

**NDWA SB920 Written Testimony (IPAG) .pdf**

Uploaded by: Allison Yunda

Position: FAV



**Comments in Support of SB920**  
**Interested Parties Advisory Group**  
**Public Health– Interested Parties Advisory Group – Establishment**

February 28, 2025

*Submitted via:*

<https://mgaleg.maryland.gov/mgawebsite/MyMGATracking/WitnessSignup>

The National Domestic Workers Alliance (“NDWA”) submits this testimony in support of SB920 to establish the Maryland **Interested Parties Advisory Group**. SB920 outlines the formation of the Interested Parties Advisory Group (IPAG), a new body under the Maryland Department of Health mandated by federal law, that would include representation of direct care workers and consumers. The IPAG will provide critical recommendations to the State to improve provider payment rates for home care services by taking into consideration the wages and working conditions of direct care workers. For too long, poor job quality has hurt recruitment and retention of the direct care workforce and jeopardized access to care within Medicaid’s home and community-based services programs (HCBS). This legislation seeks to ensure that the IPAG is established to include active participation by workers and consumers, so those most impacted by Medicaid rates can influence the rate setting process in order to address the existing workforce shortages and challenges in offering continuous and quality care for Maryland’s aging and disabled populations.

**About NDWA**

NDWA is the leading voice for the estimated 2.2 million domestic workers who work as direct care workers, nannies, and house cleaners in private homes providing essential care and supportive services to children, aging adults, and family members with disabilities every day. Founded in 2007, NDWA works to raise wages and strengthen industry standards to ensure that domestic and direct care workers achieve economic security and protection, respect, and dignity in the workplace. NDWA reaches and engages over 400,000 domestic workers on a regular basis through our 68 affiliate organizations in 50 cities and 19 states, our state and local

chapters in the DMV (Washington D.C., Virginia & Maryland), North Carolina, Georgia, New York, San Jose (CA), and Philadelphia (PA) through our digital platforms. While the National Domestic Workers Alliance is a national organization, our DMV chapter is a locally operated, membership-based organization covering the geographical area of Washington DC, Maryland, and Virginia and is staffed by several local organizers.

Care work is the foundation upon which strong economies and societies are built. Direct care workers -- the mostly Black and women of color who do the tremendous labor of caring for our aging and disabled loved ones -- are the essential workforce that holds us all together. The work of care workers has historically been devalued by society due to longstanding racism and sexism that contributes to the failure to recognize and value caregiving for its enormous contributions to our society. It is the goal of the National Domestic Workers Alliance to make visible the critical work performed primarily by women of color and raise working standards for this workforce.

## **The Care Crisis**

As the baby-boom population ages and the elderly population grows, the demand for the services of home health aides and personal care aides will continue to increase.<sup>1</sup> Over 127,000 residents of Maryland need help with daily activities such as bathing or dressing.<sup>2</sup> Fifteen percent of the Maryland population over the age of 65 have reported difficulties with activities of daily living, such as bathing, dressing and toileting.<sup>3</sup> In Maryland, the number of older adults is predicted to grow by 75 percent in the 30-year period from 2015 to 2045 -- from 837,500 to nearly 1.5 million.<sup>4</sup> During the same period, the number of adults aged 85 and over will increase by nearly 200 percent.<sup>4</sup> With only 5 percent expected growth among working-age adults, the ratio of working-age adults to those aged 85 and above in the state will shrink from 32:1 in 2015 to just 12:1 by 2045. With anticipated

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<sup>1</sup> U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics (OES). 2018. May 2007 to May 2017 National Industry-Specific Occupational Employment and Wage Estimates, available at: <https://www.bls.gov/oes/current/oesrci.htm>.

<sup>2</sup> Paul, Rafal, & Houtenville. 2020. Annual Disability Statistics Compendium: 2020 (Table 1.8). University of New Hampshire, Institute on Disability, available at: [https://disabilitycompendium.org/sites/default/files/user-uploads/Events/2021\\_release\\_year/Final%20Accessibility%20Compendium%202020%20PDF\\_2.1.2020reduced.pdf](https://disabilitycompendium.org/sites/default/files/user-uploads/Events/2021_release_year/Final%20Accessibility%20Compendium%202020%20PDF_2.1.2020reduced.pdf)

<sup>3</sup> PHI, *The Direct Services Workforce In Long-Term Services And Supports in Maryland and The District Of Columbia*, September 21, 2018, available at:

<http://phinational.org/resource/the-direct-services-workforce-in-ltss-in-md-and-dc/>

<sup>4</sup> Id.

separations and growth, research anticipates 37,000 job openings in the state for personal care aides, by 2028.

Despite the increasing demand and essential nature of home care, the caregiving work of personal care aides is still not valued- workers receive extremely low pay, few benefits and enjoy limited protections. In Maryland, there are approximately 51,200 direct care workers, 86% of the workers are women, and the median annual income for home health and personal care aides is only \$28,124. Not only is the direct care workforce primarily women, 73% of all direct care workers are Black and 84 % are women of color.<sup>5</sup>

SB920 seeks to ensure representation of direct care workers in an institution that can help influence Medicaid payment rates to raise wages for direct care workers, ensure this is career with a living wage that can both retain workers in the field and make the work more attractive to jobseekers to fill the growing need for these jobs.

### **The Interested Parties Advisory Group (IPAG)**

Improving the working conditions for home care workers is critical to address staffing shortages and meet the growing demand for this essential work in Maryland. In 2024, the Center for Medicare and Medicaid Services (CMS) published a federal rule, entitled Ensuring Access to Medicaid Services The rule recognized the inextricable link between access to continuous and quality care, and the wages and working conditions of the direct care workforce. It called for the establishment of an Interested Parties Advisory Group in each State that would advise on Medicaid payments to ensure rates are set high enough to pay home care workers adequate wages and stabilize the workforce. It permits representation of direct care workers and workers' rights organizations to be a part of this official body established by the state.

SB920 provides a framework and mandate to the Maryland Department of Health to establish a robust Interested Parties Advisory Group that allows for meaningful participation of the direct care workforce, helps ensure that Maryland takes action to set Medicaid rates high enough for sufficient wages, analyzes other issues facing the workforce, and gives workers a voice to provide strong recommendations to

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<sup>5</sup> PHI, *Direct Care Workers in the United States: Key Facts 2024*, available at: <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2024>

policymakers on how the state can raise rates in order to improve working standards. The bill lays out a balanced composition of members on the IPAG to ensure that the voices of direct care workers are adequately represented along with the voices of other relevant stakeholders

Despite the increasing demand and essential nature of home care, the caregiving work of personal care aides is still not valued- workers receive extremely low pay, few benefits and enjoy limited protections. Improving the working conditions for home care workers is critical to address staffing shortages and meet the growing demand for this essential work in Maryland. The IPAG will develop recommendations that enable policymakers to make sound decisions to stabilize the workforce in order to ensure both access and better quality of care. As our population ages and the demand for home and community-based services sharply rises, without policy interventions that take into consideration those directly impacted, Marylanders will be left to fend for themselves and their loved ones.

