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	CF SB 920

By: Delegate Bagnall Delegates Bagnall, Pena-Melnyk, Cullison, Alston, Bhandari, Chisholm, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Szeliga, Taveras, Woods, Woorman, and Ross

Introduced and read first time: February 5, 2025 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments House action: Adopted Read second time: March 3, 2025

CHAPTER \_\_\_\_\_

## 1 AN ACT concerning

## 2 Public Health – Maryland Interested Parties Advisory Group – Establishment

FOR the purpose of establishing the Maryland Interested Parties Advisory Group to ensure
 adequate access to applicable home- and community-based services and the
 existence of an adequate direct care workforce in the State; requiring the Maryland
 Department of Health to provide certain support to the Advisory Group; and
 generally relating to the Maryland Interested Parties Advisory Group.

- 8 BY adding to
- 9 Article Health General
- Section 15–1201 through 15–1205 to be under the new subtitle "Subtitle 12.
   Maryland Interested Parties Advisory Group"
- 12 Annotated Code of Maryland
- 13 (2023 Replacement Volume and 2024 Supplement)
- SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
   That the Laws of Maryland read as follows:
- 16 Article Health General
- 17 SUBTITLE 12. MARYLAND INTERESTED PARTIES ADVISORY GROUP.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 **15–1201.** 

2 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS 3 INDICATED.

4 (B) "ADVISORY GROUP" MEANS THE MARYLAND INTERESTED PARTIES 5 ADVISORY GROUP ESTABLISHED UNDER § 15–1202 OF THIS SUBTITLE AND 6 REQUIRED UNDER 42 C.F.R. § 447.203.

7 (C) "APPLICABLE SERVICE CATEGORIES" MEANS HOMEMAKER SERVICES, 8 HOME HEALTH AIDE SERVICES, PERSONAL CARE SERVICES, AND HABILITATION 9 SERVICES.

10 (D) "CONSUMER" MEANS AN APPLICANT FOR, A RECIPIENT OF, OR AN 11 INDIVIDUAL ELIGIBLE FOR MEDICAID HOME- AND COMMUNITY-BASED SERVICES, 12 OR THE INDIVIDUAL'S AUTHORIZED REPRESENTATIVE.

13 (E) "CONSUMER ORGANIZATION" MEANS A STATE OR LOCAL CONSUMER 14 ADVOCACY GROUP OR OTHER COMMUNITY-BASED ORGANIZATION THAT 15 REPRESENTS THE INTERESTS OF, OR PROVIDES DIRECT SERVICES TO, CONSUMERS 16 OF MEDICAID HOME- AND COMMUNITY-BASED SERVICES.

17 (F) "DIRECT CARE WORKER" MEANS AN INDIVIDUAL:

18 (1) EMPLOYED BY A MEDICAID PROVIDER, STATE AGENCY, OR THIRD 19 PARTY;

20 (2) WHO CONTRACTS WITH A MEDICAID PROVIDER, STATE AGENCY, 21 OR THIRD PARTY;

22 (3) DELIVERING SERVICES UNDER A SELF-DIRECTED SERVICES 23 DELIVERY MODEL; OR

24 (4) WHO IS PAID TO PROVIDE HOME- AND COMMUNITY-BASED 25 SERVICES THROUGH AN APPLICABLE SERVICE CATEGORY.

(G) "HOME- AND COMMUNITY-BASED SERVICES" MEANS MEDICAID
HOME- AND COMMUNITY-BASED SERVICES DELIVERED THROUGH THE STATE PLAN,
A WAIVER UNDER § 1915(C) OF THE FEDERAL SOCIAL SECURITY ACT, A MANAGED
CARE PROGRAM, OR OTHER DEMONSTRATION PROGRAM.

30 (H) "PERSONAL CARE" HAS THE MEANING STATED UNDER § 19–301 OF THIS 31 ARTICLE.

