPAG, the amended bill now holds 3 seats for employer representatives. We support the passage of this bill, but also recognize that in its current iteration the Maryland Department of Health will have to make a concerted effort to ensure the voices of direct care workers are not diluted or undermined by industry interests. For instance, the IPAG should be a space where direct care workers can raise recommendations such as conditioning increases in payment rates on improved labor standards necessary to effectively address the direct care workforce shortage .

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, 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. The IPAG will develop recommendations that 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 policy interventions that take into consideration those directly impacted, Marylanders will be left to fend for themselves and their loved ones.

For these reasons, the National Domestic Workers Alliance (NDWA) fully supports SB920 the Interested Parties Advisory Group Act of 2025.

Sincerely,

Allison Yunda
Maryland Lead Organizer
DMV Chapter
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Reena Arora, Esq.

Direct of Care Policy
National Domestic Workers Alliance (NDWA)
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HB1142_Marylanders for Patient Rights.pdf

Uploaded by: Anna Palmisano

Position: FAV

Marylanders for Patient Rights

MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON HB1142 Interested Parties Advisory Group

Marylanders for Patient Rights is the leading advocacy coalition for patients in our state, and we are proud to be a member of Caring Across Maryland. We strongly support HB1142 which will establish an Interested Parties Advisory Group (IPAG). The IPAG will provide recommendations for provider reimbursement rates, and it will be led by the Maryland Dept of Health. Importantly, the IPAG will include workers, health care consumers, community service providers, and State Medicaid officials.

Health care consumers, patients and their families want to have a voice in discussions of their health care needs. We want to ensure that there is adequate access to home and community-based services, and an adequate direct care workforce.

However, Maryland is facing critical shortages of direct care workers. Staff turnover is high and negatively impacts quality of care for vulnerable patients. Understandably, careworkers are leaving the field for better paying employment and benefits at retail giants and restaurants. It is vitally important to ensure that this critical workforce is treated fairly and attracts qualified and caring workers, as our population ages and the need increases. The IPAG is an important step toward achieving that goal.

Please provide a favorable report on HB1142 and support our caregiver workforce and their patients.

Thank you,

A C Palmisano

Anna C. Palmisano, Ph.D, Director
Marylanders for Patient Rights
palmscience@verizon.net; 301-529-0946

Written testimony MDOA - FAVORABLE - HB1142 - Inte

Uploaded by: Carmel Roques

Position: FAV



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: March 25, 2025

Bill Number: HB1142

Bill Title: Public Health – Maryland Interested Parties Advisory Group – Establishment

Committee: Senate Finance

MDOA Position: FAVORABLE ON BILL AS AMENDED

The Maryland Department of Aging (MDOA) respectfully submits this favorable as amended testimony for House Bill (HB) 1142 - Public Health – Maryland Interested Parties Advisory Group – Establishment.

MDOA serves as Maryland’s State Unit of Aging, administering federal funding for core programs, overseeing the Area Agency on Aging (AAA) network at the local level that provides services, and planning for Maryland’s older adult population. MDOA is concluding its Longevity-Ready Maryland Initiative’s first year of stakeholder engagement and planning work. Increasing support for direct care workers is undoubtedly a component of this effort, so that all older adults have equal access to coordinated care and services.

MDOA is thus supportive of the establishment of a Maryland Interested Parties Advisory Group that focuses on Medicaid payment rates for home and community-based services, barriers to access to care, disparities impacting direct care workers and consumers, wage rates and benefits. MDOA is particularly supportive of this effort to elevate the voices of direct care workers on these topics. Formalizing this role for workers and other interested parties on these issues is particularly important given uncertainty around the fate of many key provisions in the Centers for Medicaid Services’ Ensuring Access To Medicaid Services Final Rule.¹

¹ CMS, Ensuring Access to Medicaid Services Final Rule
<https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-final-rule-cms-2442-f>



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

For these reasons, MDOA respectfully urges a favorable report on HB1142 as amended. MDOA thanks If you have any questions, please contact Andrea Nunez, Legislative Director, at andrea.nunez@maryland.gov or (443) 414-8183.

Sincerely,

A handwritten signature in blue ink that reads "Carmel Roques".

Carmel Roques
Secretary
Maryland Department of Aging

HB1142_FAV_Sponsor_Senate.pdf

Uploaded by: Heather Bagnall

Position: FAV

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Health and Government Operations
Committee
Subcommittees

Health Occupations and Long-Term Care

Public Health and
Minority Health Disparities

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

27 March 2025

HB1142 – Public Health - Maryland Interested Parties Advisory Group - Establishment

Madame Chair, Vice Chair, and members of the Finance Committee. Thank you for the opportunity to provide testimony in support of House Bill 1142.

The Centers for Medicaid and Medicare Services recently released the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F), also known as the Access Rule. Among the provisions of this rule, states are required to establish an Interested Parties Advisory Group (IPAG) of direct care workers, beneficiaries, and other interested parties in home and community-based services (HCBSs). Through this group, direct care workers will provide advice on payment rates paid for personal care, home health aides, and habilitation services. The group will provide input to ensure rates are set high enough to draw a sufficient workforce and stem the growing workforce shortage as our population ages and requires more options for home and community care.

These goals are very much in line with work that this Committee has accomplished to uplift our home care and community health workers. Under the Access Rule, each state must convene an Interested Parties Advisory Group by 2027. HB1142 would allow Maryland to get a head-start on implementing this advisory group by requiring the Department of Health to establish and support the advisory group in line with CMS regulations.