**For these reasons, the National Domestic Workers Alliance (NDWA) fully supports SB920 the Interested Parties Advisory Group Act of 2025.**

Sincerely,

Allison Yunda  
Maryland Lead Organizer  
DMV Chapter  
National Domestic Workers Alliance (NDWA)  
[ayunda@domesticworkers.org](mailto:ayunda@domesticworkers.org)

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**SB0920\_MHAMD\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV



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**Senate Bill 920 – Public Health – Maryland Interested Parties Advisory Group - Establishment**

Senate Finance Committee

March 4, 2025

**Position: FAVORABLE**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 920.

SB 920 requires the Department of Health to convene an Interested Parties Advisory Group. The primary purpose of the Advisory Group is to ensure that Medicaid payment rates are sufficient to provide adequate access to home- and community-based services and an adequate direct care workforce.

Home- and community-based services for children and youth with behavioral health needs have been negatively impacted for years by inadequate Medicaid payment rates.

In 2014 the Maryland Department of Health applied to the Center for Medicare and Medicaid Services for a 1915(i) Medicaid State Plan Amendment (SPA) to provide home- and community-based services to children and youth with significant behavioral health challenges. The 1915(i) was to provide intensive care coordination based on the Wraparound model, family peer support, intensive in-home services, mobile crisis services, in-home and out-of-home respite, expressive and experiential therapies, and flex funds for customized goods and services. It was estimated at the time that the 1915(i) would serve 200 children a year. In fact, it served 0-15 children a year.

In 2019 BHA amended the 1915(i) to expand eligibility and slightly revised the community-based services available to children and families. Again, it was estimated that the 1915(i) would serve 200 children a year. In fact, it served 10-30 children a year.

There are several reasons for the failure of the 1915(i), including overly narrow eligibility requirements and extremely onerous administrative requirements. In addition, however, those families who were enrolled in the 1915(i) expressed frustration that there were no providers of the services that they were entitled to receive (such as respite services, experiential therapies, and intensive in-home services), there was extremely high turnover of care coordinators resulting in no continuity of care, and the overall quality of services was mediocre. The extreme shortage of service providers, the astonishingly high turnover of staff, and the low quality of services are all due to inadequate rates.

*For more information, please contact Ann Geddes at (443) 926-3396*

Therefore in 2023, The Maryland General Assembly passed legislation ([HB 322/SB 255](#)) requiring MDH to reimburse for 1915(i) services in a way that is *“commensurate with industry standards for the reimbursement of the delivery of wraparound services.”* HB 322/SB 255 also required that the 1915(i) utilize rates *“commensurate with industry standards for the reimbursement of the delivery of family-centered treatment, functional family therapy, and other evidence-based practices.”*

The need to increase reimbursement rates for 1915(i) home- and community-based services was also recognized by Maryland’s Commission on Behavioral Health Care Treatment and Access. In its [2023 final report](#), the Commission’s youth-focused workgroup recommended that: *“This funding model could be significantly improved by braiding and blending Medicaid and grant funding to improve the sustainability of all Medicaid expansion efforts and develop highly competitive rates for areas such as 1915i and 1115 Waivers.”*

MDH is now in the process of again amending the 1915(i) SPA and circulated a draft of their proposed changes. While there are several commendable revisions, such as expanding eligibility, reducing administrative burden, and adding youth peer support, the revised SPA states *“the proposed changes do not impact the current rates of reimbursement or rate methodologies for currently available 1915(i) services.”*

We are concerned that failure to increase the rates for services under the 1915(i) will result in continued limited access to the services that children and families enrolled in the 1915(i) are entitled to, and a continued shortage of direct care workers. An Advisory Group that will do a deep dive into Medicaid payment rates for home- and community-based services is needed and welcomed.

For this reason, MHAMD supports SB 920 and urges a favorable report.

**SB920\_Marylanders for Patient Rights\_fav.pdf**

Uploaded by: Anna Palmisano

Position: FAV

## *Marylanders for Patient Rights*

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### **MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON SB920 Interested Parties Advisory Group**

Marylanders for Patient Rights is the leading advocacy coalition for patients in our state, and we are proud to be a member of Caring Across Maryland. We strongly support SB920 which will establish an Interested Parties Advisory Group (IPAG). The IPAG will provide recommendations for provider reimbursement rates, and it will be led by the Maryland Dept of Health. Importantly, the IPAG will include workers, health care consumers, community service providers, and State Medicaid officials.

Health care consumers, patients and their families want to have a voice in discussions of their health care needs. We want to ensure that there is adequate access to home and community based services, and an adequate direct care workforce.

However, Maryland is facing critical shortages of direct care workers. Staff turnover is high and negatively impacts quality of care for vulnerable patients. Understandably, careworkers are leaving the field for better paying employment and benefits at retail giants and restaurants. It is vitally important to ensure that this critical workforce is treated fairly and attracts qualified and caring workers, as our population ages and the need increases. The IPAG is an important step toward achieving that goal.

Please provide a favorable report on SB920 and support our caregiver workforce and their patients.

Thank you,

*A C Palmisano*

Anna C. Palmisano, Ph.D, Director

Marylanders for Patient Rights

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# **Isata Kabba Testimony in Support of HB1142\_SB920.p**

Uploaded by: Isata Kabba

Position: FAV

# NATIONAL DOMESTIC WORKERS ALLIANCE

## Comments in Support of SB920 Public Health- Maryland Interested Parties Advisory Group- Establishment

Senate Finance Committee

February 28th, 2025

My name is Isata Kabba and I am a member of the National Domestic Workers Alliance. I've been a direct care worker for 17 years, and this work means everything to me. It all started when I took care of my grandmother back in Africa, and from there, I decided to pursue this career. Over the years, I've earned my CNA certification, learned CPR, first aid, and safety precautions, and gained experience with patients dealing with dementia, Parkinson's, and end-of-life care.

But my favorite part about my job is the relationships I build with my patients. In this job, you often connect with patients in other ways than just words. Sometimes, my patients can only communicate through their eyes. When you form that bond, it makes you reflect on who will take care of you when you need it. This job requires patience, calm, and kindness—qualities that I am proud of.

However, the challenges are real. We don't always have security in this job. Direct care workers are underpaid—agencies typically start at around \$15 per hour and for that pay, we work long, emotionally draining hours. I have to work multiple jobs just to make ends meet. I haven't had a vacation in two years, and I can't afford time off when I'm sick. The job is too much for the compensation we receive.

