

SB468_Marylanders for Patient Rights_fav.pdf

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Position: FAV

Marylanders for Patient Rights

MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON SB468 Funding for Wage Increases for Medical Provider Workers

Marylanders for Patient Rights is a leading advocacy group for patients in our state. We are proud members of the Caring Across Maryland coalition--- a broad coalition of patients, loved ones, care workers, and advocates all of whom are impacted by our broken long term care system.

Marylanders for Patient Rights strongly believes that SB468 is critically important to ensuring that we build and maintain a workforce of professional caregivers by providing them with a well-earned livable wage. Researchers from Leading Age and others have found that creating living wage requirements for direct care workers would help to relieve staffing shortages and lower turnover rates, thus improving quality of care. ¹

As our population ages, the caregiver workforce continues to decline in alarming numbers, leaving many vulnerable patients without the help they need. It is very difficult and stressful for patients and their families to have a revolving group of caregivers while those workers, understandably, seek better employment situations. It is vitally important to ensure that this essential workforce is treated fairly and attracts qualified and caring employees.

Medical provider workers have been marginalized for too long. Maryland needs to increase provider reimbursement rates and ensure the increase is reflected in the wages of direct care workers. Please provide a favorable report on SB468, and support Maryland caregivers and their patients.

Thank you,

A C Palmisano

Anna C. Palmisano, Ph.D
Director, Marylanders for Patient Rights
palmscience@verizon.net

¹ Leading Age, Making Care Work Pay Report, 2020

SB468_Maryland Center on Economic Policy_FAV.pdf

Uploaded by: Christopher Meyer

Position: FAV

Wage Standards, Sufficient Medicaid Rates Would Strengthen Nursing Facility Care in Maryland

Position Statement in Support of Senate Bill 468

Given before the Senate Budget and Taxation Committee

Maryland's budget is a moral document that has the power to move us toward broadly shared prosperity if invested wisely, and just as much power to move us in the wrong direction if not. Investing Marylanders' shared resources in decent jobs that pay a family-supporting wage is vital to support a healthy, equitable economy. **Senate Bill 468 would advance these goals while strengthening our long-term care workforce.** For these reasons, the Maryland Center on Economic Policy supports Senate Bill 468.

Long-term care workers are a vital part of the social infrastructure that keeps Maryland going. They provide essential services to aging Marylanders and Marylanders with disabilities, but the state struggles to meet the need for these workers.ⁱ Demographic change is expected to worsen this shortfall in coming years and decades. Maryland's 65+ population grew by 18% from 2015 to 2021, while the 20–64 population increased by only 0.2%.ⁱⁱ By 2030, our 65+ population is projected to grow by another 29% as the 20–64 population slightly declines.ⁱⁱⁱ Paltry wages and dangerous working conditions are an important contributor to this worker shortage,^{iv} and disproportionately harm women of color, who constitute the bulk of this workforce:^v

- 76% of direct care workers in nursing homes in Maryland are Black and 81% are workers of color, as of 2017.
- 88% of direct care workers in nursing homes in Maryland are women.
- 32% of direct care workers in nursing homes in Maryland were born outside the United States.
- Direct care workers in nursing homes in Maryland typically took home less than \$26,000 per year in 2017, equivalent to only \$12.39 per hour for a full-time worker (81% of all workers). One in three had family income less than double the federal poverty line.

Senate Bill 468 would strengthen Maryland's long-term care workforce by increasing Medicaid reimbursement rates by 5.8% compared to current law beginning in fiscal year 2024, and requires that facilities pass through 90% of the required rate increase to direct care workers.

Strengthening protections to ensure workers are paid livable wages would directly benefit workers and would also reduce barriers to maintaining a sufficient long-term care workforce to provide essential supports to aging Marylanders and Marylanders with disabilities.

For these reasons, the Maryland Center on Economic Policy respectfully requests that the Senate Budget and Taxation Committee make a favorable report on Senate Bill 468.

Equity Impact Analysis: Senate Bill 468

Bill summary

Senate Bill 468 would require the state to increase Medicaid reimbursement rates for certain medical care providers including nursing homes by 10% in fiscal year 2024, rather than 4% under current law (a 5.8% increase compared to the status quo). The bill requires that facilities pass through 90% of the required rate increase to direct care workers.

Background

Long-term care workers provide essential services to aging Marylanders and Marylanders with disabilities, but the state struggles to meet the need for these workers. Demographic change is expected to worsen this shortfall in coming years and decades. Research links this shortage in large part to low wages and dangerous working conditions.^{vi}

Equity Implications

Senate Bill 468 would strengthen protections for nursing home workers who face dangerous working conditions, often take home low wages, and are disproportionately women of color.^{vii}

- 76% of direct care workers in nursing homes in Maryland are Black and 81% are workers of color, as of 2017.
- 88% of direct care workers in nursing homes in Maryland are women.
- 32% of direct care workers in nursing homes in Maryland were born outside the United States.
- Direct care workers in nursing homes in Maryland typically took home less than \$26,000 per year in 2017, equivalent to only \$12.39 per hour for a full-time worker (81% of all workers). One in three had family income less than double the federal poverty line.

Impact

Senate Bill 468 would likely **improve racial, gender, and economic equity** in Maryland.

ⁱ “The Direct Services Workforce in Long-Term Services and Supports in Maryland and the District of Columbia,” PHI, 2018, <https://phinational.org/wp-content/uploads/2018/09/DSWorkers-Maryland-2018-PHI.pdf>

ⁱⁱ MDCEP analysis of U.S. Census Bureau Population Estimates.

ⁱⁱⁱ MDCEP analysis of U.S. Census Bureau Population Estimates and Maryland Department of Planning population projections.

^{iv} “The Direct Services Workforce,” 2018.

^v “The Direct Services Workforce,” 2018.