 $\mathbf{2}$ 

"PROVIDER ASSOCIATION" MEANS A TRADE ASSOCIATION EXEMPT 1 **(I)**  $\mathbf{2}$ FROM FEDERAL INCOME TAXATION UNDER § 501(C)(6) OF THE INTERNAL REVENUE 3 **CODE** THAT REPRESENTS DIRECT CARE EMPLOYERS. 4 **(J)** "WORKER ORGANIZATION" MEANS AN ORGANIZATION THAT:  $\mathbf{5}$ IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER §§ (1) 501(C)(3) THROUGH (6) OF THE INTERNAL REVENUE CODE; 6 7 (2) IS NOT DOMINATED, CONTROLLED, OR FUNDED BY A DIRECT CARE 8 **EMPLOYER; AND** 9 HAS AT LEAST 2 YEARS OF DEMONSTRATED EXPERIENCE (3) 10 ENGAGING WITH AND ADVOCATING FOR DIRECT CARE WORKERS. 15–1202. 11 12 THERE IS A MARYLAND INTERESTED PARTIES ADVISORY GROUP (A) WITHIN THE DEPARTMENT. 13 THE PRIMARY PURPOSE OF THE ADVISORY GROUP IS TO ENSURE: 14**(B)** 15ADVISE AND CONSULT ON MEDICAID PAYMENT RATES ARE <del>(1)</del> 16 SUFFICIENT TO PROVIDE RATE SUFFICIENCY, ENSURING ADEQUATE ACCESS TO APPLICABLE SERVICE CATEGORIES; AND 1718 <del>(2)</del> THE EXISTENCE OF AN ADEQUATE AND QUALIFIED DIRECT CARE WORKFORCE TO PROVIDE SERVICES IN THE STATE. 19 15 - 1203.20THE ADVISORY GROUP CONSISTS OF: 21(A) THE DEPUTY SECRETARY, OF HEALTH CARE FINANCING, OR THE 22(1) **DEPUTY SECRETARY'S DESIGNEE:** 23THE DIRECTOR OF THE MARYLAND MEDICAL ASSISTANCE 24(2) **PROGRAM, OR THE DIRECTOR'S DESIGNEE;** 2526(3) THE SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE; 27AND

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THE FOLLOWING MEMBERS APPOINTED BY THE DEPUTY 1 (4)  $\mathbf{2}$ SECRETARY OF HEALTH CARE FINANCING, OR THE DEPUTY SECRETARY'S 3 **DESIGNEE: (I) THREE CONSUMERS:** 4  $\mathbf{5}$ **(II) TWO REPRESENTATIVES OF CONSUMER ORGANIZATIONS;** 6 (III) **THREE DIRECT CARE WORKERS:** 7 (IV) **TWO REPRESENTATIVES OF WORKER ORGANIZATIONS; AND** 8 **(V) ONE REPRESENTATIVE OF A PROVIDER ASSOCIATION; AND** 9 (VI) ONE REPRESENTATIVE OF THE GENERAL PUBLIC; AND 10 <del>(3)</del> **ONE NONVOTING ADVISORY MEMBER FROM THE DIVISION OF** HEALTH CARE FINANCING AND MEDICAID WITH ADVANCED DATA LITERACY TO 11 ADDRESS ANY QUESTION OR ISSUE RELATED TO THE DATA EXAMINED BY THE 12 **ADVISORY GROUP** THREE REPRESENTATIVES OF PROVIDER ASSOCIATIONS, OF 13 14 WHOM: 151. **TWO SHALL BE REPRESENTATIVES OF A RESIDENTIAL** 16 **SERVICE AGENCY; AND** 172. **ONE SHALL BE A REPRESENTATIVE OF AN EMPLOYER** 18 TRADE ASSOCIATION. TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE 19 **(B)** ADVISORY GROUP SHALL REFLECT THE DIVERSITY OF LIVED EXPERIENCE WITH 20 DISABILITY, AS WELL AS THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, GENDER, 21 22SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION, AGE, AND SOCIOECONOMIC DIVERSITY OF THE STATE. 2324**(C)** THE DEPUTY SECRETARY OF HEALTH CARE FINANCING, OR THE (1) DEPUTY SECRETARY'S DESIGNEE, SHALL ESTABLISH AN APPLICATION PROCESS 2526THAT IS ACCESSIBLE TO THE GENERAL PUBLIC FOR THE RECRUITMENT OF 27MEMBERS.

28 (2) THE APPLICATION AND CRITERIA FOR SELECTION SHALL BE 29 PUBLISHED ON THE DEPARTMENT'S WEBSITE.

