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HB 1129: Maryland Medical Assistance Program – Provider Agencies – Wages and Leave for Personal Care Aides

House Health Committee | February 27, 2026

Position: FAVORABLE

The National Women's Law Center Action Fund (NWLCAF) submits this testimony in support of HB 1129, which would establish a minimum wage floor of \$17 for personal care aides employed by Medicaid-funded agencies; expand personal care aides' access to paid sick leave; and ensure that Maryland prepares to take the steps needed to reach a \$20 minimum wage floor and fulfill its obligation under the 2024 CMS Medicaid Access Rule to spend no less than 80% of Medicaid payments for personal care services on compensation for personal care aides. All workers deserve a fair wage they can live on—and while this bill is not a comprehensive solution to the high costs and low pay that too many Marylanders are facing, it represents an important step to ensure that state Medicaid dollars are used to improve job quality for personal care aides, who have long been undervalued for their critical work providing long-term care for disabled people and older adults across Maryland.

NWLCAF is a national non-profit legal advocacy organization, working across the issues that are central to the lives of women and girls and centering the needs of LGBTQI+ people, women of color and women with low incomes. NWLCAF advocates for improvements in our nation's care infrastructure, so caregivers are better supported in caring for their children and family members, and so older adults and disabled people have the agency to determine what kind of care best meets their preferences and needs.

Home care workers, including personal care aides, face low wages and minimal benefits, making it difficult to sustainably care for themselves and their families. This economic precarity leads to high turnover in home care—which makes it harder for disabled people and older adults to the find reliable home-based care they need and perpetuates the economic inequality Black women workers face.

The home care workforce is made up almost entirely of women¹—predominantly Black and disproportionately immigrant²—who provide critical care to Maryland's disabled and aging population. Around 40,000 people in Maryland receive home- and community-based services (HCBS) through Medicaid,³ relying on personal care aides to help them navigate their lives and be active in their communities. But more than 33,000 additional people are still *waiting* to receive HCBS.⁴ This high demand is only expected to increase, with the home care workforce nationwide projected to add more

¹ 84% of home care workers in Maryland are women. See *Workforce Data Center*, PHI (last accessed Feb. 27, 2026), <https://www.phinational.org/policy-research/workforce-data-center/> (State Data—Maryland).

² 69% of home care workers are Black people and 50% are born outside of the United States. *Id.*

³ Maryland Medicaid Administration, *Impact of Potential Medicaid Proposals to Maryland Medicaid*, MARYLAND DEP'T HEALTH (May 2025), https://health.maryland.gov/newsroom/SiteAssets/Pages/Impact-of-Potential-Medicaid-Proposals-to-Maryland-Medicaid/Maryland%20Medicaid%20Fact%20Sheet_05.13.25_232pm.pdf.

⁴ *Number of People Waiting for Medicaid Home Care (HCBS)*, by *Target Population and Whether States Screen for Eligibility*, KFF (Jan. 2026), <https://www.kff.org/medicaid/state-indicator/number-of-people-waiting-for-hcbs-by-target-population-and-whether-states-screen-for-eligibility/>.

than 681,000 new jobs from 2024 to 2034—more new jobs than any other single occupation in the country.⁵

In Maryland and across the country, however, there are frequently too few direct care workers to meet the demand for their services. These labor shortages are often driven by poor job quality. Nearly one-third (30%) of home care workers in Maryland live in low-income households (at or below 200% of the federal poverty level).⁶ Almost half (47%) of home care workers rely on some form of public assistance to get by, including 31% who rely on Medicaid.⁷ And 11% of home care workers do not have health insurance at all, despite working in health care.⁸ This financial precarity is especially challenging for workers with their own caregiving responsibilities at home; in Maryland, 34% of home care workers live with children under 18 years old.⁹ Facing these conditions, many home care workers struggle to remain in these precarious jobs. Nationwide, the turnover rate for home care workers is close to 80%.¹⁰

Raising the wage floor for home care workers can create the foundation for their access to a living wage and ultimately prevent home care workers from having to choose between remaining in their critical jobs or surviving. In addition, ensuring that more home care workers have access to paid sick time helps workers care for themselves and recover properly, instead of working through illness and potentially risking their ability to provide high-quality care to their clients.¹¹

Taking steps to improve employment standards for the home care industry can also help address some systematic gender and racial disparities (although universal measures will be necessary to effectively close these gaps). In Maryland, where home care workers are mostly Black women,¹² the gender and racial wage gap is steep. Black women working full time, year-round in Maryland typically are paid \$0.68 for every dollar paid to their white, non-Hispanic male counterparts, while full-time working women overall are paid \$0.89 for every dollar paid to men.¹³ While Black women face multi-faceted economic barriers due to systemic prejudice, ensuring that home care worker wages are fair can help chip away at the gender wage gap that stems in part from the low wages in occupations like care work, where the critical work performed by women of color has been undervalued for generations.

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Raising wages is a proven strategy for states to address shortages in the direct care workforce and increase access to care.¹⁴ And Maryland, facing an aging population and a great need for home care, cannot afford to wait.

By implementing a wage floor, expanding paid sick leave, and establishing a path to further wage increases for home care workers, Maryland can build a foundation that will begin to improve the lives of both these vital workers and the individuals who rely on their support to navigate their lives with dignity.

⁵ When also accounting for jobs that must be filled when existing workers transfer to other occupations or exit the labor force, there will be an estimated 9.7 million total job openings in direct care from 2024 to 2034, with home care comprising the largest share of those jobs. *Direct Care Workers in the United States: Key Facts 2025*, PHI (Sept. 15, 2025), <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/>.

⁶ *Workforce Data Center*, PHI, *supra* note 1 (State Data—Maryland).

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ Joyce Famakinwa, *Home Care's Industry-Wide Turnover Rate Reaches Nearly 80%*, HOME HEALTH CARE NEWS (July 3, 2024), <https://homehealthcarenews.com/2024/07/home-cares-industry-wide-turnover-rate-reaches-nearly-80>.

¹¹ Veronica Faison, *Supporting Home- and Community-Based Care Advances Gender Justice*, NWLC (Nov. 2024), https://nwlc.org/wp-content/uploads/2024/11/final_NWLC_2024CaregivingReport.pdf.

¹² *The Direct Services Workforce in Long-Term Services and Supports In Maryland and the District of Columbia*, PHI (2018), <https://www.phinational.org/wp-content/uploads/2018/09/DSWorkers-Maryland-2018-PHI.pdf>.

¹³ *The Wage Gap, State by State*, NWLC (Feb. 2025), <https://nwlc.org/resource/wage-gap-state-by-state/>.

¹⁴ Alice Burns et al., *Payment Rates for Medicaid Home Care: States' Responses to Workforce Challenges*, KFF (Feb. 2025), <https://www.kff.org/medicaid/payment-rates-for-medicaid-home-care-states-responses-to-workforce-challenges/>.

For all of these reasons, we urge the Committee to pass HB 1129, and respectfully request a favorable report.

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Please do not hesitate to contact Veronica Faison at vfaison@nwlc.org if you have questions or require additional information. Thank you for your consideration.

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