^{vi} “The Direct Services Workforce,” 2018

^{vii} “The Direct Services Workforce,” 2018

PJC Written Testimony -- SB468 - Final.pdf

Uploaded by: Diana Jarek

Position: FAV



Diana Jarek, Attorney
Public Justice Center
201 North Charles Street, Suite 1200
Baltimore, Maryland 21201
410-625-9409, ext. 223
djarek@publicjustice.org

SB 468 – Funding for Wage Increases for Medical Provider Workers

Hearing of the Senate Budget and Taxation Committee - March 1, 2023

Position: Favorable

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Workplace Justice Project works to expand and enforce the right of low-wage workers to receive an honest day's pay for an honest day's work. The PJC **supports SB 468**, which would increase Medicaid medical care provider reimbursement rates and allow 90% of the increase to be specifically designated for worker wages and benefits.

Problem: Direct care workers play a critical role in the functioning of the health care system, but low-wages and understaffing have fueled a substantial labor shortage.

- Between 2018 and 2028, the long-term care sector will need to fill about 8.2 million job openings in direct care, including 1.3 million new jobs and an additional 6.9 million jobs that will become vacant when workers leave the field or exit the labor force altogether.¹
- Despite the dire need for care workers, wages for direct care workers are untenably low.²
 - The median wage for a direct care worker in Maryland is just \$14.62/hour.
 - The annual median personal earnings a full-time care worker in Maryland is \$26,700.
 - One in three direct care workers in Maryland live below the poverty line.
 - 39% of Maryland's care workers lack affordable housing.

Solution: A Medicaid rate reimbursement increase with a wage pass-through is the most direct way to address nursing home and home care staff shortages and increase quality of care.

- As of September 2020, 22 states have enacted similar wage pass-through provisions as part of their Medicaid programs to attract and retain care workers.³

¹ Kezia Scales, "From Crisis to Emergency: 8.2 Million Direct Care Job Openings Expected by 2028." January 2020. Available at <https://phinational.org/resource/from-crisis-to-emergency-8-2-million-direct-care-job-openingsexpected-by-2028/>.

² PHI, "Direct Care Workforce State Index: Maryland." Available at <https://www.phinational.org/state/maryland/>.

³ Institute for Healing Justice & Equity, "Direct Care Worker Wage Pass-Through Law Final Report," September 2020. Available at https://ihje.org/wp-content/uploads/2020/12/Direct-Care-Worker-Wage-Pass-Through-Law-Final-Report_September-2020_Institute-of-Healing-Justice-and-Equity.pdf.

- SB 549 requires that 90% of this reimbursement increase go directly to care workers' wages.
- This increase in workers' take-home pay is the first step towards bolstering and retaining the care workforce that Marylanders rely upon.

The PJC is a member of the Caring Across Maryland coalition, a broad coalition of patients, loved ones, care workers, and advocates all impacted by our broken long term care system. The Caring Across Maryland coalition supports SB 468.

For the foregoing reasons, the PJC **SUPPORTS SB 468** and urges a **FAVORABLE** report. Should you have any questions, please call Diana Jarek at 410-625-9409 ext. 223.

SB 468 - Funding for Wage Increases for Medical Pr

Uploaded by: Donna Edwards

Position: FAV



MARYLAND STATE & D.C. AFL-CIO

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**SB 468 - Funding for Wage Increases for Medical Provider Workers
Senate Budget and Taxation Committee
March 1, 2023**

SUPPORT

**Donna S. Edwards
President**

Maryland State and DC AFL-CIO

Chairman and members of the Committee, thank you for the opportunity to submit testimony in support of SB 468. My name is Donna S. Edwards, and I am the President of the Maryland State and District of Columbia AFL-CIO. On behalf of Maryland's 300,000 union members, I offer the following comments.

Our healthcare system is in crisis. Nursing homes suffer from staff shortages that prevent them from providing the level of care that our state deserves. The pandemic pushed our care workforce to the brink and many left the industry to find employment in higher paying, less demanding jobs. Despite taking care of our most vulnerable, direct care workers are underpaid and overworked.

SB 468 follows the lead of 21 other states by implementing a wage pass through for direct care workers using Maryland's Medical Assistance Program.¹ By increasing the Governor's proposed budget allocation for direct care services from 4% to 10% and requiring that money to be used for direct care worker wage increases, it helps attract workers back to the industry and alleviates the staffing shortage. In order to prevent this money from being used to increase company profits or compensate executives, 90% of the rate increase funding must be used to increase the salaries of healthcare workers, nursing home staff that provide direct care, and nursing home support staff like housekeeping, laundry, nutritional, and activity planners. This ensures that funding goes to the lowest paid workers. This is also an issue of racial equity. Maryland's direct care workforce is 87% people of color.²

We urge the committee to issue a favorable report for SB 468.

¹ McKnight Long Term Care News. "Nearly half of states now using Medicaid to boost direct-care pay." November 4, 2022.

² PHI. "The Direct Services Workforce in LTSS in MD and DC." September 2018.

mwc_sb468_testimony2023.docx.pdf

Uploaded by: Dyana Forester

Position: FAV



Metro Washington Labor Council, AFL-CIO

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28 February 2023

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Senator Guy Guzzone

Chair

Budget and Taxation Committee

3 West

Miller Senate Office Building

Annapolis, Maryland 21401

Mr. Chair and members of the Budget and Taxation Committee:

On behalf of the Metropolitan Washington Council and its 150,000 rank-and-file members across the Greater Metropolitan Washington Region, I am writing to you in support of **Senate Bill 468 - Funding for Wage Increases for Medical Provider Workers**.

The Metro Washington Council is a member of the Caring Across Maryland coalition. A broad coalition of patients, loved ones, care workers, and advocates all impacted by our broken long term care system. We know that women, more specifically black women, are the backbone of the home healthcare system. However, they have some of the lowest wages in the healthcare industry. In addition to the low wages, many of these workers are non recipients of benefits for themselves and their families.

This legislation introduces a needed Medicaid Reimbursement rate increase for skilled nursing facilities. With labor being the biggest cost, the bill calls for a fair portion to go directly towards wage increase for specific titles within nursing homes that are a part of direct patient care. It excludes workers who are part of temporary staffing agencies because they offer higher wages without the commitment for continuity of care which is necessary for patient health. It also ensures fair and transparent reporting requirements through Maryland Cost Reports to ensure appropriate spending of public dollars.