There are many benefits that will accrue from starting this advisory group sooner than federally required, including:

- Stabilizing, and growing the direct care workforce
- Improving the transparency of payments to direct care workers in home- and community-based services
- Increasing choice for Marylanders who rely on direct care workers

In response to concerns from the Health and Government Operations Committee about there being an even number of members for voting, and concerns from MNCHA about there not being enough provider representation, an amendment was accepted in the House to add an additional member on the Advisory Group from a provider organization. I respectfully ask the Senate to accept the House amendments.

HB1142 provides clear direction to the Advisory Group on its membership, mission and deliverables that include recommendations for payment rates; employment standards; improving access to care; and communicating with the direct care workforce. Maryland should not wait until

2027 to improve our direct care workforce; HB1142 will give our state a head start to invite applications for membership, select the best candidates, orient members and convene their first meeting to start real change for our home care workers and community health workers. I respectfully request a favorable report on HB1142.

Isata Kabba Testimony in Support of HB1142 (1).pdf

Uploaded by: Isata Kabba

Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB1142/SB920 Public Health– Maryland Interested Parties Advisory Group– Establishment

Health and Government Operations and Senate Finance

March 25, 2025

My name is Isata Kabba and I am a member of the National Domestic Workers Alliance. I've been a direct care worker for 17 years, and this work means everything to me. It all started when I took care of my grandmother back in Africa, and from there, I decided to pursue this career. Over the years, I've earned my CNA certification, learned CPR, first aid, and safety precautions, and gained experience with patients dealing with dementia, Parkinson's, and end-of-life care.

But my favorite part about my job is the relationships I build with my patients. In this job, you often connect with patients in other ways than just words. Sometimes, my patients can only communicate through their eyes. When you form that bond, it makes you reflect on who will take care of you when you need it. This job requires patience, calm, and kindness—qualities that I am proud of.

However, the challenges are real. We don't always have security in this job. Direct care workers are underpaid—agencies typically start at around \$15 per hour and for that pay, we work long, emotionally draining hours. I have to work multiple jobs just to make ends meet. I haven't had a vacation in two years, and I can't afford time off when I'm sick. The job is too much for the compensation we receive.

On top of that, agencies often ignore the difficulties we face. Sometimes our safety is at risk, family members try to tell us how to do our jobs, and our patients have conditions like dementia that require us to de-escalate tough situations. We often get no support from our agencies on how to deal with these situations.

But despite all of this, I've seen the difference I make. I once worked with a patient who had been depressed after losing her son. When I met her, she was completely non-verbal and her home had been completely neglected. But as I worked with her and gained her trust through the care I gave her, she started opening up to me and started living her life again.

We recognize CMS's mandate for the IPAG to include direct care workers and HCBS beneficiaries. While industry seeks higher payment rates to address workforce shortages, we want the Maryland Department of Health to ensure our voices are heard, especially on labor issues that affect our work. We support the IPAG as a space where our experiences can shape Medicaid HCBS policy.

I believe home care workers need a voice because no one understands our job like we do. We are on the front lines, providing essential care, and we deserve to be heard. Our patients are Medicaid recipients, but even though the Maryland government supports the Medicaid program, they do not hear directly from us on the ground providing the care – only our employers/agencies. We need better wages, security, and recognition for the vital work we do. If our working conditions improve, I know we can offer even better care to our patients. We deserve a seat at the table to shape the future of home care, especially the Medicaid payment rates that determine our wages and benefits on the job. For these reasons, I urge the committee to vote in favor of HB1142/SB920 the Interest Parties Advisory Group so home care workers have a voice in the decisions that impact us. Thank you.

Submitted via:

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

HB 1142 - X - FAV - FIN - ALZ Association.pdf

Uploaded by: Megan Peters

Position: FAV

ALZHEIMER'S ASSOCIATION®

Bill: HB 1142 - Public Health - Maryland Interested Parties Advisory Group - Establishment

Committee: Finance

Position: Favorable

Date: March 27, 2025

On behalf of the 127,200 Marylanders living with Alzheimer's disease and their 247,000 caregivers, the Alzheimer's Association supports HB 1142 - *Public Health - Maryland Interested Parties Advisory Group - Establishment*. HB 1142 establishes the Interested Parties Advisory Group (IPAG), a new body under the Maryland Department of Health. The IPAG will provide recommendations to the State to improve Medicaid provider rates for home care services. HB 1142 ensures that the IPAG will include representation from direct care workers and consumers, or their authorized representative, who use Medicaid home- and community-based services.

In 2024, **an estimated 36% of individuals using home health services have Alzheimer's or other dementia.**¹ As our population ages and more people develop dementia, the demand for home- and community-based services will increase. For many people living with dementia, there will come a time when they will need more care a family member can provide. During the middle stages of dementia, it can become necessary to provide 24-hour supervision to keep the person with dementia safe. As the disease progresses into the late-stages, around-the-clock care requirements become more intensive.

The largest segment of the workforce that supports people living with dementia is the direct care workforce.² These workers – consisting of personal care aides, home health aides, nursing assistants, and more – assist with activities of daily living, such as bathing and eating, and play a broader role in promoting well-being for those living with dementia. More direct care workers will be needed in the years ahead as Maryland's population ages and the prevalence of dementia increases.

In 2024, the Center for Medicare and Medicaid Services (CMS) published a federal rule, entitled Ensuring Access to Medicaid Services. The rule recognized the link between access to continuous and quality care, and the wages and working conditions of the direct care workforce. It called for the establishment of an Interested Parties Advisory Group in each State that would advise on Medicaid payments to ensure rates are set high enough to pay home care workers adequate wages and stabilize the workforce.