On top of that, agencies often ignore the difficulties we face. Sometimes our safety is at risk, family members try to tell us how to do our jobs, and our patients have conditions like dementia that require us to de-escalate tough situations. We often get no support from our agencies on how to deal with these situations.

But despite all of this, I've seen the difference I make. I once worked with a patient who had been depressed after losing her son. When I met her, she was completely non-verbal and her home had been completely neglected. But as I worked with her and gained her trust through the care I gave her, she started opening up to me and started living her life again.

I believe home care workers need a voice because no one understands our job like we do. We are on the front lines, providing essential care, and we deserve to be heard. Our patients are Medicaid recipients, but even though the Maryland government supports the Medicaid program, they do not hear directly from us on the ground providing the care – only our employers/agencies. We need better wages, security, and recognition for the vital work we do. If our working conditions improve, I know we can offer even better care to our patients. We deserve a seat at the table to shape the future of home care, especially the Medicaid payment rates that determine our wages and benefits on the job. For these reasons, I urge the committee to vote in favor of HB1142 the Interest Parties Advisory Group so home care workers have a voice in the decisions that impact us. Thank you.

*Submitted via:*

<https://mgaleg.maryland.gov/mgawebsite/MyMGATracking/WitnessSignup>

**SB 920 IPAG\_1199SEIU\_FAV.pdf**

Uploaded by: Loraine Arikat

Position: FAV



**SB 920**  
**Interested Parties Advisory Group**

*Senate Finance Committee*

March 4, 2025

Position: **FAVORABLE**

Dear Chair Beidle and members of the Senate Finance Committee:

My name is Ricarra Jones, and I am the Political Director of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the nation – representing 10,000 healthcare workers in long-term care facilities and hospitals across Maryland. 1199 SEIU is a proud partner of the Caring Across Maryland coalition which consists of direct care workers, patients, loved ones, and advocates who are committed to improving the long-term care infrastructure in Maryland through bolstering job quality for care workers, protecting quality of care, and increasing access to affordable long-term care.

1199SEIU strongly supports SB 920. SB 920 will ensure that home care workers, those relying on home care services, and other relevant stakeholders have a seat at the table when evaluating Medicaid Provider rates that impact access to care and job quality. 1199 SEIU represents healthcare workers across the care continuum – long term care, hospitals, and clinics – and we know how our broken long term care infrastructure impacts our state’s unique Total Cost of Care healthcare model and our already burdened emergency rooms. Ensuring we have the care force in Maryland to let residents age safely in their homes will positively impact the entire care system.

As Maryland’s aging population grows, the demand for the services of home health aides and personal care aides will continue to increase. The demand is demonstrated by Maryland’s Medicaid Waiver waitlist for home and community-based services which is the third longest in the country with over 26,000 residents waiting for home care services. Despite the increasing demand and essential nature of home care, the caregiving work of personal care aides is still not valued- workers receive extremely low pay, few benefits and enjoy limited protections. Home care workers are still earning as low as \$15 per hour with very little job security. In Maryland, there are approximately 51,200 direct care workers, the majority of whom are Black and women of color. 1199 SEIU believes that those closest to the problem are often closest to the solution. Thus, it is imperative to ensure direct care workers’ voices lead the state to adequate Medicaid rates that can increase wages, benefits, improve retention, and ensure the state has the workforce to deliver high quality care to our state’s most vulnerable.

The IPAG is one of the requirements under the 2024 Center for Medicare and Medicaid Services (CMS) issued federal rule, entitled Ensuring Access to Medicaid Services. The Federal Access Rule aims to bolster the workforce in order to improve quality care for home and community-based services. Passing

SB 920 is especially important now because cuts to Medicaid and changes in immigration policy under the new Federal Administration may exacerbate provider shortages and reduce payment rates for home care workers.

We strongly urge the committee to vote YES on SB 920.

Sincerely,

Ricarra Jones  
Political Director  
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# **SB 920 - FAV - ALZ Association.pdf**

Uploaded by: Megan Peters

Position: FAV

# ALZHEIMER'S ASSOCIATION®

**Bill:** SB 920 - Public Health - Interested Parties Advisory Group - Establishment

**Committee:** Finance

**Position:** Favorable

**Date:** March 4, 2025

On behalf of the 127,200 Marylanders living with Alzheimer's disease and their 247,000 caregivers, the Alzheimer's Association supports SB 920 - *Public Health - Interested Parties Advisory Group - Establishment*. SB 920 establishes the Interested Parties Advisory Group (IPAG), a new body under the Maryland Department of Health. The IPAG will provide recommendations to the State to improve Medicaid provider rates for home care services. SB 920 ensures that the IPAG will include representation from direct care workers and consumers, or their authorized representative, who use Medicaid home- and community-based services.

In 2024, **an estimated 36% of individuals using home health services have Alzheimer's or other dementia.**<sup>1</sup> As our population ages and more people develop dementia, the demand for home- and community-based services will increase. For many people living with dementia, there will come a time when they will need more care a family member can provide. During the middle stages of dementia, it can become necessary to provide 24-hour supervision to keep the person with dementia safe. As the disease progresses into the late-stages, around-the-clock care requirements become more intensive.

The largest segment of the workforce that supports people living with dementia is the direct care workforce.<sup>2</sup> These workers – consisting of personal care aides, home health aides, nursing assistants, and more – assist with activities of daily living, such as bathing and eating, and play a broader role in promoting well-being for those living with dementia. More direct care workers will be needed in the years ahead as Maryland's population ages and the prevalence of dementia increases.

In 2024, the Center for Medicare and Medicaid Services (CMS) published a federal rule, entitled Ensuring Access to Medicaid Services. The rule recognized the link between access to continuous and quality care, and the wages and working conditions of the direct care workforce. It called for the establishment of an Interested Parties Advisory Group in each State that would advise on Medicaid payments to ensure rates are set high enough to pay home care workers adequate wages and stabilize the workforce.

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<sup>1</sup> 2024 Alzheimer's Facts and Figures, <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf>

<sup>2</sup> 2024 Alzheimer's Disease Facts and Figures <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf>

SB 920 will establish Maryland's IPAG and will ensure that the IPAG includes both the voices of workers, as well as consumers. Bringing in the perspective of people living with dementia or their families/caregivers is critical to enable informed policy.

The IPAG will develop recommendations that enable policymakers to make informed decisions to ensure both access and better quality of care. The Alzheimer's Association supports SB 920 and urges a favorable report. Please contact Megan Peters, Director of Government Affairs at [mrpeters@alz.org](mailto:mrpeters@alz.org) with any questions.

