



Empowering People to Lead Systemic Change
The Protection and Advocacy System for the State of Maryland

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HOUSE HEALTH COMMITTEE
HB1129: MARYLAND MEDICAL ASSISTANCE PROGRAM – PROVIDER
AGENCIES – WAGES AND LEAVE FOR PERSONAL CARE AIDES
MARCH 3, 2026
POSITION: SUPPORT

Thank you to Madame Chair Bagnall and Members of the Committee for the opportunity to provide written testimony on House Bill 1129. Disability Rights Maryland 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 pivotal 1999 *Olmstead v. L.C.* Supreme Court decision prohibited the unnecessary institutionalization and segregation of individuals with disabilities and affirmed the right of people with disabilities to live within their community.¹ Many older adults and individuals with disabilities in Maryland enjoy this right to live their lives in community settings of their choosing and rely on Medicaid home and community-based services (HCBS) waivers to do so. As a result, many older adults and individuals with disabilities rely on direct care workers, namely, personal care aides (PCAs), to receive necessary supports and services. The need for PCAs to deliver home and community-based services is projected to increase significantly due to a growing aging population. By 2030, it is estimated that one in four Maryland residents will be over 60.² More broadly, the U.S. Census Bureau has projected that between 2015 and 2050, the population of adults 65 and older in the United States will nearly double from 47.8 million to 88 million.³

Despite the increasing need for direct care workers in Maryland, their wages remain low and undercut the demand. In 2023, the estimated median

¹ *Olmstead v. L.C.*, 527 U.S. 581 (1999).

² *Paving the Way for a Longevity Ready Maryland: Maryland's Multisector Plan for Aging: July 2025*, Md. Dept. of Aging (July 30, 2025), at 6.

³ *The Unsung Heroes of Our Community: Direct Care Workers and the Lifeline of the American Rescue Plan Act*, Office of Recovery Programs, City of Baltimore (Aug. 26, 2024), <https://www.baltimorecity.gov/morp/news/arpa-insight-stories-the-unsung-heroes-of-our-community#ftn5> (citing U.S. Census Bureau, 2015).

annual earnings for PCAs in Maryland was \$29,796.⁴ As a direct result, staffing shortages, recruitment and retention challenges, high turnover, and burnout pervade Maryland's direct care worker population. One Baltimore City-based study even concluded that "inadequate compensation is the single biggest factor driving the [direct care] workforce crisis."⁵ This crisis leads to a direct care workforce that cannot adequately provide for the needs of aging adults and individuals with disabilities who depend on PCAs to remain safe and healthy in their communities.

To address the direct care workforce crisis nationwide, the Centers for Medicare and Medicaid (CMS) issued its 'Ensuring Access to Medicaid Final Rule' in 2024, which requires that 80 percent of Medicaid payments that the state receives for personal care services be spent on compensation for the direct care workers who furnish those services.⁶ All states will need to comply with the Final Rule by 2030. By setting a minimum wage floor of \$17 per hour and directing the Maryland Department of Health to outline steps necessary to reach a \$20 per hour minimum wage for PCAs, not only will House Bill 1129 promote adequate compensation for Maryland's direct care workers—House Bill 1129 will be a critical step toward Maryland's compliance with key provisions of the 2024 CMS Final Rule.

In addition to raising the minimum wage for PCAs to \$17 per hour, House Bill 1129 would extend paid sick and safe leave to all PCAs, regardless of employer size, and guarantee that 24 hours of sick and safe leave is available to each PCA upon their date of hire. HB 1129 would require provider agencies to provide each PCA with 1 hour of sick and safe leave for every 30 hours worked after the PCA has worked 720 hours in a calendar year for the agency. Currently, the Maryland Healthy Working Families Act only entitles employers with 15 or more employees to provide sick and safe leave.⁷ Consequently, PCAs employed by smaller provider agencies cannot access paid time off to care for themselves or their loved ones.

⁴ PHI Workforce Data Center, *Direct Care Worker Median Annual Earnings, 2023* (last updated Sept. 2025), <https://www.phinational.org/policy-research/workforce-data-center/#states=24&var=Earnings>.

⁵ Meg LaPorte & David Rodwin, *Long-Term Services and Supports in Baltimore: A Framework for Improving Job Quality and Creating a Highly Trained Direct Care and Services Workforce*, Maryland Regional Direct Services Collaborative (Mar. 2023), at 6, <https://files.constantcontact.com/70632474901/862e483c-5b68-4279-a0f2-ca145b4f6524.pdf>.

⁶ 42 C.F.R. § 441.302(k)(3)(i) (2024).

⁷ Md. Code, Labor and Employment § 3-1304(a)(1)(i).

In a healthcare system that is already difficult for individuals with disabilities to access, unnecessary barriers need to be broken down. The lack of adequate compensation and benefits for direct care workers is one such barrier. High turnover, staffing shortages, attrition, and burnout due to low wages cause unacceptable interruptions in care for Maryland's aging adults and individuals with disabilities. Quality care begins with a supported direct care workforce. House Bill 1129 serves as a critical step toward alleviating the current direct care worker crisis, by putting direct care workers on the pathway to living wages and extending paid leave benefits to them. In turn, House Bill 1129 will allow for aging adults and individuals with disabilities in Maryland to access the quality in-home care that they are legally entitled to and deserve.

For these reasons, DRM strongly supports House Bill 1129 and urges a favorable report.

Respectfully Submitted,

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