



HB 933
Nursing Homes - Direct Care Wages and Benefits and Cost Reports
(Nursing Home Care Crisis Transparency Act)
In the Health and Government Operations Committee, Hearing on February 20, 2025
Position: FAVORABLE, WITH AMENDMENT

Maryland Legal Aid submits its written and oral testimony supporting with amendments at the request of Karrie Craig, State Long Term Care Ombudsman.

Maryland Legal Aid (MLA) asks that the Committee report **favorably and pass SB 679 with amendments**, which would require skilled facilities in Maryland to spend at least 75% of its revenue on direct care workforce wages and benefits for nursing, dietary, restorative therapy, and social work staff. The bill holds facilities accountable by requiring them to submit cost reports to the Maryland Department of Health. We believe this bill is a crucial step toward ensuring delivery of care remains prioritized over costs, particularly as private equity operators become more prevalent in the state.¹

MLA is a non-profit law firm that provides free legal services to the State’s low-income and vulnerable residents. Our twelve offices serve residents in each of Maryland’s 24 jurisdictions and handle a range of civil legal matters, including representation of adults residing in nursing home and assisted living facilities. We represent residents in cases relating to health care access as well as illegal discharges from skilled nursing and assisted living facilities. Although federal and state law require nursing homes to provide “treatment, care, and services that are in an environment that promotes maintenance or enhancement of each resident’s quality of life,” many of the individuals we represent have expressed significant and substantial concerns related to pressure ulcers they have developed because nursing staff fail to tend to them, dietary restrictions that fail to be accommodated, and/or a lack of physical and restorative therapies.² In addition, high turnover of social workers within facilities creates a barrier to discharge when the resident desires to leave these unacceptable and deplorable conditions. Ultimately, our clients who rely on care in skilled nursing facilities benefit from staff stability.

We support this bill although we recommend a couple of clarifying amendments. First, we recommend that “nursing home and residential care revenue,” be defined in the statute relative to cost of care.³ We also recommend that the list of direct care professionals include behavioral health workers to the extent they are not otherwise fully reimbursed through the Behavioral Health and Medical Care Program Administrations.⁴

¹ <https://privateequityrisk.org/state/maryland/>

² [Md. Code Regs. 10.07.09.08](#) , [42 CFR 483.40](#), [Md. Code, Health-Gen. § 19-345.1](#)

³ The definition of “nursing home and residential care revenue,” or “revenue” is not contained in Md. Code, Health-Gen. § 16-101 or proposed Md. Code, Health-Gen. § 16-209.

⁴ Reimbursement Rate for Behavioral health services: [Md. Code, Health-Gen. § 16-201.3](#)

We believe that investments in direct care staff through this bill will increase quality of care.

Maryland Legal Aid strongly urges the Committee to issue a FAVORABLE report and passage with amendments of SB679. If you have any questions, please contact Christina Moore, (410) 951-7727, cmoore@mdlaborg.org.

RECOMMENDED AMENDMENT – MARYLAND LEGAL AID

15. **Article – Health-General**

16. **16-209.**

17. **(A) IN THIS SECTION, “DIRECT CARE WAGES AND BENEFITS” MEANS THE**
18. **DIRECT CARE WORKFORCE WAGES AND BENEFITS FOR NURSING, DIETARY,**
19. **RESTORATIVE THERAPY, BEHAVIORIAL HEALTH STAFF, AND SOCIAL WORKER STAFF.**

20. **(B) “NURSING AND RESIDENTIAL CARE REVENUE” MEANS THE PROFIT GENERATED LESS**
EXPENDITURES ATTRIBUTABLE TO RESIDENT COST OF CARE.

21. **~~(B)~~ (C) A NURSING HOME SHALL EXPEND AT LEAST 75% OF ITS TOTAL NURSING**
22. **AND RESIDENTIAL CARE REVENUE FOR DIRECT CARE WAGES AND BENEFITS.**