30 (D) (1) THE DEPUTY SECRETARY, <u>OF</u> HEALTH CARE FINANCING, OR THE 31 DEPUTY SECRETARY'S DESIGNEE, SHALL CHAIR THE ADVISORY GROUP.

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THE DEPARTMENT SHALL PROVIDE STAFF AND SUPPORT FOR 1 (2)  $\mathbf{2}$ INCLUDING THE ADVISORY GROUP, APPROPRIATE LOGISTICAL AND 3 INFORMATIONAL<sub>3</sub> AND FINANCIAL SUPPORT TO ENSURE **MEANINGFUL** 4 PARTICIPATION OF DIRECT CARE WORKERS AND CONSUMERS IN THE ADVISORY GROUP.  $\mathbf{5}$ 

6 (E) (1) THE TERM OF AN APPOINTED MEMBER OF THE ADVISORY GROUP 7 IS 3 YEARS.

8 (2) THE SECRETARY SHALL ENSURE THAT MEMBERS SERVE 9 STAGGERED TERMS.

 10
 (3)
 AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO

 11
 SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

12 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
 13 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND
 14 QUALIFIES.

15 (5) THE SECRETARY MAY REMOVE OR SUSPEND A MEMBER OF THE 16 ADVISORY GROUP FOR MISCONDUCT, INCOMPETENCE, OR NEGLECT OF DUTIES 17 AFTER AN OPPORTUNITY FOR THE MEMBER TO BE HEARD.

18 (F) A MEMBER OF THE ADVISORY GROUP:

19 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE 20 ADVISORY GROUP; BUT

21 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE 22 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

23 (G) (1) BEGINNING NOVEMBER 1, 2025, THE ADVISORY GROUP SHALL 24 MEET ON A QUARTERLY BASIS ANNUALLY.

25 (2) MEETING DATES, TIMES, AND LOCATIONS SHALL BE SELECTED TO 26 MAXIMIZE MEMBER ATTENDANCE.

27 **15–1204.** 

(A) (1) THE DEPARTMENT SHALL ESTABLISH STANDARDIZED
 PROCEDURES FOR THE ADMINISTRATION OF THE ADVISORY GROUP AND MAKE THE
 PROCEDURES AVAILABLE TO THE PUBLIC ON A DEDICATED PAGE OF THE
 DEPARTMENT'S WEBSITE.

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THE DEDICATED PAGE ON THE DEPARTMENT'S WEBSITE SHALL (2) 1  $\mathbf{2}$ **ALSO INCLUDE:** 3 **(I)** A LIST OF CURRENT ADVISORY GROUP MEMBERS; 4 THE APPLICATION PROCESS AND SELECTION CRITERIA FOR **(II) ADVISORY GROUP MEMBERS:** 5(III) THE LOCATION, DATE, AND TIME OF EACH ADVISORY 6 GROUP MEETING WITH AT LEAST 30 CALENDAR DAYS' ADVANCE NOTICE; 7 8 (IV) OPTIONS FOR VIRTUAL PARTICIPATION IN MEETINGS OF 9 THE ADVISORY GROUP; 10 **PROCEDURES TO ENSURE MEANINGFUL PARTICIPATION (**V**)** FOR INDIVIDUALS WITH DISABILITIES AND LIMITED ENGLISH PROFICIENCY; 11 12(VI) A NOTATION OF AT WHICH MEETINGS THE GENERAL PUBLIC 13 WILL HAVE AN OPPORTUNITY TO TESTIFY OR MAKE COMMENTS; AND 14(VII) IN ACCORDANCE WITH THE OPEN MEETINGS ACT, THE AGENDA AND MEETING MINUTES OF THE PREVIOUS MEETING OF THE ADVISORY 15GROUP, INCLUDING A LIST OF MEETING ATTENDEES. 16 17**(B)** THE DEPARTMENT SHALL PROVIDE SUFFICIENT DATA AND RESOURCES 18 AT LEAST 30 DAYS IN ADVANCE OF A MEETING TO SUPPORT INFORMED 19 PARTICIPATION IN ADVISORY GROUP DISCUSSIONS, INCLUDING: **DISTRIBUTING INFORMATION COLLECTED BY THE MARYLAND** 20(1) **DEPARTMENT OF LABOR UNDER § 15-156 OF THIS TITLE, INCLUDING DATA** 21 22COLLECTED BY RESIDENTIAL SERVICE AGENCIES RELATED TO DIRECT CARE 23WORKFORCE: 24**⊕** STABILITY, INCLUDING TOTAL NUMBERS OF FULL-TIME 25AND PART-TIME HOME CARE WORKERS, PERCENTAGE OF THE YEAR THAT THE EMPLOYEES WERE EMPLOYED, AVERAGE LENGTH OF EMPLOYMENT, TURNOVER 2627RATE, VACANCIES, AND UNSTAFFED HOURS MEASURED BY HOURS ALLOTTED IN PLANS OF SERVICE FOR WHICH THE CONSUMER IS NOT RECEIVING CARE: 2829(II) COMPENSATION AND BENEFITS, INCLUDING THE HIGHEST, LOWEST, MEDIAN, AND AVERAGE HOURLY WAGE PAID BY PROVIDER AGENCIES, 30 31NUMBER OF HOURS AUTHORIZED FOR OVERTIME PAY, NUMBER OF HOURS PAID FOR