¹ 2024 Alzheimer's Facts and Figures, <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf>

² 2024 Alzheimer's Disease Facts and Figures <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf>

HB 1142 will establish Maryland's IPAG and will ensure that the IPAG includes both the voices of workers, as well as consumers. Bringing in the perspective of people living with dementia or their families/caregivers is critical to enable informed policy.

The IPAG will develop recommendations that enable policymakers to make informed decisions to ensure both access and better quality of care. The Alzheimer's Association supports HB 1142 and urges a favorable report. Please contact Megan Peters, Director of Government Affairs at mrpeters@alz.org with any questions.

Melissa Carter Testimony in Support of HB1142 (1).

Uploaded by: Melissa Carter

Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB1142/SB920 Public Health- Maryland Interested Parties Advisory Group- Establishment

Health and Government Operations

March 25, 2025

My name is Melissa Carter and I am a member of the National Domestic Workers Alliance. I've been a direct care worker since 2001, so about 24 years now. What drives me in this field is a deep love for seniors and a desire to make a real difference in their lives. Caring for them, seeing them thrive, and helping them live longer lives is what I'm passionate about. I've seen my patients thrive when they are able to age at home and I've seen them have a stronger desire to live longer than they would if they were in a facility.

I've worked across various care systems, and I've seen the difference that proper care can make. I saw the importance and grew my passion for home care with my aunts. They were twins and both of them suffered from Alzheimer's disease. One of them received home care and the other one was in a nursing home. The aunt who received home care lived longer than my other aunt and I truly believe it's because of the different types of care they received.

I had a patient who suffered from bipolar disorder and manic depression. She didn't want to bathe or take care of herself when I first met her, and she struggled to find motivation. I took care of her and helped her regain some confidence and independence. She eventually started eating better, exercising, and even quit smoking. Seeing her transform was so rewarding.

This work is rewarding but tiresome, and the pay is not enough, especially with Medicaid funded agencies. Everyone deserves quality care, regardless of their financial situation. If we get sick, we either stay home to protect our patients or go into work and risk getting our patients sick. I don't ever want to put my patient at risk, but calling off means losing our pay which is tough. This job requires a heart for the work, and sometimes, we end up doing more than what's required. What we really need is respect and appreciation for what we do.

Higher wages would make a huge difference for me and my family. It would allow us to have more stability, without needing multiple jobs or side hustles. It would mean I could focus more on my family and my own life, maybe even buy a home instead of

renting my apartment. But more importantly, better wages would lead to better care for patients. If home care workers are happy and feel valued, that energy will be reflected in the care we provide. Patients would be happier and live longer if we felt supported and valued. Providers cannot pay higher wages unless Medicaid payment rates are increased.

Fair pay for the work is the first step to being recognized for the essential work we do. Taking care of your loved ones, bathing them, feeding them, helping them go to the bathroom so that families can have the peace of mind to go on about their days. Our role is vital, and without home care workers our society would be broken.

We understand that CMS's Ensuring Access to Medicaid rule mandates the IPAG to include direct care workers, like myself, and beneficiaries of HCBS services. While the industry seeks to address workforce shortages by raising payment rates, we also want to ensure the Maryland Department of Health creates space for worker input as we, along with our patients, are the most impacted. We support the IPAG's establishment as the first platform where our lived experiences can directly influence Medicaid HCBS policy recommendations.

But the reality is that many home care workers are leaving the field because the pay just isn't enough, especially in this economy. For things to change, we need a voice and representation to bring the changes we deserve. For these reasons, I urge the committee to vote in favor of HB1142/SB920 the Interest Parties Advisory Group so home care workers have a voice in the decisions and Medicaid rates that impact us. Thank you.

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Melissa Carter Testimony in Support of HB1142 (2).

Uploaded by: Melissa Carter

Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB1142/SB920 Public Health- Maryland Interested Parties Advisory Group- Establishment

Health and Government Operations and Senate Finance Committees

March 25, 2025

My name is Melissa Carter and I am a member of the National Domestic Workers Alliance. I've been a direct care worker since 2001, so about 24 years now. What drives me in this field is a deep love for seniors and a desire to make a real difference in their lives. Caring for them, seeing them thrive, and helping them live longer lives is what I'm passionate about. I've seen my patients thrive when they are able to age at home and I've seen them have a stronger desire to live longer than they would if they were in a facility.

I've worked across various care systems, and I've seen the difference that proper care can make. I saw the importance and grew my passion for home care with my aunts. They were twins and both of them suffered from Alzheimer's disease. One of them received home care and the other one was in a nursing home. The aunt who received home care lived longer than my other aunt and I truly believe it's because of the different types of care they received.

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We understand that CMS's Ensuring Access to Medicaid rule mandates the IPAG to include direct care workers, like myself, and beneficiaries of HCBS services. While the industry seeks to address workforce shortages by raising payment rates, we also want to ensure the Maryland Department of Health creates space for worker input as we, along with our patients, are the most impacted. We support the IPAG's establishment as the first platform where our lived experiences can directly influence Medicaid HCBS policy recommendations.

But the reality is that many home care workers are leaving the field because the pay just isn't enough, especially in this economy. For things to change, we need a voice and representation to bring the changes we deserve. For these reasons, I urge the committee to vote in favor of HB1142/SB920 the Interest Parties Advisory Group so home care workers have a voice in the decisions and Medicaid rates that impact us. Thank you.

