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**HEALTH AND GOVERNMENT OPERATIONS COMMITTEE  
SENATE BILL 600: HEALTH FACILITIES – RESIDENTIAL SERVICE AGENCIES –  
REPORTING REQUIREMENT**

**MARCH 22, 2022**

**POSITION: SUPPORT**

Thank you, Madam Chair Pendergrass and Committee Members, for the opportunity to provide testimony on Senate Bill 600: Health Facilities – Residential Service Agencies – Reporting Requirement. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care.

Demand for health care workers is high, but job quality is often low, resulting in poor outcomes for people that require care. SB 600 would require residential service agencies (RSAs) – the term for home care agencies in Maryland – to report to the Maryland Department of Health, with respect to personal care aides (PCAs) providing Medicaid-funded care, the aides' hourly pay rate, classification as employee or independent contractor, and certain other basic information. As the health care workforce COVID-related crisis continues to worsen, the state does not know (i) how much PCAs are being paid with Medicaid funds or (ii) how many PCAs are being classified as independent contractors and thus not provided with any employment benefits. This information is critically important for policymakers to make informed policy decisions that ensure RSAs are provided with sufficient reimbursement rates and workers are paid enough to keep turnover low and attract more workers to the field. But the information is especially important now because the \$150 billion in federal money for home and community-based services that will hopefully be passed in coming months will be conditioned on states providing CMS with information on workers' wages and benefits. Maryland should position itself now to set up a system to collect this information so it can access its share of this money as soon as possible.

Substantive amendments have been made during this session to ensure that the current version before you does not include duplicative or overly burdensome requirements for providers, and address the majority of the concerns raised by industry. Furthermore, the only way for the Maryland Department of Health (MDH) can do a study to how to better structure their rate-setting policies is to ask RSAs how much they're paying workers and how they're classifying workers. SB 600 will give MDH the information necessary to improve home and community-based services for participants and the workers providing the care.

DRM's clients have reported significant PCA shortages during the public health emergency, which resulted in one client being stuck in their wheelchair for almost 48 hours. While staff shortages and call-outs are not new problems, it has gotten worse over the last two years as many

PCAs have left the field for other work. The lack of equity and labor protections for PCAs reflects a system that does not value this workforce or the people PCAs serve. People with disabilities deserve a care system that invests in PCAs and ensures that they are able to receive the medically necessary care they are entitled to.

Health care is a critical public service, especially given the current public health emergency. People with intellectual and developmental disabilities are three times more likely to become infected with COVID-19 and die than those without disabilities.<sup>1</sup> PCA staffing shortages are placing Marylanders with disabilities in danger of unnecessary institutionalization and significant gaps in care. Collecting the information under SB 600 will have the impact of improving Maryland's HCBS system which furthers the goals of and compliance with the *Olmstead* decision and community integration mandate of the Americans with Disabilities Act (ADA).<sup>2</sup>

**For these reasons, DRM strongly supports Senate Bill 600 and urges a favorable report.**

Respectfully,

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<sup>1</sup> Risk Factors for COVID-19 Mortality among Privately Insured Patients, A FAIR Health White Paper in Collaboration with the West Health Institute and Marty Makary, MD, MPH, from Johns Hopkins University School of Medicine, November 11, 2020.

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.

<sup>2</sup> *Olmstead v. L.C.*, 527 U.S. 581 (1999); 42 U.S.C. § 12101.