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**HEALTH AND GOVERNMENT OPERATIONS COMMITTEE  
SB 0371: MARYLAND MEDICAL ASSISTANCE PROGRAM – PERSONAL CARE  
AIDES – WAGE REPORTS**

**APRIL 2, 2024**

**POSITION: SUPPORT**

Thank you, Madam Chair and Committee Members, for this opportunity to provide testimony on Senate Bill 0371: Maryland Medical Assistance Program – Personal Care Aides – Wage Reports. 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.

We are swiftly approaching the 25<sup>th</sup> anniversary of the Supreme Court’s decision in *Olmstead v. L.C.*, in which the Court ruled that the Americans with Disabilities Act (ADA) prohibits the unnecessary segregation of people with disabilities. In states across our nation, the Justice Department has enforced this civil rights mandate, creating real choice for people with disabilities in where they receive services, including where they live, where they work, and where they go to school. But all too often, people with disabilities cannot secure the critical home and community-based services (HCBS) that they need not just to thrive in the community, but also to survive.<sup>1</sup> Consequently, many people with disabilities find that institutionalization is their only real option, due to inadequate workforce infrastructure.

Demand for health care workers is extremely high, but job quality is often low. This conundrum results in poor outcomes for people that require care. SB 0371 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, their average, lowest, and highest hourly pay rates. Wage information was last collected in 2018, and so much has changed since the pre-pandemic era. The state does not know how much PCAs are being paid with Medicaid funds. This information is critically important for policymakers to make informed decisions. Such data will ensure that RSAs are provided with sufficient reimbursement rates and workers are paid enough to keep turnover low while attracting more workers to the field. SB 0371 will give MDH the information necessary to improve home and community-based services for participants and the workers providing the care.

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<sup>1</sup> Office of Public Affairs of the U.S. Department of Justice, *Justice Department Celebrates Anniversary of the Supreme Court’s Olmstead Decision*, JUSTICE.GOV (Jun. 22, 2023), <https://www.justice.gov/opa/blog/justice-department-celebrates-anniversary-supreme-courts-olmstead-decision>.

DRM's clients have reported significant PCA shortages during the public health emergency, which resulted in one client being stuck in his wheelchair for just short of 48 hours. While staff shortages and call-outs are not new problems, they have become worse over the last five years as many PCAs leave 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 able to receive the medically necessary care to which they are entitled. That is done, in part, by better understanding the pay rates earned by state workers.

PCA staffing shortages are placing Marylanders with disabilities in danger of unnecessary institutionalization and significant gaps in care. Collecting the information under SB 0371 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.<sup>2</sup>

**For these reasons, DRM strongly supports Senate Bill 0371 and urges a favorable report.**

Respectfully,

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