

**Testimony of Laura Ness**  
**Mid-Atlantic Area Director of Government Affairs, BAYADA Home Health Care**  
**Senate Budget and Taxation Committee**  
**Bill Hearing – Budget Reconciliation and Financing Act of 2020**  
**February 26, 2020**

Thank you for having me at this important hearing. I am Laura Ness, the Mid-Atlantic Area Director of Government Affairs for BAYADA Home Health Care, a nonprofit home health care provider that helps people have a safe home life with comfort, independence, and dignity. BAYADA has more than 360 offices in 23 states, including Maryland, and is an active member of the Maryland-National Capital Homecare Association, also called MNCHA.

The majority of disabled people in this country, and in Maryland, prefer when possible to be cared for in the comfort of their own home. They want to be surrounded by the people who love them most and keep them safest. This is especially true for medically fragile children and the elderly.

Last year, MNCHA and its members were hopeful about the State's recognition of this sentiment when law makers took the important step of increasing the low Medicaid reimbursement rate for Licensed Practical Nurses, or LPNs. I want to take this opportunity to thank you and reiterate our deep appreciation for the work that you have done on this issue. The abysmally low rate is a major obstacle to ensuring home health services access in Maryland and thank you for recognizing that. Under your mandate, beginning in 2021 there was supposed to be a 4% increase of the LPN rate every year through 2026. Unfortunately, as you are likely aware, the proposed 2021 budget cut the increase from 4% to 2%. This reduction comes at the expense of Maryland's medically fragile and is a strong indicator of what could happen in years to come.

BAYADA, along with MNCHA and all the affected Marylanders, call on this body to support the restoration of the 2% LPN rate reduction, which we estimate will cost the state approximately \$1.1 million. We also ask that you support the restoration of all the other health care provider rate cuts in the 2021 budget.

Every day when LPNs enter patient homes, they are the first and last intervention between patients staying in their homes or needing hospital admission. They provide care through observation, staging interventions, carrying out care plans like tracheotomy changes and suctioning, intravenous feeding through G-Tubes or GJ-Tubes, administering medication, and intervening with seizures or other neurological incidents—and that is just the direct medical care. They also spend time record keeping in order to ensure an accurate understanding of a patient's status and development, staying up to date on technologies and equipment being used in the home, and following up with family members.

Maryland's low reimbursement rate is contributing to a state-wide home care nursing shortage. Much of the time, LPNs cannot afford to work in home care because they cannot make enough money to support themselves or their families. Many choose to work in hospitals or nursing homes, which both pay meaningfully higher wages and both cost the state substantially more money than home health services. And many choose to work in a neighboring state that has a higher reimbursement rate. Most of Maryland's neighbors have significantly higher rates, including the District of Columbia, Delaware, Pennsylvania and West Virginia.

Marylanders are not receiving all the services they are entitled to and urgently need. In 2018, a Task Force appointed by Governor Hogan found that statewide, children and adults with medical disabilities were on average not receiving 16% of prescribed home health care nursing hours. That number goes up to 28% for those who have had care for less than six months. This is alarming and unfair. When patients do not receive the care they require from nurses, there are dangerous and potentially lethal consequences: hospitalization risk increases as do ER visits; family members are forced to take on the role of the nurse, which not only puts stress on a family but also has potentially harmful effects on income—time spent nursing is time spent out of work. This story is more common than you would like in Maryland, and the people deserve better.

And it is important to state that no one could fault an LPN for choosing their own livelihood. But it is the State's responsibility to help solve this problem.

Providers are also relying on this rate increase to keep their doors open. This reduction is destabilizing, and many providers will need to reassess their businesses sustainability. And the real victims of this are the patients who will potentially lose even more access to the care they desperately need.

We must follow through on the promise we made last year to Maryland's medically fragile and restore the LPN rate increase. Too many families are depending on us and we must make sure that the nurse comes to fill the next shift. Thank you and we hope you will support the rate restoration.