# **Melissa Carter Testimony in Support of SB920.pdf**

Uploaded by: Melissa Carter

Position: FAV

# NATIONAL DOMESTIC WORKERS ALLIANCE

## Comments in Support of SB920

### Public Health- Maryland Interested Parties Advisory Group- Establishment

Senate Finance Committee

February 28th, 2025

My name is Melissa Carter and I am a member of the National Domestic Workers Alliance. I've been a direct care worker since 2001, so about 24 years now. What drives me in this field is a deep love for seniors and a desire to make a real difference in their lives. Caring for them, seeing them thrive, and helping them live longer lives is what I'm passionate about. I've seen my patients thrive when they are able to age at home and I've seen them have a stronger desire to live longer than they would if they were in a facility.

I've worked across various care systems, and I've seen the difference that proper care can make. I saw the importance and grew my passion for home care with my aunts. They were twins and both of them suffered from Alzheimer's disease. One of them received home care and the other one was in a nursing home. The aunt who received home care lived longer than my other aunt and I truly believe it's because of the different types of care they received.

I had a patient who was bipolar and depressed. She didn't want to bathe or take care of herself when I first met her, and she struggled to find motivation. I took care of her and helped her regain some confidence and independence. She eventually started eating better, exercising, and even quit smoking. Seeing her transform was so rewarding.

This work is rewarding but tiresome, and the pay is not enough, especially with Medicaid funded agencies. Everyone deserves quality care, regardless of their financial situation. If we get sick, we either stay home to protect our patients or go into work and risk getting our patients sick. I don't ever want to put my patient at risk, but calling off means losing our pay which is tough. This job requires a heart for the work, and sometimes, we end up doing more than what's required. What we really need is respect and appreciation for what we do.

Higher wages would make a huge difference for me and my family. It would allow us to have more stability, without needing multiple jobs or side hustles. It would mean I could focus more on my family and my own life, maybe even buy a home instead of

renting my apartment. But more importantly, better wages would lead to better care for patients. If home care workers are happy and feel valued, that energy will be reflected in the care we provide. Patients would be happier and live longer if we felt supported and valued. Providers cannot pay higher wages unless Medicaid payment rates are increased.

Fair pay for the work is the first step to being recognized for the essential work we do. Taking care of your loved ones, bathing them, feeding them, helping them go to the bathroom so that families can have the peace of mind to go on about their days. Our role is vital, and without home care workers our society would be broken.

But the reality is that many home care workers are leaving the field because the pay just isn't enough, especially in this economy. For things to change, we need a voice and representation to bring the changes we deserve. For these reasons, I urge the committee to vote in favor of HB1142 the Interest Parties Advisory Group so home care workers have a voice in the decisions and Medicaid rates that impact us. Thank you.

*Submitted via:*

<https://mgaleg.maryland.gov/mgaweb/MyMGATracking/WitnessSignup>

# **Monique Lynch Testimony in Support of SB920.pdf**

Uploaded by: Monique Lynch

Position: FAV

# NATIONAL DOMESTIC WORKERS ALLIANCE

## Comments in Support of SB920 Public Health- Maryland Interested Parties Advisory Group- Establishment

Senate Finance Committee

February 28th, 2025

Hello, my name is Monique Lynch, and I've been a direct care worker for six years. I got into caregiving by accident—my friend ran an assisted living facility, and I was just supposed to help with paperwork. But I quickly fell in love working hands-on with residents. I've always had a passion for caregiving, especially because I've been caring for my 22-year-old brother with special needs who still lives at home with my family.

While I have worked in facilities before, I am doing home care now. What I love most about my job is spending time with seniors and hearing their life stories. My favorite part of my job is building relationships with my patients and learning from their experiences. I've worked with children before, but my calling and fulfillment comes from working with seniors.

I've seen firsthand how working conditions affect the quality of care for my patients. Because home care is a one-on-one setting, I am able to build stronger bonds with my patients and give them the attention and care that they deserve. Facilities are often understaffed which affects the type of care patients receive.

However, being a home care worker comes with its challenges. The pay is not enough to live on, and job security is always uncertain. Whenever a patient is hospitalized, when they pass away, or when they lose coverage of their insurance, we are left without a job and no means of paying our bills. I often juggle multiple cases and work six days a week, sometimes working two jobs just to make ends meet.

Higher wages, and better benefits for me would mean that I could afford my own place and get a car. These are basic necessities that home care workers should be able to afford considering the love and time we put into our patients, and how essential our jobs are to society. Because of us, family members are able to go out and work while knowing their loved ones are being taken care of.

I've been fortunate to see the difference I make in my patients' lives. My patient right now is a gentleman who was homeless for years. Even though I have been out

of work injured for a month, I'm the only one he listens to. His nurse and social worker call me sometimes to help them convince him to go to his doctor's appointments because I am the only one he listens to. I always go above and beyond for my patients because they deserve the best.

Right now, there are not enough direct care workers to meet the needs of people who need home care. Direct care workers like myself find it challenging to stay in the field, because of the low wages that are determined by Medicaid payment rates and the lack of job security. Maryland needs to ensure Medicaid programs have enough funding to make direct care jobs good jobs and allow us to stay in this field. If pay was higher, we would be able to not only care for others but ourselves and our own families. The IPAG would give caregivers like myself a voice and ability to be a part of important decision making. We know what our patients need and with us at the table, we could better care for them and make sure we have the support we need. After all, who is going to care for us when we need it?

For these reasons, I urge the committee to vote in favor of HB1142 the Interest Parties Advisory Group so home care workers have a voice in the decisions that impact us the most. Thank you.

*Submitted via:*

<https://mgaleg.maryland.gov/mgawebsite/MyMGATracking/WitnessSignup>

# **Rafael Lucayo Testimony in Support of HB1142\_SB920**

Uploaded by: Rafael Lacayo

Position: FAV

# NATIONAL DOMESTIC WORKERS ALLIANCE

## Comments in Support of HB1142/SB920 Public Health- Maryland Interested Parties Advisory Group- Establishment

House Health and Government Operations Committee / Senate Finance Committee

February 28, 2025

*Submitted via:*

<https://mgaleg.maryland.gov/mgawebsite/MyMGATracking/WitnessSignup>

Rafael Lacayo submits this testimony in support of HB1142/SB920 the **Public Health- Maryland Interest Parties Advisory Group- Establishment.**

*\*\*Spanish first, English below\*\**

Buenas tardes honorables miembros de la cámara de delegados, mi nombre es Rafael Lacayo, soy un cuidador de adultos mayores y miembro de la Alianza Nacional de Trabajadoras del Hogar.