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Monique Lynch Testimony in Support of HB1142 (2).

Uploaded by: Monique Lynch

Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB1142

Public Health- Maryland Interested Parties Advisory Group- Establishment

Health and Government Operations

March 25, 2025

Hello, my name is Monique Lynch, and I've been a direct care worker for six years. I got into caregiving by accident—my friend ran an assisted living facility, and I was just supposed to help with paperwork. But I quickly fell in love working hands-on with residents. I've always had a passion for caregiving, especially because I've been caring for my 22-year-old brother with special needs who still lives at home with my family.

While I have worked in facilities before, I am doing home care now. What I love most about my job is spending time with seniors and hearing their life stories. My favorite part of my job is building relationships with my patients and learning from their experiences. I've worked with children before, but my calling and fulfillment comes from working with seniors.

I've seen firsthand how working conditions affect the quality of care for my patients. Because home care is a one-on-one setting, I am able to build stronger bonds with my patients and give them the attention and care that they deserve. Facilities are often understaffed which affects the type of care patients receive.

However, being a home care worker comes with its challenges. The pay is not enough to live on, and job security is always uncertain. Whenever a patient is hospitalized, when they pass away, or when they lose coverage of their insurance, we are left without a job and no means of paying our bills. I often juggle multiple cases and work six days a week, sometimes working two jobs just to make ends meet.

Higher wages, and better benefits for me would mean that I could afford my own place and get a car. These are basic necessities that home care workers should be able to afford considering the love and time we put into our patients, and how essential our jobs are to society. Because of us, family members are able to go out and work while knowing their loved ones are being taken care of.

I've been fortunate to see the difference I make in my patients' lives. My patient right now is a gentleman who was homeless for years. Even though I have been out

of work injured for a month, I'm the only one he listens to. His nurse and social worker call me sometimes to help them convince him to go to his doctor's appointments because I am the only one he listens to. I always go above and beyond for my patients because they deserve the best.

Right now, there are not enough direct care workers to meet the needs of people who need home care. Direct care workers like myself find it challenging to stay in the field, because of the low wages that are determined by Medicaid payment rates and the lack of job security. Maryland needs to ensure Medicaid programs have enough funding to make direct care jobs good jobs and allow us to stay in this field. If pay was higher, we would be able to not only care for others but ourselves and our own families. The IPAG would give caregivers like myself a voice and ability to be a part of important decision making. We know what our patients need and with us at the table, we could better care for them and make sure we have the support we need. After all, who is going to care for us when we need it?

We understood that CMS in issuing the Ensuring to Access to Medicaid mandated the IPAG to have participants from direct care workers, like myself and the actual beneficiaries of HCBS services. We understand that industry also has an interest in raising payment rates in order to address workforce shortage and recent amendments gives them 3 spots. We want to make sure the Maryland Department of Health facilitates a space where input from our community is heard and where we can also discuss issues such as labor standards that make it challenging for us to stay in this field of work. We support the establishment of the IPAG as the first space clearly involving us and allowing our lived experience to impact policy recommendations for improving Medicaid HCBS programs.

For these reasons, I urge the committee to vote in favor of HB1142 the Interest Parties Advisory Group so home care workers have a voice in the decisions that impact us the most. Thank you.

Submitted via:

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Monique Lynch Testimony in Support of HB1142 (3).

Uploaded by: Monique Lynch

Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB1142/SB920 Public Health– Maryland Interested Parties Advisory Group– Establishment

Health and Government Operations and Senate Finance Committees

March 25, 2025

Hello, my name is Monique Lynch, and I've been a direct care worker for six years. I got into caregiving by accident—my friend ran an assisted living facility, and I was just supposed to help with paperwork. But I quickly fell in love working hands-on with residents. I've always had a passion for caregiving, especially because I've been caring for my 22-year-old brother with special needs who still lives at home with my family.

While I have worked in facilities before, I am doing home care now. What I love most about my job is spending time with seniors and hearing their life stories. My favorite part of my job is building relationships with my patients and learning from their experiences. I've worked with children before, but my calling and fulfillment comes from working with seniors.

I've seen firsthand how working conditions affect the quality of care for my patients. Because home care is a one-on-one setting, I am able to build stronger bonds with my patients and give them the attention and care that they deserve. Facilities are often understaffed which affects the type of care patients receive.

However, being a home care worker comes with its challenges. The pay is not enough to live on, and job security is always uncertain. Whenever a patient is hospitalized, when they pass away, or when they lose coverage of their insurance, we are left without a job and no means of paying our bills. I often juggle multiple cases and work six days a week, sometimes working two jobs just to make ends meet.

Higher wages, and better benefits for me would mean that I could afford my own place and get a car. These are basic necessities that home care workers should be able to afford considering the love and time we put into our patients, and how essential our jobs are to society. Because of us, family members are able to go out and work while knowing their loved ones are being taken care of.

I've been fortunate to see the difference I make in my patients' lives. My patient right now is a gentleman who was homeless for years. Even though I have been out

of work injured for a month, I'm the only one he listens to. His nurse and social worker call me sometimes to help them convince him to go to his doctor's appointments because I am the only one he listens to. I always go above and beyond for my patients because they deserve the best.

