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**HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE
HOUSE BILL 981: MARYLAND MEDICAL ASSISTANCE PROGRAM - PERSONAL
CARE AIDES - REIMBURSEMENT AND REQUIRED WAGE**

March 09, 2022

POSITION: SUPPORT

Thank you, Madam Chair Pendergrass and Committee Members, for the opportunity to provide testimony on House Bill 981: Maryland Medical Assistance Program - Personal Care Aides - Reimbursement and Required Wage. 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. HB 981 would require the Medicaid reimbursement rate to be increased by 15%, a little over \$3 per hour. Second, it provides that starting July 1, 2023, personal care aides (PCA), whose work is funded by Medicaid, must be paid at least \$16 per hour. These rate increases would benefit care provider businesses in Maryland and their employees. These rate increases would also address the historical race and gender inequalities inherent in care giving. Care work often is not considered “work” because it is performed by women, especially women of color. Personal care aides in Maryland are mostly Black women, and many are immigrants: about 90% are women and about 70% are Black and about 25% are immigrants.¹ Very low Medicaid reimbursement rates and a low state minimum wage, of only \$12.20 for employers with 15 or more employees and \$12.50 for employers with 14 or fewer employees, traps these workers and their families in poverty. There are jobs, such as Target, where the work is not as taxing and the required skill level is lower offering \$24 per hour, almost twice as much as Maryland’s minimum wage. Higher reimbursement rates, combined with a higher wage minimum, will help move Maryland closer to race equity and gender equity and incentivize PCAs to stay in the field.

DRM’s clients have reported significant aide 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 livable wages 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.

¹ PHI, The Direct Services Workforce in Long-Term Services and Supports in Maryland and the District of Columbia, 2018, available at <http://phinational.org/resource/the-direct-services-workforce-in-ltss-in-md-and-dc/>; <http://www.phinational.org/news/phi-launches-institute-to-address-inequities-in-the-direct-care-workforce/>.

Health care is a critical public service, especially given the current pandemic. People with intellectual and developmental disabilities are three times more likely to become infected with COVID-19 and die than those without disabilities.² PCA staffing shortages are placing Marylanders with disabilities in danger of unnecessary institutionalization and significant gaps in care. HB 981 will have the impact of improving Maryland's HCBS system, both for participants and providers, which furthers the goals of and compliance with the *Olmstead* decision and community integration mandate of the Americans with Disabilities Act (ADA).³

For these reasons, DRM strongly supports House Bill 981.

Respectfully,

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² 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>.

³ *Olmstead v. L.C.*, 527 U.S. 581 (1999); 42 U.S.C. § 12101.