Hoy quiero hablar a nombre de los héroes invisibles que dedicamos nuestra vida, tiempo, amor y energía a cuidar de nuestros adultos mayores. Nuestra labor es más que un trabajo, es un acto de amor inigualable, un compromiso profundo con la dignidad y el bienestar de quienes alguna vez nos cuidaron a nosotros.

Hemos sido faros de luz en los días oscuros para nuestros adultos mayores, brindando consuelo, apoyo ,compañía y amor a aquellos que a menudo se sienten olvidados y acabados. Nuestra presencia amorosa marca la diferencia en la calidad de vida de los adultos mayores ya que enriquece sus días con amor y dignidad.

A pesar de los desafíos y sacrificios que enfrentamos a diario, seguimos adelante con valentía y compasión.

Más líderes de Maryland que tienen el poder de cambiar las condiciones laborales de cuidadores necesitan escuchar estas historias. Necesitan escuchar directamente de nosotros, los trabajadores, sobre nuestros desafíos y nuestras soluciones para hacer que estos trabajos sean buenos trabajos.

Por esto hoy venimos a levantar nuestras voces para dirigirnos a nuestros legisladores para que nos apoyen en esta propuesta de ley, HB1142/SB920, para crear un IPAG que está en este comité hoy.

Una estructura como esta que reunirá a los directamente afectados proporcionará mejores recomendaciones que las que los políticos pueden idear por sí mismos porque se basa en la experiencia directa de trabajadores como nosotros y pacientes que reciben cuidado.

Por estas razones, apoyo plenamente la HB1142/SB920, del Grupo Asesor de Partes de Interés de Maryland.

Gracias, honorables legisladores por su atención y esperamos contar con su apoyo y voto favorable para brindar una calidad de vida a nuestros adultos mayores que ellos se lo merecen.

*English:*

Good afternoon honorable members of the House of Delegates, my name is Rafael Lacayo, I am a caregiver for older adults and a member of the National Alliance of Domestic Workers.

Today I want to speak on behalf of the invisible heroes who dedicate our lives, time, love and energy to caring for our older adults. Our work is more than a job, it is an act of unmatched love, a deep commitment to the dignity and well-being of those who once cared for us.

We have been beacons of light in the dark days for our older adults, providing comfort, support, companionship and love to those who often feel forgotten and finished. Our loving presence makes a difference in the quality of life of older adults as it enriches their days with love and dignity.

Despite the challenges and sacrifices we face daily, we continue to move forward with courage and compassion.

More Maryland leaders who have the power to change the working conditions of caregivers need to hear these stories. They need to hear directly from us, the workers, about our challenges and our solutions to make these jobs good jobs.

That is why we come today to raise our voices to address our legislators to support us in this bill, HB1142/SB920, to create an IPAG, which is in this committee today.

A structure like this, that will bring together those directly affected, will provide better recommendations than politicians can come up with on their own because it is based on the direct experience of workers like us and patients who receive care.

For these reasons, I fully support HB1142/SB920, the Maryland Interest Parties Advisory Group.

Thank you, honorable legislators, for your attention and we look forward to your support and favorable vote to provide a quality of life for our seniors that they deserve.

# **SB920 - PJC - Support.pdf**

Uploaded by: Sam Williamson

Position: FAV



Building a Just Society

Sam Williamson, Attorney  
Public Justice Center  
201 North Charles Street, Suite 1200  
Baltimore, Maryland 21201  
410-625-9409, ext. 234  
williamsons@publicjustice.org

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**SB920: Public Health - Maryland Interested Parties Advisory Group – Establishment**

**Senate Finance Committee, March 4, 2025**

**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 SB920, which would address the leading cause of our direct care worker staffing crisis.**

Direct care workers support older Marylanders and Marylanders with disabilities with daily tasks, such as eating, walking, and hygiene. These workers are crucial to keeping Marylanders in their own homes and in the community, yet many of these workers are not adequately compensated for their vital work.

Direct care workers who provide Medicaid-funded services typically earn only \$14,600 on the Eastern Shore and \$28,000 in the capital region.<sup>1</sup> Wages for this work lag \$2.28 behind wages for occupations with similar or lower entry-level requirements.<sup>2</sup> It is no surprise that a recent report found that “[i]nadequate compensation is the single biggest factor driving the workforce crisis.”<sup>3</sup>

SB920's Interested Parties Advisory Group (IPAG) would ensure that our Medicaid payment rates are sufficient to attract and retain workers. SB920 designs Maryland's IPAG to comply with and build upon federal regulations that require the creation of an advisory group. Under SB920, this robust IPAG would secure meaningful participation from affected workers, generating incisive and impactful recommendations on how to rectify Maryland's staffing crisis.

For these reasons, the PJC **SUPPORTS SB920** and urges a **FAVORABLE** report. Should you have any questions, please call Sam Williamson at 410-625-9409 ext. 234.

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<sup>1</sup> Commission to Study the Health Care Workforce Crisis, *Final Report 2022/2023* (Dec. 31, 2023), p. 14, [https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf).

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

<sup>3</sup> Meg LaPorte & David Rodwin, Maryland Regional Direct Services Collaborative, *Long-Term Services and Supports in Baltimore* (March 2023), p.3, <https://files.constantcontact.com/70632474901/d1e800a9-4c1b-44bc-8a11-9ad6ab5f4310.pdf>.

**SB 920 Testimony\_FAV\_DRM.pdf**

Uploaded by: Sandy Balan

Position: FAV

**Finance Committee**  
**Senate Bill 0920: Public Health – Maryland Interested Parties Advisory Group –**  
**Establishment**

**March 4, 2025**

**POSITION: SUPPORT**

Thank you Madame Chair Beidle and Committee Members for the opportunity to provide written testimony for Senate Bill 0920: Public Health – Maryland Interested Parties Advisory Group - Establishment. 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 into their communities, live independently and access high-quality, affordable health care.

The development of home and community-based services (HCBS), along with the pivotal 1999 *Olmstead v. LC* Supreme Court decision, served as a critical turning point in ensuring that individuals with disabilities have a choice in where they received their care.<sup>1</sup> Many HCBS participants rely on direct care workers to provide them with essential care and assistance within the comfort of their home. Unfortunately, direct care workers are undervalued within the system, facing low wages and benefits and very limited labor protections. These various barriers make it difficult for individuals with disabilities to access the care that they need to not only thrive within the community, but also survive.