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This investment in our long-term care infrastructure is also important to Maryland's unique healthcare system. Maryland is the only state which operates under what is called a Total Cost of Care Model, a unique hospital rate-setting system, overseen by the Health Services Cost Review Commission. While the HSCRC does not have authority over long-term care providers, our Maryland Model demands that care settings outside of our hospitals provide high quality care. In fact, our system's success hinges on the ability of all providers across the spectrum to ensure that we reduce unnecessary hospitalizations. So, we must prioritize long-term care settings such as skilled nursing facilities when we address our healthcare system.

It is long overdue to confront the historic racial and gender inequities in the direct care workforce. The direct care workforce in our nursing homes is overwhelmingly made up of Black Women⁷. We are not only failing to attract new workers to these jobs, but we are also trapping those who are currently in this workforce in poverty. Thank you for your consideration of this request. I urge a favorable report from the committee.

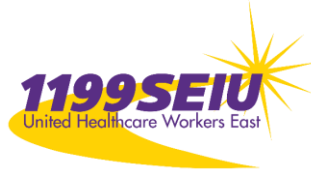
In Solidarity,

Dyana Forester
President

SB 468- Kirsatl Kennedy (1).pdf

Uploaded by: Kirsatl Kennedy

Position: FAV



Testimony in Support of SB 468

Funding for Wage Increases for Medical Provider Workers

Dear Chair Guzzone and members of the Budget and Taxation Committee:

My name is Kirsatl Kennedy and I am a geriatric nursing assistant in a long term care facility in Maryland. I'm a member of 1199 SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 workers in Maryland/DC. Our union urges a favorable report for SB 468 Funding for Health Care Workers. I am thankful for Senator Rosapepe leadership to push Maryland to invest in its care workers through the Medicaid Reimbursement Rates just as 22 other states have done.

The Maryland Medicaid Wage Passthrough Act works to increase Medicaid Reimbursement Rates and ensure a fair portion of that increase goes directly towards worker wages and benefits. Due to low wages, long term care industry experiences high turnover and a staffing crisis.

I work over 60 hours a week and my take home pay is only about \$800 and this is barely enough to pay my rent, and make sure I am paying all my bills. Not only am I working night shifts and long hours, there are always a shortage of GNAs so while the standard is 1 GNA to 11 patients, there are weeks where I am taking care of about 20 patients.

It was already bad, but the pandemic really burnt us out and showed us how little the system really cares about us or our patients. We were overworked, underpaid, and at risk of spreading COVID-19 all while trying to take care of our families and residents.

It's not just nurses, our housekeeping and dietary aides in the nursing homes are the most understaffed. It takes longer for rooms to get disinfected and cleaned, patient meal times are impacted as well. They are an important part of our care team.

I remember I had one patient in particular who had come into the nursing home relatively healthy and mobile. He would get up and go on walks around the building, but when we faced the staffing crisis, he was getting bed sores, unable to get out of bed and became completely bed-ridden. I have seen patients die because management did not ensure we had the appropriate number of staff on call.

Investing in the care workforce in Maryland's nursing homes is a good public health policy and is a matter of racial equity. The direct care workforce in our nursing homes is overwhelmingly made up of Black women¹. We are not only failing to attract new workers to these jobs, but we are also trapping those who are currently in this workforce in poverty.

Because care can't wait, I urge this committee to issue a favorable report on SB 468.

Sincerely,

Kirsatl Kennedy, kirsatlkennedy@gmail.com

SB 468 - 1199 SEIU.pdf

Uploaded by: Loraine Arikat

Position: FAV



Testimony in Support of SB 468

Funding for Wage Increases for Medical Provider Workers

Dear Chair Guzzone and members of the Budget and Taxation Committee:

My name is Ricarra Jones and I am the political director of 1199 SEIU United Healthcare Workers East in Maryland/DC. 1199 SEIU is the largest healthcare union in the nation, and here in Maryland we have over 10,000 members working in hospitals, long term care settings, and federally qualified health centers. This legislation is foundational to sustainably funding wages and benefits of direct and indirect care workers in long term care. 1199 SEIU supports SB 468 with sponsor amendments.

The COVID pandemic has highlighted existing weaknesses in our health care delivery systems, and nursing homes have proven to be most vulnerable. Our members are on the front lines of our skilled nursing facilities, working every day under dangerous staff shortages, overwhelming workloads, and the devastating emotional toll of watching beloved residents get sick and die. Any solution to address our staffing crisis must include addressing the low wages of this workforce.

SB 468 addresses racial equity. It is long overdue to confront the historic racial and gender inequities in the direct care workforce. The direct care workforce in our nursing homes is overwhelmingly made up of Black Women⁷. We are not only failing to attract new workers to these jobs, but we are also trapping those who are currently in this workforce in poverty.

The workforce crisis is interconnected with the economic stability of the sector. Without enough staff, nursing homes cannot care for as many residents, and the already underfunded health care sector struggles to recover from the COVID-19 pandemic. This legislation addresses the dual workforce and economic crises ultimately threaten access to care for hundreds of thousands of vulnerable, frail seniors.

Medicaid is the primary source of funding for nursing home residents at skilled nursing facilities who take up more 80% of the beds. The American Health Care Association which represents nursing homes across the country released a survey last year with some stark numbers: 98% are experiencing difficulty hiring new staff⁸. 76% said their current financial situation and lack of funding is an obstacle in being able to offer competitive wages to hire new staff⁸. This legislation is a solution in Maryland to support long term care facilities and invest in our care workforce.

22 other states have already implemented a wage passthrough in addition to taking crucial steps to addressing the staffing crisis through wage increases:

¹2001 Bill Text Massachusetts House Bill 4800; §4000-0600 (2001)

²2001 Bill Text Massachusetts House Bill 4800; §4000-0641 (2019)

³<https://www.state.nj.us/ooie/news/div-assets/docs/ManattRecommendations.pdf> 4 New Jersey Department of 3 Human Services, Division of Aging Services, Nursing Facility SFY2021 Rate Increase FAQ, November 6th, 2020, available online at:

⁴New Jersey Department of Human Services, Division of Aging Services, Nursing Facility SFY2021 Rate Increase FAQ, November 6th, 2020, available online at: <https://www.nj.gov/humanservices/library/slides/NF%20SFY2021%20Rate%20Increase%20FAQ.pdf>

⁵Michigan Department of Health and Human Services, Long-Term Care COVID-19 Plan, Direct Care Workforce, Skilled Nursing Facilities, available online at: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_100722- --,00.html

⁶Governor_Whitmer_2021_State_of_the_State_Remarks_as_Prepared_for_Delivery_714535_7.pdf (michigan.gov)

⁷PHI, 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/>.

