



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in SUPPORT of HB 1129: Maryland Medical Assistance Program - Provider Agencies - Wages and Leave for Personal Care Aides

Summary: This legislation would require provider agencies that participate in the Maryland Medical Assistance Program to pay personal care aides a minimum of \$17 per hour, to provide written notice of that wage to aides, and to guarantee meaningful earned sick and safe leave. These aides provide the day-to-day care that enables Marylanders to live at home safely, yet they are routinely underpaid and lack basic protections that ensure both worker well-being and patient safety.

Overview: Personal care aides are distinct from medically trained professionals like nurses, they do not perform medical procedures, but their work is critical, providing direct assistance with activities of daily living including bathing, dressing, mobility support, meal preparation, and other hands-on care. These responsibilities require physical strength, constant attention to our vulnerable neighbors, and emotional resilience as aides build deep caregiving relationships with clients who rely on them.

Despite the demands of the job, aides are paid far below a living wage. Recent salary data show the average wage for home health aides in Maryland is around \$17.47 per hour, with many aides earning as low as the state minimum wage of \$15 per hour ([U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics — Home Health and Personal Care Aides](#)). These figures are well below the “housing wage” — the hourly rate needed to afford a modest rental home in Maryland without spending more than 30 % of income on housing — estimated at [\\$39.15 per hour by the National Low Income Housing Coalition](#).

[A 2022 Maryland Center on Economic Policy racial equity analysis](#) also found that home care workers in our state earned only about \$15.26 per hour, nearly 38 % below the statewide median wage, and many have family incomes below the federal poverty line. These statistics reflect a reality for a necessary and growing segment of the Maryland workforce that is critically needed, yet woefully undercompensated.

House Bill 1129 raises personal care aide wages two dollars above the current Maryland minimum wage, reflecting both the value of this work and the urgent need to stabilize the workforce. This increase is a crucial step as Maryland moves toward compliance with [CMS](#)



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[guidance](#), which sets a target that by 2030, either 80% of Medicaid reimbursement or \$20 per hour must flow directly to the direct care workforce. To put this into context, the current state minimum wage of \$15 per hour is less than 59% of the Medicaid reimbursement rate for these services, leaving a significant gap between what the state pays and what workers receive. Without immediate action, Maryland risks falling behind on workforce stabilization and equity goals set by federal guidelines.

Last year, Maryland [enacted legislation, championed by our now Chair, establishing the Interested Parties Advisory Group \(IPAG\)](#), which brings together a broad set of stakeholders, including consumers, provider agencies, legal and community experts, and advocates, to advise on Medicaid-funded home and community-based services. IPAG's mandate includes policy recommendations, payment rate analysis, and workforce stabilization strategies under the 2024 CMS rules.

With [major changes to federal Medicaid requirements expected January 1, 2027](#), it will take time for MDH to collect comprehensive data and issue a new Rate Study, and for IPAG to analyze impacts on the state budget and provider industry, and issue actionable recommendations. That process could take years. Meanwhile, personal care aides cannot wait. They are on the front lines today, delivering care that is physically, emotionally, and mentally demanding, often for wages that do not match the cost of living or the responsibility they carry. The state, likewise, cannot wait if it hopes to meet the CMS 80%/ \$20 target by 2030.

Maryland's care workforce is already under strain. Aligning with national reporting on the elder care crisis, [a local coalition of advocates has highlighted that home care workers are leaving the field for jobs with higher pay and better benefits](#). We must act to address acute shortages in home care delivery as Maryland's aging population grows and demand for adequate service continues to outpace supply.

Earned sick and safe leave for home care workers is a public health and safety issue. Under current law, [Maryland's Healthy Working Families Act](#) requires most employees to accrue sick and safe leave at one hour per 30 hours worked, but many personal care aides are employed by small agencies or staffing arrangements where actual leave accrual is slow and often unusable when they need it most.



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In practice, many aides must choose between going to work sick and losing income because accrued leave takes time to accumulate and may not be paid out upon separation. This is especially concerning for aides serving high-risk clients, including older adults and individuals with chronic conditions. Working while ill, whether from a common cold, influenza, or other contagious condition, directly jeopardizes patient safety in home settings where exposure risks are high. This bill's guarantee of up to at least 24 hours of paid sick and safe leave at the start of each year provides a commonsense buffer that protects both aides and vulnerable Marylanders.

Aides navigate complex caregiving environments, respond to emergencies, adapt to changing client needs, and often serve as the primary daily contact for isolated seniors or adults with disabilities.

Without intervention, Maryland risks worsening labor shortages, unsafe working conditions, and increased health risks for the vulnerable populations these aides serve.

HB 1129 begins the work of raising the wage floor immediately, while MDH and IPAG study the long-term implications of Medicaid changes. By setting a minimum of \$17 per hour and guaranteeing earned sick leave, Maryland signals that it values the workforce sustaining community-based care. This immediate action will reduce turnover, attract new workers, and protect high-risk patients, all while laying the foundation for broader alignment with federal requirements over the next decade.

Conclusion: HB 1129 acknowledges that policy planning and real-world care delivery must happen in parallel. We cannot wait for data collection or long-term rulemaking to improve the lives of the aides who provide critical care to thousands of Marylanders every day. This legislation is both a practical and moral imperative: it moves the floor now, ensuring fairness for workers and safety for patients, while Maryland builds a sustainable, compliant, and equitable care system for the future.