This widespread access to care issue has been addressed at the federal level. In 2024, the Centers for Medicare and Medicaid Services (CMS) published a federal rule entitled “Ensuring Access to Medicaid Services” (or “Access Rule”).<sup>2</sup> Among other solutions, this rule specifically calls for the establishment of an Interested Parties Advisory Group (IPAG) in every state.<sup>3</sup> The intent behind this group is to address the link between access to quality care and the wages and working conditions of the direct care workforce.<sup>4</sup>

Senate Bill 0920 will bring Maryland into compliance with the federal rule, but also ensure that the barriers to accessing quality care are addressed and resolved in Maryland. While direct care workers consistently voice their concerns about low wages and poor working conditions, these concerns are often ignored. This blatant disregard causes many direct care workers to leave the workforce for better, more stable working conditions, creating a shortage of direct care workers. Individuals with disabilities are directly impacted by this shortage and are not able to access

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<sup>1</sup> *Olmstead v. LC*, 527 U.S. 581 (1999)

<sup>2</sup> Fact Sheet, Ensuring Access to Medicaid Services Final Rule (CMS-2442-F) | CMS.  
<https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-final-rule-cms-2442-f>

<sup>3</sup> 42 C.F.R. §447.203

<sup>4</sup> Fact Sheet, Ensuring Access to Medicaid Services Final Rule (CMS-2442-F) | CMS.  
<https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-final-rule-cms-2442-f>

medically necessary care in their home. However, the establishment of an IPAG in Maryland will make sure that the concerns of the direct care workforce is recognized, addressed and resolved. In turn, a more stable workforce will be created, affording consumers who rely so heavily on these workers access to the quality care that they are entitled to.

Additionally, this bill ensures that HCBS consumers are included in the efforts to resolve the barriers to accessing quality care. Under this bill, Maryland's IPAG will consist of consumers and direct care workers, along with representatives of consumer and worker organizations, a provider association, a member of the public and a non-voting member from the Division of Health Care Financing and Medicaid with advanced data literacy experience. The diversity of voices on this advisory group will ensure that all individuals who are involved in the provision of HCBS are represented when working to improve access to quality care in Maryland. Specifically, the inclusion of HCBS consumers will help to ensure that the annual recommendations that will be made to the Governor and the General Assembly will also directly address the access to care issues consumers experience daily. In a system that has historically ignored the voices of individuals with disabilities, this opportunity to participate is incredibly critical in ensuring that one of the most underserved and underrepresented populations have access to the quality care that they not only need, but also deserve.

The ability to access necessary and quality health care without barriers is essential in ensuring that all individuals can lead the life they want and deserve. Unfortunately, individuals with disabilities have been in a constant cycle of oppression, inequity and powerlessness that limits such an ability. Senate Bill 0920 can help ensure that Maryland is a part of the solution to ending that cycle, ultimately helping to create a future that allows people with disabilities to feel respected and equal in society.

**For these very reasons, DRM strongly supports Senate Bill 0920 and urges a favorable report.**

Respectfully,

Sandy Balan, Esq  
Staff Attorney  
Disability Rights Maryland  
1500 Union Avenue, Suite 2000  
Baltimore, MD 21211  
[SandyB@DisabilityRightsMD.org](mailto:SandyB@DisabilityRightsMD.org)  
Phone Number: (443) 692 7404

**DG Written Testimony\_SB0920.docx.pdf**

Uploaded by: Senator Gile

Position: FAV

DAWN D. GILE  
Legislative District 33  
Anne Arundel County

Finance Committee

Chair

Anne Arundel County  
Senate Delegation



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## THE SENATE OF MARYLAND ANNAPOLIS, MARYLAND 21401

### Testimony in Support of SB0920 - Public Health - Maryland Interested Parties Advisory Group - Establishment

Madame Chair, Mr. Vice Chair, and fellow members of the Senate Finance Committee:

SB920 is about making sure that policymakers hear the voices and experiences of those most affected by Maryland's Medicaid-funded home care policies.

#### **Background**

All of us know someone who has depended on home care at one time or another so that they can remain in their home and not go into a nursing facility. The need for such home care services is rising as Marylanders live longer. And as the need for more home care increases, so does the need for more workers to provide that home care.<sup>1</sup>

Unfortunately, there are not nearly enough workers to meet the needs of Maryland's older adults and people with disabilities. Maryland ranks 49th out of 50 states – *the second worst* – in the difference between home care workers' actual wages and a living wage, according to a recent [study](#) by the Economic Policy Institute and New America.<sup>2</sup>

Most home care in our state is funded by Medicaid. Because of that, Medicaid policies – including reimbursement rates – determine whether home care jobs are good enough to attract and retain the home care workforce that Marylanders depend on.

Recognizing that connection, the Biden Administration's Centers for Medicare & Medicaid Services (CMS) finalized a rule called "Ensuring Access to Medicaid Services." The rule ensures that states administer their Medicaid home care programs effectively – including by establishing an "interested parties advisory group," or IPAG. The interested parties advisory groups are comprised of people affected by Medicaid-funded home care that gathers and advises the state on Medicaid home care policies, including reimbursement rates, with the goal of ensuring that all eligible Marylanders have access to the care they need and deserve.

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<sup>1</sup> PHI, *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/>.

<sup>2</sup> Economic Policy Institute and New America, *All States must set higher wage benchmarks for home health care workers*, June 2022, available at <https://www.epi.org/publication/state-home-health-care-wages/>.

**Solution**

SB0920 implements the requirements of the federal rule, builds on it, and implements it ahead of schedule. It ensures that policymakers hear the voices of those who actually do the home care work that so many Marylanders depend on *and* of those who depend on their care.

We have been working closely with the Maryland Department of Health on ironing out the details of the bill, and I am confident that we will have amendment language that reflects agreement on the precise language soon.

For these reasons, I respectfully request a favorable report on SB0920.

# **Yalisa Jabbie Testimony in Support of SB920 (1).pd**

Uploaded by: Yalisa Jabbie

Position: FAV



## Comments in Support of SB920

### Public Health- Maryland Interested Parties Advisory Group- Establishment

Senate Finance Committee

February 28th, 2025

My name is Yalisa Jabbie, I am a member of the National Domestic Workers Alliance and I have been a home care worker for the last 14 years. My passion for care started when my mother became ill. At that time I was too young to take care of her but I saw how my aunt and sister stepped up to give her the care she needed. Watching them give her love and compassion is what sparked my passion for helping others.

I have 5 kids and focused on raising them for a while. But during this time, my dream of working as a caregiver never left me. When my kids got older, I started my career in home care.

I earned certifications in Home Health Aide (HHA), Certified Nursing Assistant (CNA), and as a Med Tech to give me the skills needed to care for those in need. What I love most about my job is the joy it brings when I see my patients happy. Knowing I've made a difference in their lives, whether through companionship or assisting them with daily tasks, like bathing them, feeding them, or reminding them to take medication keeps me motivated.

I always try to go above and beyond for my patients, but the truth is that there are many challenges working in this field. At times, patients can be aggressive, which makes things more difficult.