⁸<https://www.ahcanal.org/News-and-Communications/Press-Releases/Pages/Survey-94-Percent-of-Nursing-Homes-Face-Staffing-Shortages.aspx>

Massachusetts has had a program since 2001 with an appropriations bill that set aside money for the sole purpose of funding base hourly wage increases for certified nurse aides at skilled nursing facilities.¹The 2019 version of this bill set aside \$38.3 million to fund wages related to all direct care staff in nursing homes, including CNAs (Certified Nurse Aides), housekeeping, laundry, dietary and activities staff.²

In 2020, in the wake of the pandemic, **New Jersey** released a report outlining key steps that needed to be taken to strengthen the resilience of their nursing homes³. One of the findings of the report was that high staff turnover in nursing homes weakened the quality of care, and the report specified that low wages drove many of these workers to take multiple jobs, contributing to the turnover. In response, New Jersey increased Medicaid nursing facility rates, with requirements that this additional revenue be spent on wages⁴.

Michigan is also now allowing the nursing facilities certified to participate in Medicaid to request additional reimbursement for their direct care workers⁵. They are one of many states who are using federal dollars released through the American Rescue Plan Act (ARPA) as a launchpad to jumpstart these higher wages. However, their Governor has already stated a commitment to ensuring those wages are permanently funded⁶.

This investment in our long-term care infrastructure is also important to Maryland's unique healthcare system. Maryland is the only state which operates under what is called a Total Cost of Care Model, a unique hospital rate-setting system, overseen by the Health Services Cost Review Commission. While the HSCRC does not have authority over long-term care providers, our Maryland Model demands that care settings outside of our hospitals provide high quality care. In fact, our system's success hinges on the ability of all providers across the spectrum to ensure that we reduce unnecessary hospitalizations. So, we must prioritize long-term care settings such as skilled nursing facilities when we address our healthcare system.

For these reasons, 1199 SEIU urges you to issue a favorable report. I am happy to answer any additional questions at ricarra.jones@1199.org

In Unity,

Ricarra Jones
Political Director
1199 SEIU United Healthcare Workers East

¹2001 Bill Text Massachusetts House Bill 4800; §4000-0600 (2001)

²2001 Bill Text Massachusetts House Bill 4800; §4000-0641 (2019)

³<https://www.state.nj.us/ooie/news/div-assets/docs/ManattRecommendations.pdf> 4 New Jersey Department of 3 Human Services, Division of Aging Services, Nursing Facility SFY2021 Rate Increase FAQ, November 6th, 2020, available online at:

⁴New Jersey Department of Human Services, Division of Aging Services, Nursing Facility SFY2021 Rate Increase FAQ, November 6th, 2020, available online at: <https://www.nj.gov/humanservices/library/slides/NF%20SFY2021%20Rate%20Increase%20FAQ.pdf>

⁵Michigan Department of Health and Human Services, Long-Term Care COVID-19 Plan, Direct Care Workforce, Skilled Nursing Facilities, available online at: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_100722- --,00.html

⁶Governor_Whitmer_2021_State_of_the_State_Remarks_as_Prepared_for_Delivery_714535_7.pdf (michigan.gov)

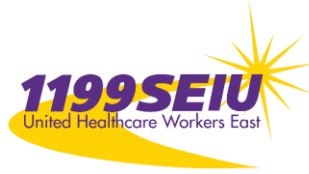
⁷PHI, The Direct Services Workforce in Long-Term Services and Supports in Maryland and the District of Columbia, 2018, available at <http://phinational.org/resource/the-direct-services-workforce-in-ltss-in-md-and-dc/>.

⁸<https://www.ahcanca.org/News-and-Communications/Press-Releases/Pages/Survey-94-Percent-of-Nursing-Homes-Face-Staffing-Shortages.aspx>

SB 468 - Toni Holly.pdf

Uploaded by: Loraine Arikat

Position: FAV



Testimony in Support of SB 468

Funding for Wage Increases for Medical Provider Workers

Dear Chair Guzzone and members of the Budget and Taxation Committee:

My name is Toni Holly and I have been a geriatric nursing assistant in a long-term care facility in Maryland for 39 years. I'm a member of 1199 SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 workers in Maryland/DC. Our union urges a favorable report for SB 468 Funding for Health Care Workers. I am thankful for Senator Rosapepe's leadership to push Maryland to invest in its care workforce just as 22 other states have done.

The Maryland Medicaid Wage Passthrough Act works to increase Medicaid Reimbursement Rates and ensure a fair portion of that increase goes directly towards worker wages and benefits. Due to low wages, long term care industry experiences high turnover and a staffing crisis.

Personally, as a healthcare worker I know first hand that the turnover has been increasing. Additionally, the pay for healthcare workers has not increased at the rate as other professionals which forces aides to have to work longer hours to be able to afford the rising cost of living. This has lead to many of my colleagues to leave the profession and seek career opportunities in other fields causing a staffing shortage through out long term care. We need to invest in our health care workforce. Without our care workforce, facilities will not be able to provide adequate care to their residents that depend on caregivers.

Nursing homes have been the epicenter of the COVID-19 pandemic. Our care team including certified nursing assistants, maintenance, dietary aides, and housekeeping felt burnt out with overwhelming workloads, dangerous staffing shortages, and the emotional toll of caring for residents facing isolation, sickness, and death. The pandemic highlighted the brokenness of our long-term care system. The need for long term care services will only rise in the state, and this legislation ensures we are adequately supporting the care workforce.

Investing in the care workforce in Maryland's nursing homes is a good public health policy and is a matter of racial equity. The direct care workforce in our nursing homes is overwhelmingly made up of Black women¹. We are not only failing to attract new workers to these jobs, but we are also trapping those who are currently in this workforce in poverty.

