



**TESTIMONY BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE**

April 2, 2024

Senate Bill 371: Maryland Medical Assistance Program - Personal Care Aides - Wage Reports
Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 371. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 371 requires provider agencies to submit certain reports to the Maryland Department of Labor regarding wage rates for personal care aides on or before September 1 each year, beginning in 2025; and requires, by September 30, 2024, and every 2 years thereafter, the Maryland Department of Health to submit reports to the Senate Finance Committee and the House Health and Government Operations Committee regarding reimbursement rates for provider agencies and any recommended regulatory or legislative changes.

We believe that for consistent quality care across all healthcare settings, reporting must be consistent. The Maryland Department of Health (MDH) currently collects Medicaid cost report data from Medicaid providers and that data is publicly available. Nursing home staffing data, including nursing hours and labor costs, is publicly available via the Centers for Medicare and Medicaid Services (CMS) Payroll-Based Journal (PBJ) data. We must also have data regarding wage rates for personal care aides to better inform potential public policy changes.

This legislation reflects the findings of the recently released final report of Maryland's Commission to Study the Health Care Workforce Crisis. The report recommends that healthcare data be collected, analyzed, and managed on a consistent basis to ensure Maryland has a diverse healthcare workforce.

Often, healthcare public policy is focused on hospitals or nursing homes. Of course, these settings are important but the truth is that most people in Maryland and across the nation receive care at home. Therefore, it is essential that we also collect and analyze data for workers in home care settings – especially because much of this workforce is funded by non-negotiable Medicaid rates set by the government.

Labor, revenue, and profits are critical to the success of any enterprise. In healthcare, long-term success also correlates to quality care. In all of this, data is essential. **For these reasons, we request a favorable report from the Committee on Senate Bill 371.**

Submitted by:
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