We also face low wages. I currently make \$17.86 which makes it extremely difficult to make ends meet, especially since I have three children currently in college, working to finance their own education. I also support my family back home in Gambia. But despite these challenges, I always try to do my best. Higher wages would mean so much to me and my family, as it would ease the burden and allow me to help my children and loved ones, something we all hope to do.

If working conditions were better, I believe the quality of care for patients would improve as well. Many people have left home care to look for other better paying opportunities even though they love this job. I myself consider leaving to focus on my own business, but I stay because of my love for caregiving and the bond I share

with my patients. I don't like to even take a day off from work because I know how important my presence is for my current patient. It's a sacrifice, but I make it because I care deeply for her.

For caregivers to have a voice in the workplace would mean so much to me. We deserve to be heard, to have our concerns addressed, and to be treated with the respect we give to others. I look forward to the day when we can celebrate that our work is valued and appreciated. For these reasons, I urge the committee to vote in favor of HB1142 the Interest Parties Advisory Group so home care workers have a voice in the decisions that impact us. Thank you.

*Submitted via:*

<https://mgaleg.maryland.gov/mgawebsite/MyMGATracking/WitnessSignup>

**written testimony MDOA - FAVORABLE - SB920 - Inter**

Uploaded by: Carmel Roques

Position: FWA



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: February 28, 2025

Bill Number: SB920

Bill Title: Public Health – Maryland Interested Parties Advisory Group – Establishment

Committee: Senate Finance

**MDOA Position: FAVORABLE WITH AMENDMENTS**

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The Maryland Department of Aging (MDOA) thanks the Chair and Committee members for the opportunity to submit this favorable with amendments testimony for Senate Bill (SB) 920 - Public Health – Maryland Interested Parties Advisory Group – Establishment.

MDOA serves as Maryland’s State Unit of Aging, administering federal funding for core programs, overseeing the Area Agency on Aging (AAA) network at the local level that provides services, and planning for Maryland’s older adult population. MDOA is concluding its Longevity-Ready Maryland Initiative’s first year of stakeholder engagement and planning work. Increasing support for direct care workers is undoubtedly a component of this effort, so that all older adults have equal access to coordinated care and services.

MDOA is thus supportive of the establishment of a Maryland Interested Parties Advisory Group that focuses on Medicaid payment rates for home and community-based services, barriers to access to care, disparities impacting direct care workers and consumers, wage rates and benefits. MDOA is particularly supportive of this effort to elevate the voices of direct care workers on these topics. Formalizing this role for workers and other interested parties on these issues is particularly important given uncertainty around the fate of many key provisions in the Centers for Medicaid Services’ Ensuring Access To Medicaid Services Final Rule.<sup>1</sup>

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<sup>1</sup> CMS, Ensuring Access to Medicaid Services Final Rule  
<https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicare-services-final-rule-cms-2442-f>



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Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

As the agency tasked with leading this advisory group, MDOA is supportive of any requested amendments from the Maryland Department of Health on this bill. For these reasons, the Department of Aging respectfully urges a favorable with amendments report for SB 920. If you have any questions, please contact Andrea Nunez, Legislative Director, at [andrea.nunez@maryland.gov](mailto:andrea.nunez@maryland.gov) or (443) 414-8183.

Sincerely,

A handwritten signature in blue ink that reads "Carmel Roques".

Carmel Roques  
Secretary  
Maryland Department of Aging

**SB 920 - FIN - MDH - LOSWA.docx (1).pdf**

Uploaded by: Meghan Lynch

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 4, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Office Building  
Annapolis, MD 21401-1991

**RE: Senate Bill (SB) 920 – Public Health – Maryland Interested Parties Advisory Group  
– Establishment - Letter of Support with Amendments**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 920 - Public Health – Maryland Interested Parties Advisory Group – Establishment.

Senate Bill 920 would require the Department to take certain actions that go beyond the existing federal requirements of the Maryland Interested Parties Advisory Group (IPAG) as part of the Centers for Medicare and Medicaid Services (CMS)'s *Ensuring Access to Medicaid Services Final Rule* (“Access Rule”), which focused on advancing access to care and quality of care and improving health outcomes for Maryland Medicaid participants across home and community-based services (HCBS).

This bill would expand the purpose of IPAG to not only evaluate the sufficiency of Medicaid payment rates for applicable service categories; but also to examine working conditions for the direct care workforce; evaluate challenges to accessing care for applicable HCBS programs; and develop a communications plan for the Department's engagement with the direct care workers and participants. Additionally, on or before October 1, 2025, the Secretary would appoint direct care workers, participants and/or their authorized representatives, and other interested parties impacted by the service rates in addition to a member of the Medical Assistance program to address data concerns for IPAG. Amongst other things, SB 920 would also require IPAG to meet on a quarterly basis beginning November 1, 2025 and establish reporting requirements for the group. It would also require the Department to generally support the IPAG and consult with the group before making changes to the payment rates.

The Department is committed to supporting and administering IPAG to address these concerns while maintaining the existing IPAG federal requirements established through the Access Rule. As some of the requirements identified in SB 920 are already in place; the Department proposes amendments to the bill to further align the provisions of SB 920 with the existing federal requirements. The proposed amendments align required participants and cadence of meeting

requirements with federal requirements. Further, the amendments remove the requirements to examine the working conditions and employment standards to allow the IPAG to focus on its primary purpose of evaluating Medicaid rate sufficiency and provider network adequacy. Amendments to SB 920 are proposed in the attachment to this letter.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is written in a cursive style with a horizontal line underneath the name.

Ryan B. Moran, Dr.P.H., MHSA  
Acting Secretary

In the Senate Finance Committee

**AMENDMENTS TO SENATE BILL 920**

(First Reading File Bill)

On page 1, in lines 5 and 6, strike the words beginning with “requiring” in line 5 down through Group;” in line 6, inclusive.

On page 2, strike lines 7 through 10 in their entirety.

On pages 2 and 3, strike in their entirety the lines beginning with line 26 on page 2 down through line 6 on page 3.

On page 3, in line 10, strike “ENSURE” and in line 11, after “(1)”, insert “ADVISE AND CONSULT ON” and strike “RATES ARE SUFFICIENT TO PROVIDE” and substitute “RATE SUFFICIENCY ENSURING”.

In lines 12 through 14, strike beginning with “; AND” in line 12 down through ‘STATE” in line 14, inclusive.

In line 19, after the second “THE”, insert “DEPUTY” and after “SECRETARY” insert “, OR THE DEPUTY SECRETARY’S DESIGNEE”.