Right now, there are not enough direct care workers to meet the needs of people who need home care. Direct care workers like myself find it challenging to stay in the field, because of the low wages that are determined by Medicaid payment rates and the lack of job security. Maryland needs to ensure Medicaid programs have enough funding to make direct care jobs good jobs and allow us to stay in this field. If pay was higher, we would be able to not only care for others but ourselves and our own families. The IPAG would give caregivers like myself a voice and ability to be a part of important decision making. We know what our patients need and with us at the table, we could better care for them and make sure we have the support we need. After all, who is going to care for us when we need it?

We understood that CMS in issuing the Ensuring to Access to Medicaid mandated the IPAG to have participants from direct care workers, like myself and the actual beneficiaries of HCBS services. We understand that industry also has an interest in raising payment rates in order to address workforce shortage and recent amendments gives them 3 spots. We want to make sure the Maryland Department of Health facilitates a space where input from our community is heard and where we can also discuss issues such as labor standards that make it challenging for us to stay in this field of work. We support the establishment of the IPAG as the first space clearly involving us and allowing our lived experience to impact policy recommendations for improving Medicaid HCBS programs.

For these reasons, I urge the committee to vote in favor of HB1142/SB920 the Interest Parties Advisory Group so home care workers have a voice in the decisions that impact us the most. Thank you.

Submitted via:

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

Rafael Lucayo Testimony in Support of HB1142_SB920

Uploaded by: Rafael Lacayo

Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB1142/SB920 Public Health- Maryland Interested Parties Advisory Group- Establishment

House Health and Government Operations Committee / Senate Finance Committee

March 25, 2025

Submitted via:

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

Rafael Lacayo submits this testimony in support of HB1142/SB920 the **Public Health- Maryland Interest Parties Advisory Group- Establishment.**

*****Spanish first, English below*****

Buenas tardes, mi nombre es Rafael Lacayo, soy un cuidador de adultos mayores y miembro de la Alianza Nacional de Trabajadoras del Hogar.

Hoy quiero hablar a nombre de los héroes invisibles que dedicamos nuestra vida, tiempo, amor y energía a cuidar de nuestros adultos mayores. Nuestra labor es más que un trabajo, es un acto de amor inigualable, un compromiso profundo con la dignidad y el bienestar de quienes alguna vez nos cuidaron a nosotros.

Hemos sido faros de luz en los días oscuros para nuestros adultos mayores, brindando consuelo, apoyo ,compañía y amor a aquellos que a menudo se sienten olvidados y acabados. Nuestra presencia amorosa marca la diferencia en la calidad de vida de los adultos mayores ya que enriquece sus días con amor y dignidad.

A pesar de los desafíos y sacrificios que enfrentamos a diario, seguimos adelante con valentía y compasión.

Más líderes de Maryland que tienen el poder de cambiar las condiciones laborales de cuidadores necesitan escuchar estas historias. Necesitan escuchar directamente de nosotros, los trabajadores, sobre nuestros desafíos y nuestras soluciones para hacer que estos trabajos sean buenos trabajos.

Por esto hoy venimos a levantar nuestras voces para dirigirnos a nuestros legisladores para que nos apoyen en esta propuesta de ley, HB1142/SB920, para crear un IPAG que está en este comité hoy.

Una estructura como esta que reunirá a los directamente afectados proporcionará mejores recomendaciones que las que los políticos pueden idear por sí mismos porque se basa en la experiencia directa de trabajadores como nosotros y pacientes que reciben cuidado.

Reconocemos el mandato de los CMS para que el IPAG incluya a los trabajadores de atención directa y a los beneficiarios de HCBS. Mientras que la industria busca mayores tasas de pago para hacer frente a la escasez de mano de obra, queremos que el Departamento de Salud de Maryland garantice que se escuchen las voces de los trabajadores y los beneficiarios de la atención, especialmente en cuestiones laborales que afectan a nuestro trabajo. Apoyamos el IPAG como un espacio en el que nuestras experiencias pueden dar forma a la política de Medicaid HCBS.

Por estas razones, apoyo plenamente la HB1142/SB920, del Grupo Asesor de Partes de Interés de Maryland.

Gracias, honorables legisladores por su atención y esperamos contar con su apoyo y voto favorable para brindar una calidad de vida a nuestros adultos mayores que ellos se lo merecen.

****English:****

Good afternoon, my name is Rafael Lacayo, I am a caregiver for older adults and a member of the National Alliance of Domestic Workers.

Today I want to speak on behalf of the invisible heroes who dedicate our lives, time, love and energy to caring for our older adults. Our work is more than a job, it is an act of unmatched love, a deep commitment to the dignity and well-being of those who once cared for us.

We have been beacons of light in the dark days for our older adults, providing comfort, support, companionship and love to those who often feel forgotten and finished. Our loving presence makes a difference in the quality of life of older adults as it enriches their days with love and dignity.

Despite the challenges and sacrifices we face daily, we continue to move forward with courage and compassion.

More Maryland leaders who have the power to change the working conditions of caregivers need to hear these stories. They need to hear directly from us, the workers, about our challenges and our solutions to make these jobs good jobs.

That is why we come today to raise our voices to address our legislators to support us in this bill, HB1142/SB920, to create an IPAG, which is in this committee today.

A structure like this, that will bring together those directly affected, will provide better recommendations than politicians can come up with on their own because it is based on the direct experience of workers like us and patients who receive care.

We recognize CMS's mandate for the IPAG to include direct care workers and HCBS beneficiaries. While industry seeks higher payment rates to address workforce shortages, we want the Maryland Department of Health to ensure the voices of workers and recipients of care are heard, especially on labor issues that affect our work. We support the IPAG as a space where our experiences can shape Medicaid HCBS policy.