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TRAVEL TIME BETWEEN CLIENTS, AND AVERAGE DAYS OF EARNED SICK AND SAFE
 LEAVE PAID TO HOME CARE WORKERS EACH YEAR;

3 (III) EMPLOYEE BENEFITS, INCLUDING HEALTH, DENTAL, AND
 4 VISION BENEFITS, LIFE AND DISABILITY INSURANCE, PAID LEAVE, RETIREMENT,
 5 AND TUITION REIMBURSEMENT;

6 (IV) PROVIDER COSTS RELATED TO THE WORKFORCE, 7 INCLUDING COSTS OF REQUIRED TRAININGS, TRAVEL COSTS FOR DIRECT CARE 8 WORKERS SUCH AS MILEAGE REIMBURSEMENT OR PUBLIC TRANSPORTATION 9 SUBSIDIES, AND COSTS OF PERSONAL PROTECTIVE EQUIPMENT FOR DIRECT CARE 10 WORKERS; AND

(V) DEMOGRAPHIC INFORMATION INCLUDING AGE, GENDER,
 RACE AND ETHNICITY, HIGHEST EDUCATIONAL LEVEL ATTAINED, CERTIFICATIONS
 HELD, AND NUMBER OF YEARS OF DIRECT CARE WORK EXPERIENCE CURRENT AND
 PROPOSED PAYMENT RATES;

15 (2) FEDERALLY REQUIRED INFORMATION WITH A DETAILED
 16 EXPLANATION OF THE METHODOLOGY AND DATA LIMITATIONS FOR EACH REPORT,
 17 INCLUDING:

18 (I) HOME- AND COMMUNITY-BASED SERVICES PAYMENT 19 TRANSPARENCY REPORTS;

20 (II) PAYMENT ADEQUACY REPORTS AS REQUIRED UNDER 42 21 C.F.R. § 441.311(E); AND

22 (III) ACCESS-TO-CARE DATA, AS REQUIRED UNDER 42 C.F.R. § 23 441.311(D)(2);

24 (3) BUREAU OF LABOR STATISTICS PUBLICLY AVAILABLE WAGE 25 DATA AND OTHER LABOR MARKET AND WORKFORCE DATA;

26 (4) BENCHMARKING AND RATE STUDIES FOR HOME- AND 27 COMMUNITY-BASED SERVICES CONDUCTED BY THE DEPARTMENT;

28 **(5) R**ATE INFORMATION FROM NEIGHBORING OR SIMILARLY 29 SITUATED STATES; AND

30 (6) ACCESS-TO-CARE METRICS, INCLUDING:

31(I)THE NUMBER OF CONSUMERS RECEIVING APPLICABLE32SERVICES; AND

1 **(II)** THE NUMBER OF UTILIZATION HOURS FOR APPLICABLE 2 SERVICE CATEGORIES; 3 (III) A DESCRIPTION OF HOW THE STATE MAINTAINS THE 4 **MEDICAID WAIVER WAITING LIST FOR HOME-AND COMMUNITY-BASED SERVICES;** 5<del>(W)</del> THE NUMBER OF INDIVIDUALS ON THE WAITING LIST: 6 <del>(V)</del> THE AVERAGE LENGTH OF TIME NEW WAIVER ENROLLEES 7 WAITED TO ENROLL; AND 8 (VI) THE NUMBER OF TIMES INDIVIDUALS MUST RE APPLY TO 9 RECEIVE SERVICES. THE DEPARTMENT SHALL CONSULT THE ADVISORY GROUP BEFORE 10 <del>(C)</del> MAKING CHANGES TO PAYMENT RATES FOR APPLICABLE SERVICE CATEGORIES AND 11 SHALL AFFORD DEFERENCE TO THE ADVISORY GROUP'S RECOMMENDATIONS. 12  $(\mathbf{H})$   $(\mathbf{H})$ TO SUPPORT THE ADVISORY GROUP AND ENGAGE THE BROADER 13 14 DIRECT CARE WORKFORCE AND CONSUMERS ACROSS THE STATE. THE 15 DEPARTMENT SHALL DEVELOP A PUBLIC EDUCATION AND COMMUNICATION PLAN **TO INFORM DIRECT CARE WORKERS AND DIRECT CARE CONSUMERS OF:** 16 THE ADVISORY GROUP, ITS PURPOSE, MEETINGS, AND 17 (∰) 18 OPPORTUNITIES FOR INPUT: AND 19 (II) A SUMMARY OF ITS ANNUAL REPORT AND ANY 20 RECOMMENDATIONS. **THE PUBLIC EDUCATION AND COMMUNICATION PLAN MUST:** 21 <del>(2)</del> 22<del>(I)</del> Ensure broad language access and be culturally 23COMPETENT: 24USE TARGETED METHODS THAT WILL EFFECTIVELY <del>(III)</del> 25ENGAGE DIRECT CARE WORKERS AND DIRECT CARE CONSUMERS, INCLUDING 26**ADVERTISING AND OTHER MARKETING TOOLS:** 27(III) INCLUDE AN OPTION FOR DIRECT CARE WORKERS AND 28DIRECT CARE CONSUMERS TO PROVIDE INFORMATION, INCLUDING A MAILING 29ADDRESS, E-MAIL ADDRESS, OR TELEPHONE NUMBER, FOR PURPOSES OF RECEIVING ONGOING COMMUNICATION FROM THE DEPARTMENT CONCERNING THE 30

ADVISORY GROUP AND OPPORTUNITIES FOR ENGAGEMENT WITH THE ADVISORY 1  $\mathbf{2}$ GROUP; AND 3 (IV) REQUIRE EACH RESIDENTIAL SERVICE AGENCY TO PROVIDE INFORMATION REGARDING THE ADVISORY GROUP DIRECTLY TO ITS 4 **EMPLOYEES.**  $\mathbf{5}$ 6 15 - 1205.7 (A) THE ADVISORY GROUP SHALL: 8 EVALUATE THE SUFFICIENCY OF MEDICAID PAYMENT RATES FOR (1) 9 **APPLICABLE SERVICE CATEGORIES; AND** 10 (2) EXAMINE WORKING CONDITIONS FOR THE DIRECT CARE 11 WORKFORCE, INCLUDING CURRENT WAGE RATES AND OFFERED BENEFITS, 12INITIATIVES FOR RETENTION AND RECRUITMENT OF WORKERS, TRAINING 13 **REQUIREMENTS, AND ACCESS TO WORKER ORGANIZATIONS;** 14 <del>(3)</del> **EVALUATE CHALLENGES TO ACCESSING CARE FOR APPLICABLE** MEDICAID HOME- AND COMMUNITY-BASED SERVICES; AND 15 16 **DEVELOP A COMMUNICATION PLAN FOR THE DEPARTMENT'S** <del>(4)</del> ENGAGEMENT WITH DIRECT CARE WORKERS AND CONSUMERS. 17ON OR BEFORE SEPTEMBER 1 EACH YEAR, BEGINNING IN 2026, 18 **(B)** (1) THE ADVISORY GROUP SHALL REPORT ITS ACTIVITIES AND RECOMMENDATIONS TO 19 THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT 2021ARTICLE, THE GENERAL ASSEMBLY. 22(2) THE REPORT OF THE ADVISORY GROUP SHALL ADDRESS: 23<del>(II)</del> **Recommendations** for increasing Medicaid 24**PAYMENT RATES FOR APPLICABLE SERVICE CATEGORIES;** 25<del>(III)</del> EMPLOYMENT STANDARDS FOR DIRECT CARE WORKERS, 26INCLUDING A WAGE FLOOR AND EFFORTS TO COMBAT MISCLASSIFICATION OF 27EMPLOYEES; 28(III) REMOVING BARRIERS TO ACCESS TO CARE AND 29RECOMMENDATIONS ON HOW TO IMPROVE ACCESS TO QUALITY AND CONTINUOUS 30 **CARE:** 

