



Metro Washington Labor Council, AFL-CIO

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An AFL-CIO “Union City”

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Chair

Health and Government Operations Committee

Room 241

House Office Building

Annapolis, Maryland 21401

Madam Chair and members of the Health and Government Operations 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 **House Bill 725 - Maryland Medical Assistance Program, Maryland Children's Health Program, and Community First Choice Program - Reimbursement of Service Providers**

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

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of public dollars.

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