For these reasons, I fully support HB1142/SB920, the Maryland Interest Parties Advisory Group.

Thank you, honorable legislators, for your attention and we look forward to your support and favorable vote to provide a quality of life for our seniors that they deserve.

HB1142 - Senate - PJC - Support.pdf

Uploaded by: Sam Williamson

Position: FAV

**PUBLIC
JUSTICE
CENTER**

Building a Just Society



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HB1142: Public Health - Maryland Interested Parties Advisory Group – Establishment

Senate Finance Committee, March 27, 2025

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 HB1142, which would address the leading cause of our direct care worker staffing crisis.**

Direct care workers support older Marylanders and Marylanders with disabilities with daily tasks, such as eating, walking, and hygiene. These workers are crucial to keeping Marylanders in their own homes and in the community, yet many of these workers are not adequately compensated for their vital work.

In 2023, direct care workers who provided Medicaid-funded services typically earned only \$14,600 on the Eastern Shore and \$28,000 in the capital region.¹ Wages for this work lag \$2.28 behind wages for occupations with similar or lower entry-level requirements.² It is no surprise that a recent report found that “[i]nadequate compensation is the single biggest factor driving the workforce crisis.”³

HB1142's Interested Parties Advisory Group (IPAG) would ensure that our Medicaid payment rates are sufficient to attract and retain workers. HB1142 designs Maryland's IPAG to comply with and build upon federal regulations that require the creation of an advisory group. Under HB1142, this robust IPAG would secure meaningful participation from affected workers, generating incisive and impactful recommendations on how to rectify Maryland's staffing crisis.

For these reasons, the PJC **SUPPORTS HB1142** and urges a **FAVORABLE** report. Should you have any questions, please call Sam Williamson at 410-625-9409 ext. 234.

¹ Commission to Study the Health Care Workforce Crisis, *Final Report 2022/2023* (Dec. 31, 2023), p. 14, [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).

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

³ Meg LaPorte & David Rodwin, Maryland Regional Direct Services Collaborative, *Long-Term Services and Supports in Baltimore* (March 2023), p.3, <https://files.constantcontact.com/70632474901/d1e800a9-4c1b-44bc-8a11-9ad6ab5f4310.pdf>.

HB 1142 MD Interested Parties Advisory Group.Cros

Uploaded by: Tammy Bresnahan

Position: FAV



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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@aarpp.org or 310-302-8451.

MD HB 1142_NWLC_FAV - IPAG.pdf

Uploaded by: Veronica Faison

Position: FAV

HB 1142 Public Health – Interested Parties Advisory Group – Establishment
Senate Finance Committee | March 25, 2025

Position: FAVORABLE

The National Women’s Law Center (NWLC) submits this testimony in support of HB 1142, which would establish an Interested Parties Advisory Group (IPAG) under the Maryland Department of Health. The advisory group would provide recommendations on payment rates for direct care workers, and critically, include the voices of those directly impacted by the care system in Maryland—the people who receive long-term care and the direct care workers who provide it.

Since 1972, NWLC has fought for gender justice—in the courts, in public policy, and in our society—working across the issues that are central to the lives of women and girls. NWLC advocates for improvement and enforcement of our nation’s employment and civil rights laws, with a particular focus on the needs of LGBTQIA+ people, women of color, and women with low incomes and their families.

Today, Maryland’s direct care workers—most of whom are women of color—are undervalued and underpaid, which produces high turnover in the long-term care field and compromises recipients’ ability to access the care they need.

The direct care workforce in Maryland is made up almost entirely of women¹—predominantly women of color and disproportionately immigrant women²—who provide critical care to Maryland’s disabled and aging population. Around 42,000 people in Maryland receive long-term care through Medicaid,³ and this number is projected to grow. While the need for long-term care is only expected to increase—with an estimated 8.9 million job openings nationwide between 2022 and 2032⁴—it is often difficult for employers to attract and retain staff due to the poor job quality direct care workers often experience. Nationally, the turnover rate for home care workers is close to 80%.⁵ And worker shortages make it harder for disabled people and older adults to access the care they need, especially in the settings they prefer, like their homes. In Maryland, over 35,000 people are waiting to receive home and community-based services (HCBS).

Maryland direct care workers earn a median hourly wage of \$16.38 and typically take home less than \$32,000 each year.⁶ As a result, a quarter of Maryland direct care workers live in low-income households.⁷ Nationally, almost half of direct care workers rely on public assistance, including Medicaid, to get by.⁸ And in Maryland, almost 10% of direct care workers do not have health insurance themselves.⁹ Home care workers—who provide care that enables disabled people and older adults to remain in their homes and communities—are paid the least among direct care workers: nationwide, their median annual

¹ 86% of direct care workers in Maryland are women. PHI, “Direct Care Workforce State Index: Maryland,” July 20, 2024, <https://www.phinational.org/state/maryland/>.

² 81% of direct care workers in Maryland are people of color. PHI, “Direct Care Workforce State Index: Maryland.”

³ Maryland Department of Health, “Medicaid Long Term Services and Supports (LTSS),” last accessed March 3, 2025, <https://health.maryland.gov/mmcp/longtermcare/pages/home.aspx>.

⁴ 8.9 million job openings, including existing jobs that need to be filled when workers leave the industry. PHI, “Direct Care Workers in the United States: Key Facts 2024,” Sept. 2024, <https://www.phinational.org/resource/directcare-workers-in-the-united-states-key-facts-2024/>.

