



House Health Committee  
March 3, 2026  
House Bill 1129 – *Maryland Medical Assistance Program – Provider Agencies –  
Wages and Leave for Personal Care Aides*  
**POSITION: OPPOSE**

On behalf of the LifeSpan Network and the Maryland-National Capital Homecare Association, we **respectfully oppose** House Bill 1129, which mandates that provider agencies pay a \$17/hour wage to personal care aides and provides new requirements for paying paid earned sick and safe leave.

Maryland has level-funded home care providers for the past two years, despite rising operating costs. Previously, rate increases were tied solely to changes in the State’s mandated minimum wage and did not account for other operating costs. The current Medicaid rate of \$25.58 per hour is insufficient. In 2018, the Hilltop Institute conducted a study that showed that the hourly rate to cover costs should have been \$24.80 per hour, which using moderate inflation of three percent would equate to \$31.42 per hour today. Since 2018, the State has failed to close the gap between cost of care and reimbursement rates. Provider agencies are facing unprecedented costs tied to insurance and benefits, unfunded supervisory requirements for registered nurses, and rising lease and facility costs.

Underfunding is compounded by systemic authorization pipeline delays in personal care services. MNCHA member data from 2021-2025 shows an average wait time for clients to start care is approximately 366.8 days compared to 147 days in 2020. Despite the Department’s contract extension with Telligen intended to improve timeliness, eligible beneficiaries continue to experience year-long delays before receiving services for which they qualify, which are inefficient for families, providers, and the State.

In addition, this bill appears to “jump over” the process that was established last Session in House Bill 1142, which established the Maryland Interested Parties Advisory Group. This Advisory Group is charged with advising and consulting on Medicaid payment rate sufficiency and ensuring adequate access to applicable service categories. Prior to any work being undertaken, House Bill 1129 mandates a specific rate and adds an unfunded mandate through the expansion of the earned sick and safe leave without additional funding.

Home-based care is not only preferred by beneficiaries, but it is fiscally responsible. Home care keeps Marylanders in their homes, reduces hospitalizations and nursing facility admissions, supports family caregivers, and preserves Medicaid dollars. Failure to invest now will result in provider exits, reduced access, and higher long-term institutional costs to the State. Strategic, sustained investment in home and community-based services is not merely a policy preference, but it is a fiscally prudent decision that protects vulnerable Marylanders while safeguarding taxpayer resources. For the reasons stated above, we respectfully request an unfavorable vote.

**For more information call:**

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