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**HB 489 Residential Service Agencies - Reimbursement - Personal Assistance Services**  
**House Health and Government Operations Committee**  
**FAVORABLE**  
**February 23, 2023**

Good afternoon Chair Peña-Melnyk and members of the House Health and Government Operations Committee. My name Tammy Bresnahan, Senior Director of Advocacy for AARP Maryland. AARP Maryland is a proud member of the Caring Across Maryland coalition supporting a package of bills to bolster quality of care in long term care settings. We would like to thank you for the opportunity to speak in support with amendments of HB 489 Residential Service Agencies-Reimbursement-Personal Assistance Services. We thank Delegate Lewis for sponsoring this vital piece of legislation.

HB 489 authorizes the Maryland Department of Health to reimburse a residential service agency for personal assistance services only if the personal assistance services are provided by an individual classified as an employee. This is a consumer-friendly policy for many reasons. As one example, employees receive more frequent and better-quality training from their employers than independent contractors receive. As another, employees are included in Maryland's employment-based safety net protections – including sick and safe leave – while independent contractors are not. When personal care workers are unable to take a paid sick day, they are more likely to come to work while sick, putting the client at risk.

Personal care workers who work for Maryland residential service agencies provide the bulk of paid long-term care. These paraprofessional workers hold a variety of job titles, including personal care assistants, home care aides, home health aides, and certified nursing assistants (CNAs). They work in diverse settings, including private homes, adult day centers, assisted living residences and other residential care settings, and nursing homes. More than a million direct care workers in the U.S. work at jobs that may include:

- assisting with personal care activities, such as bathing, dressing, toileting, transferring, and eating;
- providing comfort and companionship;
- observing and reporting changes in a client's condition;
- preparing meals and housekeeping;
- providing oversight for people with cognitive and mental impairments; and
- administering medications and measuring vital signs.

Although the majority of personal care workers find their jobs intrinsically rewarding, they are often low paid with limited or no benefits, high workloads, unsafe working conditions, inadequate training, a lack of respect from supervisors, lack of control over their jobs, and few opportunities for advancement, all of which contribute to high turnover.

To a large extent, the challenges facing the personal care workforce reflect nationwide realities. The workforce is comprised almost entirely of historically marginalized workers—including women, people of color, and/or immigrants—who face significant obstacles in education and employment. Despite the demands of the job and the unequivocal importance of their contributions, these workers still struggle to make a livable wage and achieve economic stability. HB 489 will ensure that personal care aides who work under Medicaid reimbursement programs are properly classified as employees and not misclassified as independent contractors.

For these reasons we respectfully ask the Committee for a favorable report on HB 489. For questions, please contact me at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or by calling 410-302-8451.