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Health and Government Operations Committee
Subcommittees
Health Occupations and Long-Term Care
Public Health and Minority Health Disparities

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THE MARYLAND HOUSE OF DELEGATES
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HB1142 – Public Health - Maryland Interested Parties Advisory Group - Establishment

Madame Chair, Vice Chair, and members of the Health and Government Operations Committee. Thank you for the opportunity to provide testimony in support of House Bill 1142.

The Centers for Medicaid and Medicare Services recently released the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F), also known as the Access Rule. Among the provisions of this rule, states are required to establish an Interested Parties Advisory Group (IPAG) of direct care workers, beneficiaries, and other interested parties in home and community-based services (HCBSs). Through this group, direct care workers will provide advice on payment rates paid for personal care, home health aides, and habilitation services. The group will provide input to ensure rates are set high enough to draw a sufficient workforce and stem the growing workforce shortage as our population ages and requires more options for home and community care.

These goals are very much in line with work that this Committee has accomplished to uplift our home care and community health workers. Under the Access Rule, each state must convene an Interested Parties Advisory Group by 2027. HB1142 would allow Maryland to get a head-start on implementing this advisory group by requiring the Department of Health to establish and support the advisory group in line with CMS regulations.

There are many benefits that will accrue from starting this advisory group sooner than federally required, including:

- Stabilizing, and growing the direct care workforce
- Improving the transparency of payments to direct care workers in home- and community-based services
- Increasing choice for Marylanders who rely on direct care workers

HB1142 provides clear direction to the Advisory Group on its membership, mission and deliverables that include recommendations for payment rates; employment standards; improving access to care; and communicating with the direct care workforce. Maryland should not wait until 2027 to improve our direct care workforce; HB1142 will give our state a head start to invite applications for membership, select the best candidates, orient members and convene their first meeting to start real change for our home care workers and community health workers. I respectfully request a favorable report on HB1142.