In line 20, strike “THREE CONSUMERS” and substitute “DIRECT CARE WORKERS”

In line 21, strike “TWO REPRESENTATIVES OF CONSUMER ORGANIZATIONS” and substitute “MEDICAID CONSUMERS AND THEIR AUTHORIZED REPRESENTATIVES”

In line 22, strike “THREE DIRECT CARE WORKERS” and substitute “OTHER INTERESTED PARTIES IMPACTED BY THE APPLICABLE SERVICE CATEGORIES, AS DETERMINED BY THE DEPUTY SECRETARY, OR THE DEPUTY SECRETARY’S DESIGNEE”.

On pages 3 and 4, strike in their entirety the lines beginning with line 23 on page 3 down through line 4 on page 4.

On page 4, in line 10, after “THE”, insert “DEPUTY” and after “SECRETARY” insert “, OR THE DEPUTY SECRETARY’S DESIGNEE”.

In line 18, strike the comma after “LOGISTICAL” and insert “AND” and after “INFORMATIONAL” strike “, AND FINANCIAL”.

In lines 21 through 30, strike beginning with “(1)” in line 21 down through “QUALIFIES.” in line 29, inclusive.

On page 5, in lines 3 through 5, strike beginning with “;BUT ” in line 3 down through “BUDGET” in line 5, inclusive.

In line 7, strike “ON A QUARTERLY BASIS” and substitute “BIENNIALY, AT A MINIMUM”

On page 6, in lines 7 through 31, after “(1)” in line 7 insert “CURRENT AND PROPOSED PAYMENT RATES; AND” and strike the words beginning with “DISTRIBUTING” in line 7 down through “EXPERIENCE;” in line 31, inclusive.

On page 6, in line 32 and 33, strike the words beginning with “WITH” in line 32 down through “REPORT” in line 33, inclusive.

On pages 7 and 8, strike in their entirety the lines beginning with line 7 on page 7 down through line 21 on page 8.

On page 8, strike in their entirety lines 26 through 29 and in line 30, strike “(3)” and substitute “(2)”.

On page 9, strike in their entirety lines 1 through 24 and in line 25, strike “(3)” and substitute “(B)” and in line 26 strike “AN AFFIRMATIVE VOTE OF AT LEAST SEVEN MEMBERS” and substitute “A MAJORITY VOTE”.

On pages 9 and 10, strike in their entirety the lines beginning with line 27 on page 9 down through line 10 on page 10.

On page 10, in line 11, strike “(D)” and substitute “(C)” and line 17 after “the” insert “Deputy” and after “Secretary” insert “or the Deputy Secretary’s designee”.

# **2025 SB920 Opp Public Health Advisory Group.pdf**

Uploaded by: Deborah Brocato

Position: UNF



SB920  
2025

### **Opposition Statement SB920**

Public Health – Maryland Interested Parties Advisory Group - Establishment  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

**On behalf of our Board of Directors and followers across the State, Maryland Right to Life opposes SB920 without an amendment to exclude its use for abortion purposes.**

**Maryland Right to Life opposes the promotion of abortion and any public funding of abortion; therefore, we object to an Advisory Committee that would expand the promotion, funding and staffing of the abortion industry. We object to an Advisory Committee that includes any members or representatives from the abortion industry. Abortion entities are considered community-based organizations. The State of Maryland already spends over \$33 million for abortion, including over \$14 million for abortion training. We oppose this bill being exploited to provide jobs for abortion workers through home care and thus also providing clients for the abortion industry through home care services. Marylanders have many other health concerns, such as diabetes, wound care, heart disease, lung disease, post-operative care, etc., that should be addressed and make use of home health visits and community outreach to promote best outcomes. To prevent appropriations from this bill from being exploited by the profit-minded, multi-billion dollar abortion industry, we ask for an amendment to exclude abortion purposes from this bill.**

**Maryland taxpayers subsidize the abortion industry** in Maryland 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 that utilize public funding for abortion-related activities 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 Assembly for the Advancement of School Based Health,
- Community Health Resource Commission,
- Maryland Children’s Health Program (MCHP),
- Maryland Stem Cell Research Fund and even the
- Maryland Department of Public Works, and



SB920  
2025

- Maryland Abortion and Reproductive Clinical Health Training Program.

**Abortion is not healthcare, and abortion is never medically necessary.** The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women's healthcare. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue their crimes and victimization.

**Planned Parenthood was founded by racist eugenicists** who believed that forced sterilization and later abortion, were necessary tools to reduce the growth in "unfit" populations, particularly those persons of African descent. Even today more than 78% of abortion clinics are located in Communities of Color. The government interest in health care is highly questionable as the state invests more in the corner abortion clinic than the corner grocery store. While Black Americans make up less than 13% of the population, they account for nearly 30% of all abortions. As a result, abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined. Why else would the percentage of the United States black population remain consistently at about 13-15%? (For more information see <http://www.BlackGenocide.org>.)

**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.*"

**More funding and resources directed toward abortion means less funding and resources for other health care concerns, including a woman's choice to continue her pregnancy. For these reasons, we respectfully ask to amend SB920 to exclude the bill being used for abortion purposes. Without an amendment, we urge you to oppose SB920.**

# **SB920.DD Coalition.Information.pdf**

Uploaded by: Ande Kolp

Position: INFO



# MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

## Senate Finance Committee

March 04, 2025

### **SB920: Public Health – Maryland Interested Parties Advisory Group – Establishment Letter of Information**



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Columbia, MD 21046



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Suite 2000  
Baltimore, MD 21211



8835 Columbia 100 Pky  
Suite P  
Columbia, MD 21044



**Maryland Developmental  
Disabilities Council**

CREATING CHANGE · IMPROVING LIVES

217 E Redwood Street  
Suite 1300  
Baltimore, MD 21202



7000 Tudsbury Road  
Windsor Mill, MD 21244

The Maryland Developmental Disabilities Coalition (DD Coalition) is comprised of five statewide organizations that are committed to improving the opportunities and outcomes for people with intellectual and developmental disabilities (IDD) and their families. We appreciate the interest of the Sponsor to ensure there is a focus on building the direct support workforce AND ensure the rates for these services are sufficient as to ensure appropriate access to Home and Community-Based Services in Maryland. We note there are already two appointed groups that advise the Developmental Disabilities Administration and the Maryland Department of Health on the issues outlined in this proposed legislation.

#### **WHAT does this legislation do?**

Establishes the Maryland Interested Parties Advisory Group to ensure adequate access to applicable Home and Community-Based Services and the existence of an adequate direct care workforce in the state as required under 42 C.F.R. § 447.203.

#### **WHAT currently exists and is under legislative consideration?**

- 1.) There is a Waiver Advisory Council in place for DDA that is tasked with advising the DDA on workforce issues and access needs.
- 2.) There is a Rate Review Advisory Group with members appointed by the Maryland Department of Health Secretary to advise the Department annually on the sufficiency of rates for DDA Community Supports.

For more information, contact any member of the Maryland Developmental Disabilities Coalition.