Because care can't wait, I urge this committee to issue a favorable report on SB 468.

Sincerely,

Toni Holly, toniholly76@gmail.com

SB 468 - WLCMD - FAV.pdf

Uploaded by: Michelle Siri

Position: FAV

BILL NO: Senate Bill 468
TITLE: Funding for Wage Increases for Medical Provider Workers
COMMITTEE: Budget & Taxation
HEARING DATE: March 1, 2023
POSITION: **SUPPORT**

Senate Bill 468 seeks to increase funding for nursing home workers by increasing the Medicaid reimbursement rate from 4% to 10% – and ensuring the increase goes directly towards wages and benefits – is the most direct way to improve job quality, recruitment, and retention. As our nation faces an on-going crisis of care, derived from the pandemic, staffing shortages, and an increasingly aging population, anything we can do to address these issues will benefit Maryland workers and Maryland families.

Direct care pay has historically remained low due to multiple factors, including under-investment in long-term care services and intersecting legacies of sexism, racism, and xenophobia that undervalue caregiving work and those who provide it. The Maryland Medicaid Wage Pass-through Act would increase Medicaid medical care provider reimbursement rates and allow the increase to be specifically designated for worker wages and benefits.

SB 468 seeks to address the shortage of nursing assistants and the abysmal wages those employees currently earn, which in turn will support Maryland families and enable continued economic security for women in Maryland. As such, the Women's Law Center of Maryland, Inc. urges a favorable report on Senate Bill 468.

The Women's Law Center of Maryland is a non-profit legal services organization whose mission is to ensure the physical safety, economic security, and bodily autonomy of women in Maryland. Our mission is advanced through direct legal services, information and referral hotlines, and statewide advocacy.

SB 468- LWVMD- FAV- Funding for Wage Increases for

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE BUDGET AND TAXATION COMMITTEE

SB0468: Funding for Wage Increases for Medical Provider Workers

POSITION: Support

BY: Nancy Soreng, President

DATE: March 1, 2023

The League of Women Voters Maryland supports **Senate Bill 468: Funding for Wage Increases for Medical Provider Workers**. This bill requires that the majority of the reimbursement rate increase for medical care providers in the Governor's proposed budget be used to fund wage increases to the healthcare workers involved in direct patient care.

The League is fully committed to diversity, equity, and inclusion. Improving equity involves increasing justice and fairness within institutions, **as well as in their distribution of resources**. Equity works to ensure that every person has an equal opportunity to succeed.

Per the Washington Post:¹ **"Black women are more overrepresented in health-care jobs than any other demographic groups, and are concentrated in the lowest-paid and most dangerous roles-** disparities that are the products of structural racism and sexism....Black women are more likely to work in those nursing homes and other long-term care settings that are most understaffed and under-resourced, leading to greater risk and exposure to injury or infection....**But while Black women do some of the hardest work in healthcare, their paychecks don't reflect it."**

This proposed legislation would mandate an equitable wage increase to the healthcare workers providing direct patient care to the elderly, disabled and chronically ill residents of assisted living facilities, nursing homes, and community residences. **Their important, difficult, and physically-demanding work enables residents to maintain their best possible quality of life and highest level of independence.** For this reason, the League and its 1,500+ members urge a favorable report on Senate Bill 468.

¹ <https://www.washingtonpost.com/lifestyle/2022/02/24/black-women-health-care-jobs/>

SB 468 Funding for Wage Increases for Medical Prov

Uploaded by: Tammy Bresnahan

Position: FAV



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facebook.com/aarpm

SB 468 Funding for Wage Increases for Medical Provider Workers
Senate Budget and Taxation
FAVORABLE
March 1, 2023

Good afternoon Chairman Guzzone and members of the Senate Budget and Taxation Committee. I am Tammy Bresnahan, Senior Director of Advocacy for AARP MD. On behalf of our almost 900,000 members, we would like to thank you for the opportunity to speak in support of SB 468 Funding for Wage Increases for Medical Provider Workers. We thank Senator Rosapepe for introducing SB 468.

SB 468 increases from 4% to 10% the percentage reimbursement rate increase that is required to be included in the Governor's proposed budget for fiscal year 2024 for providers of health care services under the Maryland Medical Assistance Program, the Maryland Children's Health Program, and the Community First Choice Program; requiring that 90% of the funding increase be used to fund wage increases for workers; and requiring that nursing homes annually submit a cost report to the Maryland Department of Health.

AARP believes that living wages and salaries should be commensurate with comparable salaries in the state and with the time, skill, and effort required to render high-quality services and supports. Medicaid reimbursement rates should be rebased and updated regularly to consider relevant economic and financial information, including provider costs. State governments should require pass-throughs (i.e., using additional LTSS funding) or other mechanisms to increase compensation for direct-care workers.

In addition, there should be adequate accountability procedures, such as audits, to ensure that reimbursement increases designated for staffing costs are used for that purpose. And lastly State governments should document the shortage of workers and their training needs, and support research to identify effective ways to address these problems and create a sustained high-quality workforce.

For these reasons, we ask the Committee for a favorable report on SB 468. If you have questions or comments, please contact Tammy Bresnahan at tbresnahan@aarp.org or by calling 410-302-8451.



HFAM Testimony SB 468.pdf

Uploaded by: Joseph DeMattos

Position: FWA



**TESTIMONY BEFORE THE
BUDGET AND TAXATION COMMITTEE**

March 1, 2023

Senate Bill 468: Funding for Wage Increases for Medical Provider Workers

POSITION: FAVORABLE WITH AMENDMENTS

I am Joe DeMattos, President and CEO of the Health Facilities Association of Maryland (HFAM). On behalf of our members, and after much work with leaders at 1199SEIU, I appreciate the opportunity to outline our support with amendments on Senate Bill 468.

The Health Facilities Association of Maryland is the oldest association of its kind in Maryland and is affiliated with the American Health Care Association/National Center for Assisted Living (AHCA/NCAL), which is the largest national post-acute and senior living association. HFAM skilled nursing members provide nearly 4 million days of care across all payer sources annually, including more than 2.3 million days of Medicaid care.