⁵ Joyce Famakinwa, “Home Care’s Industry-Wide Turnover Rate Reaches Nearly 80%,” Home Health Care News, July 3, 2024, <https://homehealthcarenews.com/2024/07/home-cares-industry-wide-turnover-rate-reaches-nearly-80/>.

⁶ PHI, “Direct Care Workforce State Index: Maryland.”

⁷ Ibid.

⁸ Veronica Faison, “Supporting Home- and Community-Based Care Advances Gender Justice,” NWLC, Nov. 2024, https://nwlc.org/wp-content/uploads/2024/11/final_NWLC_2024CaregivingReport.pdf

⁹ PHI, “Direct Care Workforce State Index: Maryland.”

income is just \$21,889.¹⁰ This precarity is especially troubling given that—like so many women workers—direct care workers have caregiving responsibilities: nearly 30% of home care workers live with children under 18 years old, and 30% are unpaid family caregivers for an older adult.¹¹

In Maryland, where direct care workers are mostly Black women,¹² the gender and racial wage gap is steep. Black women working full time, year-round in Maryland typically are paid \$0.67 for every dollar paid to their white, non-Hispanic male counterparts, while full-time working women overall are paid \$0.86 for every dollar paid to men.¹³ While Black women face multi-faceted economic barriers due to systemic prejudice, ensuring that direct care worker wages keep up with the standard of living can help chip away at the gender wage gap that stems in part from the low wages in occupations like direct care work, where the critical work performed by women of color has been undervalued for generations.

By including worker and recipient voices, the Interested Parties Advisory Group would advise on a Medicaid reimbursement rate that would better compensate direct care workers—and therefore help make the long-term care system in Maryland more sustainable.

In 2024, the Centers for Medicare and Medicaid Services (CMS) recognized the fact that access to quality care for recipients and job quality for direct care workers are inextricably linked in establishing the Medicaid Access Rule—which requires states to set up an advisory group to consult on Medicaid reimbursement rates.¹⁴ It permits the representation of direct care workers and workers’ rights organizations to be a part of this official body established by the state.

HB 1142 directs the Maryland Department of Health to establish a robust Interested Parties Advisory Group that allows for meaningful participation of the direct care workforce, giving workers a voice before policymakers to recommend how the state can improve working standards and helping to ensure that Maryland establishes Medicaid rates that are high enough to pay home care workers adequate wages. The bill lays out a balanced composition of members on the IPAG to ensure that the voices of direct care workers are adequately represented along with the voices of other relevant stakeholders, like recipients of long-term care. The IPAG will develop recommendations that enable policymakers to make sound decisions to stabilize the workforce.

Raising wages is a proven tactic for states to address shortages in the direct care workforce and increase access to care.¹⁵ Since Medicaid is largely the payer of direct care worker wages, evaluating the adequacy of the Medicaid reimbursement rate is central to bettering the lives of home care workers who provide services—and bettering the lives of the people seeking dignified, accessible care. Increased wages for direct care workers would also help address inequities that women of color face in Maryland.

Aligned with the Medicaid Access Rule, HB 1142 will ensure that recipients of care and direct care workers have a voice in raising the reimbursement rates that determine the job quality of direct care workers—and thus, the quality of care people receive. **For all of these reasons, we urge the Committee to pass HB 1142, and respectfully request a favorable report.**

* * *

¹⁰ PHI, “Direct Care Workers in the United States: Key Facts 2024,” Sept. 2024, <https://www.phinational.org/resource/directcare-workers-in-the-united-states-key-facts-2024/>.

¹¹ Ibid.

¹² PHI, “The Direct Services Workforce in Long-Term Services and Supports In Maryland and the District of Columbia,” 2018, <https://www.phinational.org/wp-content/uploads/2018/09/DSWorkers-Maryland-2018-PHI.pdf>.

¹³ NWLC, “The Wage Gap, State by State,” Sept. 2024, <https://nwlc.org/resource/wage-gap-state-by-state/>.

¹⁴ CMS, “Ensuring Access to Medicaid Services Final Rule (CMS-2442-F),” April 2024, <https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-final-rule-cms-2442-f>

¹⁵ Alice Burns, Maiss Mohamed, Priya Chidambaram, Abby Volk, and Molly O'Malley Watts, “Payment Rates for Medicaid Home Care: States’ Responses to Workforce Challenges,” KFF, Feb. 2025, <http://kff.org/medicaid/issue-brief/payment-rates-for-medicaid-home-care-states-responses-to-workforce-challenges/>.

Please do not hesitate to contact Veronica Faison at vfaison@nwlc.org if you have questions or require additional information. Thank you for your consideration.

Veronica Faison, Esq.

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Yalisa Jabbie Testimony in Support of HB1142 (2).

Uploaded by: Yalisa Jabbie

Position: FAV

NATIONAL DOMESTIC WORKERS ALLIANCE

Comments in Support of HB1142/SB920 Public Health- Maryland Interested Parties Advisory Group- Establishment

Health and Government Operations and Senate Finance Committees

March 25, 2025

My name is Yalisa Jabbie, I am a member of the National Domestic Workers Alliance and I have been a home care worker for the last 14 years. My passion for care started when my mother became ill. At that time I was too young to take care of her but I saw how my aunt and sister stepped up to give her the care she needed. Watching them give her love and compassion is what sparked my passion for helping others.

I have 5 kids and focused on raising them for a while. But during this time, my dream of working as a caregiver never left me. When my kids got older, I started my career in home care.

