

Department of Legislative Services  
Maryland General Assembly  
2025 Session

FISCAL AND POLICY NOTE  
First Reader

House Bill 1478 (Delegate Hill, *et al.*)  
Health and Government Operations

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Public Health - Home Health Care Providers - Directory

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This bill requires the Maryland Department of Health (MDH) to establish and maintain an online directory of each home care provider in the State. The directory must include each provider’s full name, identification number, job title, completed training and certifications, gender, abuse and neglect reports, and associated residential service agency (RSA). The directory must be modeled on existing directories and allow an individual seeking home health care services to search the directory and identify a “home health care provider” based on specified criteria, such as language proficiency, certifications, previous experience, or special skills. MDH may charge a home health provider a fee for maintaining the directory. MDH must adopt regulations to carry out the bill.

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Fiscal Summary

**State Effect:** MDH expenditures (50% general funds, 50% federal funds) increase by an indeterminate but *significant* amount (likely millions of dollars over multiple years) beginning in FY 2026, as discussed below; federal fund revenues increase accordingly. General fund revenues increase by an indeterminate amount beginning as early as FY 2027, to the extent MDH charges a home health care provider a fee for maintaining the directory.

**Local Effect:** None.

**Small Business Effect:** Meaningful.

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Analysis

**Bill Summary:** “Home health care provider” means an individual who provides home health care, regardless of whether the individual is employed by or contracts with an RSA.

The directory *may* include each home care provider's language proficiency and work history, as well as functionalities that:

- connect an individual seeking home- and community-based services (HCBS) with a qualified provider by (1) providing a statewide system through which an individual can identify and access available information on home health care providers and (2) assisting an individual in navigating HCBS;
- support the recruitment and retention of qualified home health care providers by (1) helping individuals to become and remain enrolled as HCBS providers under Medicaid; (2) actively recruiting home health care providers through job advertisements and job fairs; (3) connecting home health care providers to training and opportunities for professional development; and (4) facilitating access for home health care providers to health insurance and other benefits; and
- facilitating communication with home health care providers in the event of a public health or other emergency.

Each RSA must (1) provide MDH with each home health care provider's full name, address, email address, and phone number and (2) annually collect and submit to MDH the online directory information required in the manner required. If a home health care provider is not employed by or does not contract through an RSA, the home health care provider may provide the required information. MDH may not disclose the full name, address, email address, or phone number of a home health care provider to the public.

**Current Law:** "Home health care" includes any of the following services: (1) audiology and speech pathology; (2) dietary and nutritional services; (3) drug services; (4) home health aide; (5) laboratory; (6) medical social services; (7) nursing; (8) occupational therapy; (9) physical therapy; (10) provision of invasive medical equipment; and (11) home medical equipment services.

An RSA is an agency that employs or contracts with individuals to provide at least one home health care service for compensation to an unrelated sick or disabled individual. Some RSAs have nurses that provide skilled care and certified caregivers that provide assistance with activities of daily living. Other RSAs provide physical therapy, occupational therapy, or speech therapy, or durable medical equipment. RSAs are licensed by the Office of Health Care Quality (OHCQ) in MDH. As of February 26, 2025, there were 2,710 licensed RSAs in Maryland.

**State Expenditures:** Under the bill, MDH must establish and maintain an online directory of each home care provider that includes each provider's full name, identification number, job title, completed training and certifications, gender, abuse and neglect reports, and associated RSA. The directory *may* include each home care provider's language proficiency and work history and several other specified functionalities.

MDH advises that the department's existing provider directory does not meet the criteria required under the bill and that a new *searchable* online directory must be created to integrate information from several other existing systems, including abuse and neglect data from OHCQ, data from the Office of Inspector General, and specified federal databases. MDH estimates that approximately 1,041 RSAs and 70 private nursing agencies participate in Medicaid and will be subject to the bill's requirements; additionally, approximately 24,300 home health care providers are estimated to be subject to the bill's requirements. However, the Department of Legislative Services (DLS) notes that the bill requires the online directory to include *each* home care provider in the State not just those that participate in Medicaid, and that the number of health care providers included in the online directory is likely much higher.

MDH expenditures (50% general funds, 50% federal funds) increase by an indeterminate but significant amount (likely millions of dollars over multiple years) beginning in fiscal 2026, to establish and maintain a searchable online directory. MDH advises that the directory will cost approximately \$9.0 million (50% general funds, 50% federal funds) to develop in fiscal 2026 only. As MDH does not currently collect fees from providers, establishing a system to collect fees from home health care providers to maintain the directory would cost an additional \$600,000 (50% general funds, 50% federal funds) in fiscal 2026 only. Federal fund revenues increase accordingly. MDH advises that the online directory will require 12 to 18 months to build. This estimate does not include any ongoing maintenance costs. DLS does not have the technical expertise to independently verify MDH's estimate.

MDH further advises that additional staff are required to implement and oversee the online directory. DLS notes that staff are likely not required until the online directory has been established, which would not be until fiscal 2027 at the earliest. MDH estimates that expenditures (50% general funds, 50% federal funds) increase by \$774,689 in fiscal 2027 for 10 additional staff (including 1 division chief, 1 supervisor, and 8 health policy analysts). DLS acknowledges that MDH must collect and enter significant amounts of data on an extensive number of home health providers under the bill and likely require some additional staffing, but the exact amount likely depends on the functionality of the online database created and cannot be reliably estimated at this time.

**State Revenues:** The bill authorizes MDH to charge a home health provider a fee for maintaining the directory. MDH is unable to reliably estimate the value of any such fee; therefore, this analysis does not include any general fund revenues associated with the fee. Since MDH advises that the online directory will require 12 to 18 months to build, any general fund revenues associated with the fee would not be received until fiscal 2027 at the earliest.

**Small Business Effect:** RSAs, many of which are small businesses, must report specified information to MDH. Home health providers may be subject to a fee for maintaining the directory, or this fee may be paid by RSAs on behalf on their employees.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** None.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 11, 2025  
caw/jc

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