Let's begin by explicitly making three points:

1. Nursing homes in Maryland want to pay staff as much as possible supported by the Medicaid rate.
2. The predominant payor for Marylanders in skilled nursing and rehabilitation centers is Medicare for short-stay rehabilitative care and Medicaid for long-term care. Providers are reliant on these non-negotiable Medicare and Medicaid rates set by the government for the majority of their revenue. Unlike other businesses, they cannot simply adjust their prices to accommodate rising expenses, inflation, and wage increases. We will not support this legislation if it is not accompanied by new funding.
3. Neither the annual 4% Medicaid rate nor any possible rate increase associated with the Fair Wage Act of 2023 can apply toward a wage-pass-through measure such as SB 468. **Again, this legislation must pass with new funding for HFAM to be supportive.**

Senate Bill 468, Funding for Wage Increases for Medical Provider Workers intends to increase wages and benefits for certain workers in skilled nursing and rehabilitation centers. This legislation calls for an additional 10% increase in the Medicaid rate for this purpose. The bill is well intended, but operationally not feasible in its current form. SB 468 is limited in setting Medicaid spending targets; by federal law, states cannot mandate Medicare spending.

Three aspects of the legislation, as written, are problematic:

- It requires significant wage increases at a time when wages in nursing homes are, on average, historically high and continue to be driven by inflation.
- It would fund an infusion of \$140M to \$180M into wages in the near term and then create an unfunded mandate in the following years.
- The reporting language and penalties in the bill as drafted are problematic and punitive.

NOTE: Unlike the \$70 to \$90M in new state Medicaid funding required by the originally introduced version of SB 468, we estimate that with the agreed-upon amendments of HFAM and 199SEIU that this legislation will require \$56 million annually in new state Medicaid funding.

Again, nursing homes in Maryland want to pay staff as much as possible supported by the Medicaid rate. Our sector's success depends on adequate staffing, which in turn depends on adequate wages and benefits. Paying competitive wages and benefits is a key part of recruiting and retaining sufficiently trained and effective staff who provide quality care and improve the lives of the most vulnerable Marylanders.

We currently find ourselves in the most inflationary period in 40 years, and that includes wage inflation. While there are outliers who have not increased wages, most skilled nursing and rehabilitation centers have increased wages to historic levels in recent years.

Examples of wages in our setting, based on Medicare and Medicaid cost reports and federal Medicare payroll-based journal data, include:

- In January 2019, the average hourly wage of any professional with nursing licensure (GNA, LPN, RN) was \$23.55.
- In the second quarter of 2022, the average hourly wage of any professional with nursing licensure (GNA, LPN, RN) was \$29.51.
- On average, the blended hourly average nursing wage (GNA, LPN, RN) has increased by 25 percent from the first quarter of 2019 to the first quarter of 2022.

In a targeted survey of HFAM members, we found:

- The average geriatric nursing assistant (GNA) starting wage is \$17.02 per hour.
- The average geriatric nursing assistant (GNA) wage among all GNAs is \$19.83 per hour.
- The highest wage among geriatric nursing assistants (GNAs) averages \$22.21 per hour, with some centers paying as high as \$25 per hour.

By way of background, nursing homes provide services and employ individuals in nearly every jurisdiction of the state. There are approximately 22,000 Marylanders receiving quality care in nursing homes and about 30,000 professionals providing that care.

Nursing homes provide a critical safety net for Marylanders in need. People who receive care in skilled nursing and rehabilitation centers often have multiple medical conditions such as congestive heart failure, diabetes, and hypertension. Again, this quality care is dependent on the dedicated long-term care workforce.

Adequate Medicaid funding is now more important than ever to maintain care capacity, support wage increases, and cover increased operational expenses.

Given all these factors, we would ideally put a pause on this initiative this Session and take the interim to come to an agreed-upon consensus. However, we are making a good-faith effort to secure passage of this legislation this year. We've had an ongoing general dialogue with leaders at 1199SEIU for over a year now, and more detailed discussions leading into and during Session. It is critical to reiterate that a wage pass-through must be supported by new Medicaid dollars; if there is no new funding, then HFAM would be forced to oppose this legislation.

Below is a narrative description of the amendments that have been agreed upon by SEIU 1199:

The 10% Medicaid increase and the requirement that 90% of that increase go to wage increases will be stricken. Instead, this will be the measurement for wages and benefits, the targets, and the funding will be the following:

- An additional 8% Medicaid rate increase in FY24 and a 70% towards direct and indirect care worker wages and benefits.
- An additional 8% Medicaid rate increase in FY25 and a 70% target towards direct and indirect care worker wages and benefits.
- An additional 8% Medicaid rate increase in FY26 and a 70% target towards direct and indirect care worker wages and benefits.

The salary and benefits of nursing home administrators will not be included in the spending targets. The wage and benefits target will include but not be limited to physicians, physicians' assistants, nurse practitioners, nurse specialists such as those engaged in diabetic, renal, and wound care, or other chronic medical conditions; registered nurses, licensed practical nurses, certified nurse aides, geriatric nurse aides, resident care aides; dietary workers, housekeeping/laundry, in-house clerical staff regularly interacting with residents and caregivers; maintenance, clergy, security staff; staff development coordinator, quality assurance professional, unit clerks, MMQ evaluation nurse/MDS coordinator; social service worker, behavioral health staff, interpreter service, restorative therapy, and recreational therapy. As is currently the case, Medicaid rates can be used to pay for temporary agency (nursing) staff, and temporary agency wages and benefits will be included in wage and benefit targets.

The measures and targets of the legislation will be verified annually by the Maryland Department of Health (MDH) via Medicaid cost reports and existing reporting requirements and will be reviewed by MDH with these new additional criteria.

The punitive language for the loss of nursing home censes shall be stricken from the legislation. And we are confident working in partnership with our MDH colleagues that the Department will ensure compliance in a way that is not onerous to nursing homes.

Lastly, this legislation shall sunset after three years.

Again, we want to pay workers as much as possible as supported by the Medicaid rates— our workforce is critical to providing quality care to Marylanders most in need. Given that providers are reliant on non-negotiable Medicare and Medicaid rates for the majority of their revenue, any wage-pass-through measures must be funded with new Medicaid dollars.