I earned certifications in Home Health Aide (HHA), Certified Nursing Assistant (CNA), and as a Med Tech to give me the skills needed to care for those in need. What I love most about my job is the joy it brings when I see my patients happy. Knowing I've made a difference in their lives, whether through companionship or assisting them with daily tasks, like bathing them, feeding them, or reminding them to take medication keeps me motivated.

I always try to go above and beyond for my patients, but the truth is that there are many challenges working in this field. At times, patients can be aggressive, which makes things more difficult.

We also face low wages. I currently make \$17.86 which makes it extremely difficult to make ends meet, especially since I have three children currently in college, working to finance their own education. I also support my family back home in Gambia. But despite these challenges, I always try to do my best. Higher wages would mean so much to me and my family, as it would ease the burden and allow me to help my children and loved ones, something we all hope to do.

If working conditions were better, I believe the quality of care for patients would improve as well. Many people have left home care to look for other better paying opportunities even though they love this job. I myself consider leaving to focus on my own business, but I stay because of my love for caregiving and the bond I share

with my patients. I don't like to even take a day off from work because I know how important my presence is for my current patient. It's a sacrifice, but I make it because I care deeply for her.

We understand CMS requires the IPAG to include direct care workers and HCBS beneficiaries. While the industry advocates for higher payment rates to address workforce shortages, we want to ensure the Maryland Department of Health values our input, particularly on labor issues that impact our work. We support the IPAG as a space where our experiences can influence Medicaid HCBS policies.

For caregivers to have a voice in the workplace would mean so much to me. We deserve to be heard, to have our concerns addressed, and to be treated with the respect we give to others. I look forward to the day when we can celebrate that our work is valued and appreciated. For these reasons, I urge the committee to vote in favor of HB1142/SB920 the Interest Parties Advisory Group so home care workers have a voice in the decisions that impact us. Thank you.

Submitted via:

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

HB 1142 - MDH - FIN - LOSWA.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 27, 2025

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

RE: House Bill (HB) 1142 – Public Health – Maryland Interested Parties Advisory Group – Establishment - Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with a technical amendment for the 3rd reader version of House Bill (HB) 1142 – Public Health – Maryland Interested Parties Advisory Group – Establishment.

The House-passed version of HB 1142 outlines the membership for an advisory group that includes the Deputy Secretary of Health Care Financing, or the Deputy Secretary's designee, and the Director of the Maryland Medical Assistance Program, or the Director's designee. These positions are identical. Therefore, the Department's amendment simply removes the Director of the Maryland Medical Assistance Program, or the Director's designee (lines 24 and 25 on page 3) to eliminate this redundancy. The amendment to HB 1142 is attached to this letter.

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.

Sincerely,

Ryan B. Moran, Dr.P.H., MHSA
Acting Secretary

In the Senate Finance Committee

AMENDMENTS TO HOUSE BILL 1142
(Third Reading File Bill)

On page 3, strike lines 24 and 25 in their entirety.

2025 HB1142 Opp Public Health Advisory Group.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement HB1142

Public Health – Maryland Interested Parties Advisory Group - Establishment
Deborah Brocato, Legislative Consultant
Maryland Right to Life

On behalf of our Board of Directors and followers across the State, Maryland Right to Life opposes HB1142 without an amendment to exclude its use for abortion purposes.

Maryland Right to Life opposes the promotion of abortion and any public funding of abortion; therefore, we object to an Advisory Committee that would expand the promotion, funding and staffing of the abortion industry. We object to an Advisory Committee that includes any members or representatives from the abortion industry. Abortion entities are considered community-based organizations. The State of Maryland already spends over \$33 million for abortion, including over \$14 million for abortion training. We oppose this bill being exploited to provide jobs for abortion workers through home care and thus also providing clients for the abortion industry through home care services. Marylanders have many other health concerns, such as diabetes, wound care, heart disease, lung disease, post-operative care, etc., that should be addressed and make use of home health visits and community outreach to promote best outcomes. To prevent appropriations from this bill from being exploited by the profit-minded, multi-billion dollar abortion industry, we ask for an amendment to exclude abortion purposes from this bill.

Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program.

Programs that utilize public funding for abortion-related activities include:

- the Maryland State Department of Education,
- Maryland Department of Health,
- Maryland Family Planning Program,
- Maternal and Child Health Bureau,
- the Children’s Cabinet,
- Maryland Council on School Based Health Centers,
- Maryland Assembly for the Advancement of School Based Health,
- Community Health Resource Commission,
- Maryland Children’s Health Program (MCHP),
- Maryland Stem Cell Research Fund and even the
- Maryland Department of Public Works, and
- Maryland Abortion and Reproductive Clinical Health Training Program.



Abortion is not healthcare, and abortion is never medically necessary. The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women's healthcare. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue their crimes and victimization.

Planned Parenthood was founded by racist eugenicists who believed that forced sterilization and later abortion, were necessary tools to reduce the growth in "unfit" populations, particularly those persons of African descent. Even today more than 78% of abortion clinics are located in Communities of Color. The government interest in health care is highly questionable as the state invests more in the corner abortion clinic than the corner grocery store. While Black Americans make up less than 13% of the population, they account for nearly 30% of all abortions. As a result, abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined. Why else would the percentage of the United States black population remain consistently at about 13-15%? (For more information see <http://www.BlackGenocide.org>.)

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions – noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

More funding and resources directed toward abortion means less funding and resources for other health care concerns, including a woman's choice to continue her pregnancy. For these reasons, we respectfully ask to amend HB1142 to exclude the bill being used for abortion purposes. Without an amendment, we urge you to oppose HB1142.