(IV) MEANS THE STATE CAN USE TO COMMUNICATE 1  $\mathbf{2}$ **INFORMATION TO DIRECT CARE WORKERS AND CONSUMERS ABOUT THE PURVIEW** 3 OF THE ADVISORY GROUP, ITS PURPOSE, ITS MEETINGS AND HEARINGS, AND 4 **OPPORTUNITIES TO PROVIDE INPUT: AND**  $\mathbf{5}$ <del>(V)</del> THE ADVISORY GROUP'S REVIEW OF ANY RACIAL, GENDER, 6 OR ECONOMIC DISPARITIES IMPACTING DIRECT CARE WORKERS OR CONSUMERS AND EXAMPLES OF RATES AND DELIVERY SYSTEMS FOR APPLICABLE SERVICES IN 7 8 **OTHER STATES WITH FAVORABLE CONDITIONS FOR DIRECT CARE WORKERS AND** 9 CONSUMERS. 10 (3) ANY RECOMMENDATIONS ADOPTED BY THE ADVISORY GROUP 11 MUST RECEIVE AN AFFIRMATIVE VOTE OF AT LEAST SEVEN MEMBERS A MAJORITY 12VOTE. 13(4) BEFORE THE SUBMISSION OF THE REPORT UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE DEPARTMENT SHALL REVIEW THE REPORT ON 14RECEIPT FROM THE ADVISORY GROUP AND WITHIN 60 DAYS AFTER RECEIVING THE 15REPORT RESPOND TO ANY RECOMMENDATION, INCLUDING ANY JUSTIFICATION FOR 16 17 DECLINING TO IMPLEMENT A RECOMMENDATION OF THE ADVISORY GROUP. 18 <del>(5)</del> FOLLOWING THE DEPARTMENT'S REVIEW OF THE ANNUAL REPORT, THE DEPARTMENT SHALL: 19 20PROVIDE THE ADVISORY GROUP WITH AN OPPORTUNITY <del>(I)</del> 21 TO MAKE CHANGES TO THE REPORT; AND POST THE DEPARTMENT SHALL POST THE REPORT 22<del>(II)</del> (C) TO THE DEPARTMENT'S WEBSITE WITHIN 30 DAYS AFTER THE REPORT HAS BEEN 2324FINALIZED. THE ADVISORY GROUP MAY HOLD OPPORTUNITIES TO SOLICIT 25<del>(C)</del> (D) AND COLLECT TESTIMONY FROM THE PUBLIC AND INVITE INPUT FROM EMPLOYER 2627ORGANIZATIONS, WORKER ORGANIZATIONS, CONSUMER ADVOCACY GROUPS, AND 28OTHER STAKEHOLDERS IN THE DIRECT CARE INDUSTRY. 29AN EMPLOYER OR STATE AGENCY MAY NOT TAKE (1) <del>(D)</del> (E) RETALIATORY ACTION AGAINST A DIRECT CARE WORKER OR CONSUMER FOR 30 PARTICIPATION IN THE ADVISORY GROUP. 31

32(2) THIS SECTION DOES NOT LIMIT THE RIGHTS OF DIRECT CARE33WORKERS UNDER STATE OR FEDERAL EMPLOYMENT OR LABOR LAW, OR34COLLECTIVE BARGAINING AGREEMENTS.

1 SECTION 2. AND BE IT FURTHER ENACTED, That the <u>Deputy</u> Secretary <u>of</u> 2 <u>Health Care Financing, or the Deputy Secretary's designee</u>, shall appoint the initial 3 members of the Maryland Interested Parties Advisory Group on or before October 1, 2025.

4 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 5 1, 2025.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.