We appreciate the opportunity to provide this testimony with the amendments supported both by HFAM and 1199SEIU, we request a favorable report from the Committee on SB 468.

Submitted by:
Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

LeadingAge Maryland - 2023 - SB 468 - funding for

Uploaded by: Aaron Greenfield

Position: UNF



576 Johnsville Road
Sykesville, MD 21784

TO: Budget & Taxation
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 468, Funding for Wage Increases for Medical Provider Workers
DATE: March 1, 2023
POSITION: Unfavorable

LeadingAge Maryland respectfully requests an unfavorable report of Senate Bill 468, Funding for Wage Increases for Medical Provider Workers.

LeadingAge Maryland is a community of more than 140 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

Senate Bill 468 increases from 4% to 10% the percentage reimbursement rate increase that is required to be included in the Governor's proposed budget for fiscal year 2024 for providers of health care services under the Maryland Medical Assistance Program, the Maryland Children's Health Program, and the Community First Choice Program. This legislation also requires that 90% of that funding increase be used to fund wage increases for direct care workers. Under the bill, nursing homes must annually submit a cost report to the Maryland Department of Health that includes documentation of wage disbursement. Failure to do so could result in recoupment from the reimbursement rate, a corrective plan, suspension or termination from the program or termination of licensure.

LeadingAge Maryland supports increasing wages for direct care workers and other staff in nursing home settings and is not opposed to finding a wage pass-through mechanism that would support further increasing wages and benefits. In fact, our members continually evaluate wages and increase wages and benefits to better support their team members. However, reimbursement mechanisms must be aligned to ensure providers are also able to meet rising costs in other areas of operations.

The bill as currently written is incredibly problematic. Any wage pass-through measure must come from new Medicaid funding, not from the 4% annual Medicaid rate increase or funds meant to support acceleration of the state minimum wage, such as the Fair Wage Act of 2023. Medicaid providers have experienced chronic underfunding coupled with rising costs causing them to either operate in the negative or with very small margins. Unlike other businesses, these providers are unable to pass added costs on to consumers. The Marylanders they serve are most commonly receiving short-term rehab care paid for by Medicare, or long-term care covered by Medicaid, which reimburses at a set rate that must be used to cover all expenses.

COVID-19 and its aftermath will most certainly test community organizations and ultimately determine whether the provider network is capable of meeting the steady and increased demand for critical services. Providing a material rate increase without ties is essential for the ongoing viability of these entire provider organizations and for the health and safety of the individuals they serve.

LeadingAge Maryland appreciates the intent of the bill and looks forward to working with the bill sponsor and other stakeholders to find straightforward and practical solutions to continuing to increase staff wages and benefits. Most of our members, and many of the nursing home providers across the state, have already adjusted to providing a minimum wage of at least \$15 or more to better support their valuable team members. Unfortunately, however, this bill as written ties the hands of Medicaid providers. Significant Medicaid reimbursement rate increases are appreciated and urgently needed to support rising costs of operations, including increased prices of products, testing, PPE, *and* staffing. Further concerns are outlined below.

- The bill as written restricts who may benefit from the increased wages. Any wage pass-through needs to be applicable to direct and indirect care staff wages AND benefits, including but not limited to physicians, physicians' assistants, nurse practitioners, nurse specialists such as those engaged in diabetic, renal, and wound care, or other chronic medical conditions; registered nurses, licensed practical nurses, certified nurse aides, geriatric nurse aides, resident care aides; dietary workers, housekeeping/laundry, in-house clerical staff regularly interacting with residents and caregivers; maintenance, clergy, security staff; staff development coordinator, quality assurance professional, unit clerks, MMQ evaluation nurse/MDS coordinator; social service worker, behavioral health staff, interpreter service, restorative therapy, and recreational therapy. As is currently the case, Medicaid rates can be used to pay for temporary agency (nursing) staff, and temporary agency wages and benefits should be included in wage and benefit targets. We are not opposed to the salary and benefits of nursing home administrators being excluded from the spending targets.
- Directing 90% of the increase for wages only compromises the viability of the provider community and the State's ability to continue to reduce unnecessary emergency department and inpatient utilization.

- While the bill tends to focus on nursing homes, by using the term “health care workers” on page 4, line 15, the bill is essentially requiring ALL Medicaid providers listed above to increase wages for ALL health care workers not just direct care workers.
- The proposed FY2024 budget does not contain a 10% increase in reimbursement rates for the specified providers. While there is an additional 8% increase contingent on the passage of *HB549/SB555: Fair Wage Act of 2023*, that increase is to offset the acceleration of the minimum wage to \$15/hour. It is unclear the intersection between the rate increase due to the minimum wage acceleration and the 10% increase included in this bill.
- The 90% requirement fails to consider several issues. It does not consider the cost of benefits when increasing wages nor does it consider the fact that over the last few years the mandated rate reimbursement increase has become both the floor and the ceiling. Unfortunately, rates are not based on the cost of providing care but what is determined “allowable” in the State budget. By constraining how the rate increases must be spent, Medicaid providers are limited in addressing other cost factors, such as increases in transportation services, food prices, medical equipment, insurance, and others.
- The bill only allows for rate increases and, given that the rate increases must consume 90%, it would limit the ability to hire staff or be competitive in wages for new hires.
- The reporting language and penalties in the bill as drafted are problematic and punitive. Our state cannot afford to lose additional not-for-profit and mission driven nursing home providers in the coming years, and the punitive language and approach in this bill as written would be harmful to our field and to Marylander’s ability to receive needed care. Instead, the Maryland Department of Health should ensure compliance in a way that is not onerous to nursing homes.
- Lastly, the rate increase is only a one-time rate increase and as such becomes an unfunded mandate in subsequent years. There is no adjustment for future years, meaning that Medicaid providers would be required to increase wages using one-time funds, but those funds will not be present under the bill to sustain the continuation of those wages. This is unsustainable.

For these reasons, LeadingAge Maryland respectfully requests an unfavorable report for Senate Bill 468.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

SB0468_UNF_LifeSpan, MAADS, MNCHA_Funding for Wage

Uploaded by: Danna Kauffman

Position: UNF



Managed by LifeSpan



TO: The Honorable Guy Guzzone, Chair
Members, Senate Budget & Taxation Committee
The Honorable JimRosapepe

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
Christine K. Krone
410-244-7000

DATE: March 1, 2023

RE: OPPOSE –Senate Bill 468 – *Funding for Wage Increases for Medical Provider Workers*

On behalf of the LifeSpan Network, the Maryland Association of Adult Day Services, and the Maryland-National Capital Homecare Association, we respectfully **oppose** Senate Bill 468. Simply stated, Senate Bill 468 requires specified Medicaid providers (i.e., nursing homes, medical adult day care centers, private duty nursing, personal care services, home-and-community based services and Community First Choice) to use 90% of any rate reimbursement increase received in a Fiscal Year 2024 budget for wage increases.

Our specific concerns are as follows:

- While the bill tends to focus on nursing homes, by using the term “health care workers” on page 4, line 15, the bill is essentially requiring ALL Medicaid providers listed above to increase wages for ALL health care workers, not just direct care workers, which is the reason that MNCHA (private duty and personal care services) and MAADS (medical adult day care) oppose as well as LifeSpan.
- The proposed Fiscal Year 2024 budget does not contain a 10% increase in reimbursement rates for the specified providers. While there is an additional 8% increase contingent on the passage of *House Bill 549/Senate Bill 555: Fair Wage Act of 2023*, that increase is to offset the acceleration of the minimum wage to \$15/hour. It is unclear the intersection between the rate increase due to the minimum wage acceleration and the 10% increase included in this bill.
- The 90% requirement fails to consider several issues. It does not consider the cost of benefits when increasing wages nor does it consider the fact that over the last few years the mandated rate reimbursement increase has become both the floor and the ceiling. Unfortunately, rates are not based on the cost of providing care but what is determined “allowable” in the State budget. By constraining how the rate increases must be spent, Medicaid providers are limited in addressing

other cost factors, such as increases in transportation services, food prices, medical equipment, insurance, and others.

- The bill only allows for rate increases and, given that the rate increases must consume 90%, it would limit the ability to hire staff or be competitive in wages for new hires.
- Lastly, the rate increase is only a one-time rate increase. There is no adjustment for future years, meaning that Medicaid providers would be required to increase wages using one-time funds but those funds will not be present under the bill to sustain the continuation of those wages. This is unsustainable.

LifeSpan, MAADS, and MNCHA agree that more must be done to provide staff with higher wages. However, it cannot be done in this fashion, nor can it be done piecemeal. Maryland must make the investment and then sustain the investment. In 2018, there was a study regarding the difference between the cost of providing care and Medicaid reimbursement levels. The study demonstrated the shortfalls being paid to Medicaid providers across the board. The following year, the budget committees requested that the Maryland Department of Health develop a five-year plan to address the disparity. This plan has never been developed. Like the State has done with education, Maryland must have a “blueprint” for health care and develop funding mechanisms to ensure that providers are adequately reimbursed their costs and that wages can be paid appropriately to our workers who are the backbone of our operations.

We urge an unfavorable vote on Senate Bill 468 for the reasons stated above.

2023 SB468 Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB468

Funding for Wage Increases for Medical Provider Workers
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB468

On behalf of our 200,000 followers across the state, we respectfully object to SB468. This bill will use taxpayer funds to subsidize the abortion industry by increasing wages for the abortion industry workers as stated, “for providers for certain health care services under the Maryland Medical Assistance Program, the Maryland Children’s Health Program.” We oppose funds for this program being used for abortion services. We oppose expanding the Maryland Medical Assistance Program without excluding funding for abortion.

The Maryland Medical Assistance Program and the Maryland Children’s Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother. With the advent of chemical abortion, those prescriptions are easily obtained via the internet.

Abortion is about revenue. The state of Maryland forces taxpayers to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Taxpayers should not be forced to fund the raises for abortion industry workers.

D-I-Y Abortions endanger women. Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion pills. The Assembly removed the final safeguard in law for women seeking abortion when they enacted the Abortion Care Access Act of 2022 and removed the physician only requirement. Chemical abortion is 4 times more likely to result in complications than surgical abortion. The abortion industry itself calls these pills “Do-It-Yourself” abortions. Telehealth has made these pills easily accessible making women and girls victims of the predatory abortion industry. A telehealth prescription removes any serious assessment of the woman or girl’s physical condition and whether or not she is getting this prescription voluntarily or by coercion. Do not assist sex traffickers and other abusers to continue their criminal behavior.



Opposition Statement SB468, page 2 of 2

Funding for Wage Increases for Medical Provider Workers

Deborah Brocato, Legislative Consultant

Maryland Right to Life

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

Maryland urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without this amendment, we ask that you oppose this **SB468** in its entirety.

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Uploaded by: State of Maryland (MD)

Position: UNF



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 1, 2023

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Building
Annapolis, Maryland 21401-1991

RE: SB 468 – Funding for Wage Increases for Medical Provider Workers – Letter of Opposition

Dear Chair Guzzone and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of opposition for Senate Bill (SB) 468 – Funding for Wage Increases for Medical Provider Workers. SB 468 alters the percentage reimbursement rate for providers of nursing home services, medical day care services, private duty nursing services, personal care services, home and community-based services, and services provided through the Community First Choice Program. The bill also requires nursing homes to submit annual cost reports to MDH demonstrating that the rate increase was used to fund wage increases for workers. MDH is to review the reports and act upon non-compliance.

While MDH sets reimbursement rates for the services rendered by Medicaid providers, MDH does not have any role in setting wages or benefits paid to their employees. Enforcement of laws that protect workers' rights fall outside MDH's purview and are subject to oversight by the Maryland Department of Labor. MDH further believes that the mandate requiring agencies to pay a certain hourly rate and report on their compliance would fall outside the scope of its authority and would be subject to oversight by the Maryland Department of Labor.

MDH notes that in situations of non-compliance where lesser sanctions are ineffective and may warrant revocation of nursing home licensure, the Office of Health Care Quality (OHCQ), which oversees nursing home licensure, would be responsible for enforcement.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary