HOUSE BILL 1142

J1, J3 (5lr2130)

ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by Delegate Bagnall <u>Delegates Bagnall, Pena-Melnyk, Cullison, Alston, Bhandari, Chisholm, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Szeliga, Taveras, Woods, Woorman, and Ross</u>

Read and Exa	mined by Proofreaders:
_	Proofreader.
_	Proofreader.
Sealed with the Great Seal and pre-	sented to the Governor, for his approval this
day of at	o'clock,M.
	Speaker.
$\mathrm{CH}A$	APTER
AN ACT concerning	
Public Health – Maryland Interest	ed Parties Advisory Group – Establishment
adequate access to applicable be existence of an adequate direct can be be be be a considered by the constant of Health to provide the constant of the constan	yland Interested Parties Advisory Group to ensure nome— and community—based services and the re workforce in the State; requiring the Maryland de certain support to the Advisory Group; and d Interested Parties Advisory Group.
BY adding to Article – Health – General Section 15–1201 through 15–12 Maryland Interested Partie	05 to be under the new subtitle "Subtitle 12. es Advisory Group"

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 Annotated Code of Ma	yland
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- 2 (2023 Replacement Volume and 2024 Supplement)
- 3 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 4 That the Laws of Maryland read as follows:
- 5 Article Health General
- 6 SUBTITLE 12. MARYLAND INTERESTED PARTIES ADVISORY GROUP.
- 7 **15–1201.**
- 8 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
- 9 INDICATED.
- 10 (B) "ADVISORY GROUP" MEANS THE MARYLAND INTERESTED PARTIES
- 11 ADVISORY GROUP ESTABLISHED UNDER § 15–1202 OF THIS SUBTITLE AND
- 12 REQUIRED UNDER 42 C.F.R. § 447.203.
- 13 (C) "APPLICABLE SERVICE CATEGORIES" MEANS HOMEMAKER SERVICES,
- 14 HOME HEALTH AIDE SERVICES, PERSONAL CARE SERVICES, AND HABILITATION
- 15 SERVICES.
- 16 (D) "CONSUMER" MEANS AN APPLICANT FOR, A RECIPIENT OF, OR AN
- 17 INDIVIDUAL ELIGIBLE FOR MEDICAID HOME- AND COMMUNITY-BASED SERVICES,
- 18 OR THE INDIVIDUAL'S AUTHORIZED REPRESENTATIVE.
- 19 (E) "CONSUMER ORGANIZATION" MEANS A STATE OR LOCAL CONSUMER
- 20 ADVOCACY GROUP OR OTHER COMMUNITY-BASED ORGANIZATION THAT
- 21 REPRESENTS THE INTERESTS OF, OR PROVIDES DIRECT SERVICES TO, CONSUMERS
- 22 OF MEDICAID HOME- AND COMMUNITY-BASED SERVICES.
- 23 (F) "DIRECT CARE WORKER" MEANS AN INDIVIDUAL:
- 24 (1) EMPLOYED BY A MEDICAID PROVIDER, STATE AGENCY, OR THIRD
- 25 **PARTY**;
- 26 (2) WHO CONTRACTS WITH A MEDICAID PROVIDER, STATE AGENCY,
- 27 OR THIRD PARTY;
- 28 (3) DELIVERING SERVICES UNDER A SELF-DIRECTED SERVICES
- 29 DELIVERY MODEL; OR
- 30 (4) Who is paid to provide home- and community-based
- 31 SERVICES THROUGH AN APPLICABLE SERVICE CATEGORY.

- 1 (G) "HOME- AND COMMUNITY-BASED SERVICES" MEANS MEDICAID
- 2 HOME-AND COMMUNITY-BASED SERVICES DELIVERED THROUGH THE STATE PLAN,
- 3 A WAIVER UNDER § 1915(C) OF THE FEDERAL SOCIAL SECURITY ACT, A MANAGED
- 4 CARE PROGRAM, OR OTHER DEMONSTRATION PROGRAM.
- 5 (H) "PERSONAL CARE" HAS THE MEANING STATED UNDER § 19–301 OF THIS
- 6 ARTICLE.
- 7 (I) "PROVIDER ASSOCIATION" MEANS A TRADE ASSOCIATION EXEMPT
- 8 FROM FEDERAL INCOME TAXATION UNDER § 501(c)(6) OF THE INTERNAL REVENUE
- 9 CODE THAT REPRESENTS DIRECT CARE EMPLOYERS.
- 10 (J) "WORKER ORGANIZATION" MEANS AN ORGANIZATION THAT:
- 11 (1) IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER §§
- 12 **501(C)(3)** THROUGH **(6)** OF THE INTERNAL REVENUE CODE;
- 13 (2) IS NOT DOMINATED, CONTROLLED, OR FUNDED BY A DIRECT CARE
- 14 EMPLOYER; AND
- 15 (3) HAS AT LEAST 2 YEARS OF DEMONSTRATED EXPERIENCE
- 16 ENGAGING WITH AND ADVOCATING FOR DIRECT CARE WORKERS.
- 17 **15–1202**.
- 18 (A) THERE IS A MARYLAND INTERESTED PARTIES ADVISORY GROUP
- 19 WITHIN THE DEPARTMENT.
- 20 (B) THE PRIMARY PURPOSE OF THE ADVISORY GROUP IS TO ENSURE:
- 21 (1) ADVISE AND CONSULT ON MEDICAID PAYMENT RATES ARE
- 22 SUFFICIENT TO PROVIDE RATE SUFFICIENCY, ENSURING ADEQUATE ACCESS TO
- 23 APPLICABLE SERVICE CATEGORIES; AND
- 24 (2) THE EXISTENCE OF AN ADEQUATE AND QUALIFIED DIRECT CARE
- 25 WORKFORCE TO PROVIDE SERVICES IN THE STATE.
- 26 **15–1203**.
- 27 (A) THE ADVISORY GROUP CONSISTS OF:
- 28 (1) THE DEPUTY SECRETARY, OF HEALTH CARE FINANCING, OR THE
- 29 DEPUTY SECRETARY'S DESIGNEE;

$1\\2$	(2) THE DIRECTOR OF THE MARYLAND MEDICAL ASSISTANCE PROGRAM, OR THE DIRECTOR'S DESIGNEE;
3 4	(2) THE SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE; AND
5 6 7	(4) (3) THE FOLLOWING MEMBERS APPOINTED BY THE DEPUTY SECRETARY OF HEALTH CARE FINANCING, OR THE DEPUTY SECRETARY'S DESIGNEE:
8	(I) THREE CONSUMERS;
9	(II) TWO REPRESENTATIVES OF CONSUMER ORGANIZATIONS;
10	(III) THREE DIRECT CARE WORKERS;
11	(IV) TWO REPRESENTATIVES OF WORKER ORGANIZATIONS; AND
12	(V) ONE REPRESENTATIVE OF A PROVIDER ASSOCIATION; AND
13	(VI) ONE REPRESENTATIVE OF THE GENERAL PUBLIC; AND
14 15 16 17 18	(3) ONE NONVOTING ADVISORY MEMBER FROM THE DIVISION OF HEALTH CARE FINANCING AND MEDICAID WITH ADVANCED DATA LITERACY TO ADDRESS ANY QUESTION OR ISSUE RELATED TO THE DATA EXAMINED BY THE ADVISORY GROUP THREE REPRESENTATIVES OF PROVIDER ASSOCIATIONS, OF WHOM:
19 20	1. TWO SHALL BE REPRESENTATIVES OF A RESIDENTIAL SERVICE AGENCY; AND
21 22	2. ONE SHALL BE A REPRESENTATIVE OF AN EMPLOYER TRADE ASSOCIATION.
23	(B) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE
24	ADVISORY GROUP SHALL REFLECT THE DIVERSITY OF LIVED EXPERIENCE WITH
25	DISABILITY, AS WELL AS THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, GENDER,
26	SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION, AGE, AND
27	SOCIOECONOMIC DIVERSITY OF THE STATE.
28 29	(C) (1) THE <u>DEPUTY</u> SECRETARY <u>OF HEALTH CARE FINANCING</u> , OR THE <u>DEPUTY SECRETARY'S DESIGNEE</u> , SHALL ESTABLISH AN APPLICATION PROCESS
ΔJ	DELOTE DEGRETARE DESIGNEE, SHALL ESTABLISH AN AFFLICATION PROCESS

- 1 THAT IS ACCESSIBLE TO THE GENERAL PUBLIC FOR THE RECRUITMENT OF
- 2 MEMBERS.
- 3 (2) THE APPLICATION AND CRITERIA FOR SELECTION SHALL BE
- 4 PUBLISHED ON THE DEPARTMENT'S WEBSITE.
- 5 (D) (1) THE DEPUTY SECRETARY, OF HEALTH CARE FINANCING, OR THE
- 6 DEPUTY SECRETARY'S DESIGNEE, SHALL CHAIR THE ADVISORY GROUP.
- 7 (2) THE DEPARTMENT SHALL PROVIDE STAFF AND SUPPORT FOR
- 8 THE ADVISORY GROUP, INCLUDING APPROPRIATE LOGISTICAL, AND
- 9 INFORMATIONAL, AND FINANCIAL SUPPORT TO ENSURE MEANINGFUL
- 10 PARTICIPATION OF DIRECT CARE WORKERS AND CONSUMERS IN THE ADVISORY
- 11 GROUP.
- 12 (E) (The term of an appointed member of the Advisory Group
- 13 **IS 3 YEARS.**
- 14 (2) THE SECRETARY SHALL ENSURE THAT MEMBERS SERVE
- 15 STAGGERED TERMS.
- 16 (3) AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO
- 17 SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
- 18 A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
- 19 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND
- 20 **QUALIFIES.**
- 21 (5) THE SECRETARY MAY REMOVE OR SUSPEND A MEMBER OF THE
- 22 ADVISORY GROUP FOR MISCONDUCT, INCOMPETENCE, OR NEGLECT OF DUTIES
- 23 AFTER AN OPPORTUNITY FOR THE MEMBER TO BE HEARD.
- 24 (F) A MEMBER OF THE ADVISORY GROUP:
- 25 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
- 26 ADVISORY GROUP; BUT
- 27 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE
- 28 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.
- 29 (G) (1) BEGINNING NOVEMBER 1, 2025, THE ADVISORY GROUP SHALL
- 30 MEET ON A QUARTERLY BASIS ANNUALLY.

- 1 (2) MEETING DATES, TIMES, AND LOCATIONS SHALL BE SELECTED TO
- 2 MAXIMIZE MEMBER ATTENDANCE.
- 3 **15–1204.**
- 4 (A) (1) THE DEPARTMENT SHALL ESTABLISH STANDARDIZED
- 5 PROCEDURES FOR THE ADMINISTRATION OF THE ADVISORY GROUP AND MAKE THE
- 6 PROCEDURES AVAILABLE TO THE PUBLIC ON A DEDICATED PAGE OF THE
- 7 DEPARTMENT'S WEBSITE.
- 8 (2) THE DEDICATED PAGE ON THE DEPARTMENT'S WEBSITE SHALL
- 9 ALSO INCLUDE:
- 10 (I) A LIST OF CURRENT ADVISORY GROUP MEMBERS;
- 11 (II) THE APPLICATION PROCESS AND SELECTION CRITERIA FOR
- 12 ADVISORY GROUP MEMBERS;
- 13 (III) THE LOCATION, DATE, AND TIME OF EACH ADVISORY
- 14 GROUP MEETING WITH AT LEAST 30 CALENDAR DAYS' ADVANCE NOTICE;
- 15 (IV) OPTIONS FOR VIRTUAL PARTICIPATION IN MEETINGS OF
- 16 THE ADVISORY GROUP:
- 17 (V) PROCEDURES TO ENSURE MEANINGFUL PARTICIPATION
- 18 FOR INDIVIDUALS WITH DISABILITIES AND LIMITED ENGLISH PROFICIENCY;
- 19 (VI) A NOTATION OF AT WHICH MEETINGS THE GENERAL PUBLIC
- 20 WILL HAVE AN OPPORTUNITY TO TESTIFY OR MAKE COMMENTS; AND
- 21 (VII) IN ACCORDANCE WITH THE OPEN MEETINGS ACT, THE
- 22 AGENDA AND MEETING MINUTES OF THE PREVIOUS MEETING OF THE ADVISORY
- 23 GROUP, INCLUDING A LIST OF MEETING ATTENDEES.
- 24 (B) THE DEPARTMENT SHALL PROVIDE SUFFICIENT DATA AND RESOURCES
- 25 AT LEAST 30 DAYS IN ADVANCE OF A MEETING TO SUPPORT INFORMED
- 26 PARTICIPATION IN ADVISORY GROUP DISCUSSIONS, INCLUDING:
- 27 (1) Distributing information collected by the Maryland
- 28 DEPARTMENT OF LABOR UNDER § 15-156 OF THIS TITLE, INCLUDING DATA
- 29 COLLECTED BY RESIDENTIAL SERVICE AGENCIES RELATED TO DIRECT CARE
- 30 **WORKFORCE:**

1	(I) STABILITY, INCLUDING TOTAL NUMBERS OF FULL-TIME
2	AND PART-TIME HOME CARE WORKERS, PERCENTAGE OF THE YEAR THAT THE
3	EMPLOYEES WERE EMPLOYED, AVERAGE LENGTH OF EMPLOYMENT, TURNOVER
4	RATE, VACANCIES, AND UNSTAFFED HOURS MEASURED BY HOURS ALLOTTED IN
5	PLANS OF SERVICE FOR WHICH THE CONSUMER IS NOT RECEIVING CARE;
6	(II) COMPENSATION AND BENEFITS, INCLUDING THE HIGHEST,
7	LOWEST, MEDIAN, AND AVERAGE HOURLY WAGE PAID BY PROVIDER AGENCIES,
8	NUMBER OF HOURS AUTHORIZED FOR OVERTIME PAY, NUMBER OF HOURS PAID FOR
9	TRAVEL TIME BETWEEN CLIENTS, AND AVERAGE DAYS OF EARNED SICK AND SAFE
10	LEAVE PAID TO HOME CARE WORKERS EACH YEAR;
11	(III) EMPLOYEE BENEFITS, INCLUDING HEALTH, DENTAL, AND
12	VISION BENEFITS, LIFE AND DISABILITY INSURANCE, PAID LEAVE, RETIREMENT,
13	AND TUITION REIMBURSEMENT;
14	(IV) PROVIDER COSTS RELATED TO THE WORKFORCE,
15	INCLUDING COSTS OF REQUIRED TRAININGS, TRAVEL COSTS FOR DIRECT CARE
16	WORKERS SUCH AS MILEAGE REIMBURSEMENT OR PUBLIC TRANSPORTATION
17	SUBSIDIES, AND COSTS OF PERSONAL PROTECTIVE EQUIPMENT FOR DIRECT CARE
18	WORKERS; AND
19	(v) Demographic information including age, gender,
20	RACE AND ETHNICITY, HIGHEST EDUCATIONAL LEVEL ATTAINED, CERTIFICATIONS
21	HELD, AND NUMBER OF YEARS OF DIRECT CARE WORK EXPERIENCE CURRENT AND
22	PROPOSED PAYMENT RATES;
23	(2) FEDERALLY REQUIRED INFORMATION WITH A DETAILED
24	EXPLANATION OF THE METHODOLOGY AND DATA LIMITATIONS FOR EACH REPORT,
25	INCLUDING:
26	(I) HOME- AND COMMUNITY-BASED SERVICES PAYMENT
27	TRANSPARENCY REPORTS;
28	(II) PAYMENT ADEQUACY REPORTS AS REQUIRED UNDER 42

30 (III) ACCESS-TO-CARE DATA, AS REQUIRED UNDER 42 C.F.R. § 31 441.311(D)(2);

C.F.R. § 441.311(E); AND

29

32 (3) BUREAU OF LABOR STATISTICS PUBLICLY AVAILABLE WAGE 33 DATA AND OTHER LABOR MARKET AND WORKFORCE DATA;

1 2	(4) BENCHMARKING AND RATE STUDIES FOR HOME- AND COMMUNITY-BASED SERVICES CONDUCTED BY THE DEPARTMENT;
3 4	(5) RATE INFORMATION FROM NEIGHBORING OR SIMILARLY SITUATED STATES; AND
5	(6) ACCESS-TO-CARE METRICS, INCLUDING:
6 7	(I) THE NUMBER OF CONSUMERS RECEIVING APPLICABLE SERVICES; AND
8 9	(II) THE NUMBER OF UTILIZATION HOURS FOR APPLICABLE SERVICE CATEGORIES;
10 11	(III) A DESCRIPTION OF HOW THE STATE MAINTAINS THE MEDICAID WAIVER WAITING LIST FOR HOME-AND COMMUNITY-BASED SERVICES;
12	(IV) THE NUMBER OF INDIVIDUALS ON THE WAITING LIST;
13 14	(V) THE AVERAGE LENGTH OF TIME NEW WAIVER ENROLLEES WAITED TO ENROLL; AND
15	(VI) THE NUMBER OF TIMES INDIVIDUALS MUST RE-APPLY TO
16	RECEIVE SERVICES.
	(c) The Department shall consult the Advisory Group before making changes to payment rates for applicable service categories and shall afford deference to the Advisory Group's recommendations.
16 17 18	(C) THE DEPARTMENT SHALL CONSULT THE ADVISORY GROUP BEFORE MAKING CHANGES TO PAYMENT RATES FOR APPLICABLE SERVICE CATEGORIES AND
16 17 18 19 20 21 22	(c) The Department shall consult the Advisory Group before making changes to payment rates for applicable service categories and shall afford deference to the Advisory Group's recommendations. (d) (1) To support the Advisory Group and engage the broader direct—care—workforce—and—consumers—across—the—State,—the Department shall develop a public education and communication plan
16 17 18 19 20 21 22 23 24	(c) The Department shall consult the Advisory Group before making changes to payment rates for applicable service categories and shall afford deference to the Advisory Group's recommendations. (d) (1) To support the Advisory Group and engage the broader direct care workforce and consumers across the State, the Department shall develop a public education and communication plan to inform direct care workers and direct care consumers of: (t) The Advisory Group, its purpose, meetings, and
16 17 18 19 20 21 22 23 24 25	(c) The Department shall consult the Advisory Group before making changes to payment rates for applicable service categories and shall afford deference to the Advisory Group's recommendations. (d) (1) To support the Advisory Group and Engage the Broader direct care workforce and consumers across the State, the Department shall develop a public education and communication plan to inform direct care workers and direct care consumers of: (i) The Advisory Group, its purpose, meetings, and opportunities for input; and

1	(H) USE TARGETED METHODS THAT WILL EFFECTIVELY
2	ENGAGE DIRECT CARE WORKERS AND DIRECT CARE CONSUMERS, INCLUDING
3	ADVERTISING AND OTHER MARKETING TOOLS;
4	(III) INCLUDE AN OPTION FOR DIRECT CARE WORKERS AND
5	DIRECT CARE CONSUMERS TO PROVIDE INFORMATION, INCLUDING A MAILING
6	ADDRESS, E-MAIL ADDRESS, OR TELEPHONE NUMBER, FOR PURPOSES OF
7	RECEIVING ONGOING COMMUNICATION FROM THE DEPARTMENT CONCERNING THE
8	ADVISORY GROUP AND OPPORTUNITIES FOR ENGAGEMENT WITH THE ADVISORY
9	GROUP; AND
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10	(IV) REQUIRE EACH RESIDENTIAL SERVICE AGENCY TO
11	PROVIDE INFORMATION REGARDING THE ADVISORY GROUP DIRECTLY TO ITS
12	EMPLOYEES.
13	15–1205.
14	(A) THE ADVISORY GROUP SHALL:
	(1) True real management of Management and a second
15	(1) EVALUATE THE SUFFICIENCY OF MEDICAID PAYMENT RATES FOR
16	APPLICABLE SERVICE CATEGORIES; <u>AND</u>
17	(2) EXAMINE WORKING CONDITIONS FOR THE DIRECT CARE
18	WORKFORCE, INCLUDING CURRENT WAGE RATES AND OFFERED BENEFITS,
19	INITIATIVES FOR RETENTION AND RECRUITMENT OF WORKERS, TRAINING
20	REQUIREMENTS, AND ACCESS TO WORKER ORGANIZATIONS;
20	THE COLUMN TO COLUMN TO WORKER OF COLUMN TO THE COLUMN TO
21	(3) EVALUATE CHALLENGES TO ACCESSING CARE FOR APPLICABLE
22	MEDICAID HOME- AND COMMUNITY-BASED SERVICES; AND
23	(4) DEVELOP A COMMUNICATION PLAN FOR THE DEPARTMENT'S
24	ENGAGEMENT WITH DIRECT CARE WORKERS AND CONSUMERS.
25	(B) (1) ON OR BEFORE SEPTEMBER 1 EACH YEAR, BEGINNING IN 2026,
26	THE ADVISORY GROUP SHALL REPORT ITS ACTIVITIES AND RECOMMENDATIONS TO
27	THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT
28	ARTICLE, THE GENERAL ASSEMBLY.
00	(9) The property of the Appropriate Charles and the Appropriate Charles and the Appropriate Charles are the Appropriate Charles and the Appropriate Charles are the Appropriate Charles and the Charles are the Appropriate Charles are the Ch
29	(2) THE REPORT OF THE ADVISORY GROUP SHALL ADDRESS:
30	(I) RECOMMENDATIONS FOR INCREASING MEDICALD
JU	(I) Recommendations for increasing Medicald

PAYMENT RATES FOR APPLICABLE SERVICE CATEGORIES;

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	10 HOUSE BILL 1142
1	(II) EMPLOYMENT STANDARDS FOR DIRECT CARE WORKERS
2	INCLUDING A WAGE FLOOR AND EFFORTS TO COMBAT MISCLASSIFICATION OF
3	EMPLOYEES;
4	(III) REMOVING BARRIERS TO ACCESS TO CARE AND
5	RECOMMENDATIONS ON HOW TO IMPROVE ACCESS TO QUALITY AND CONTINUOUS
6	CARE;
7	(IV) MEANS THE STATE CAN USE TO COMMUNICATE
8	INFORMATION TO DIRECT CARE WORKERS AND CONSUMERS ABOUT THE PURVIEW
9	OF THE ADVISORY GROUP, ITS PURPOSE, ITS MEETINGS AND HEARINGS, AND
10	OPPORTUNITIES TO PROVIDE INPUT; AND
11	(v) THE ADVISORY GROUP'S REVIEW OF ANY RACIAL, GENDER,
12	OR ECONOMIC DISPARITIES IMPACTING DIRECT CARE WORKERS OR CONSUMERS
13	AND EXAMPLES OF RATES AND DELIVERY SYSTEMS FOR APPLICABLE SERVICES IN
14	OTHER STATES WITH FAVORABLE CONDITIONS FOR DIRECT CARE WORKERS AND
15	CONSUMERS.
16	(3) Any recommendations adopted by the Advisory Group
17	MUST RECEIVE AN AFFIRMATIVE VOTE OF AT LEAST SEVEN MEMBERS <u>A MAJORITY</u>
18	<u>VOTE</u> .
19	(4) Before the submission of the report under paragraph
20	(1) OF THIS SUBSECTION, THE DEPARTMENT SHALL REVIEW THE REPORT ON
21	RECEIPT FROM THE ADVISORY GROUP AND WITHIN 60 DAYS AFTER RECEIVING THE
22	REPORT RESPOND TO ANY RECOMMENDATION, INCLUDING ANY JUSTIFICATION FOR
23	DECLINING TO IMPLEMENT A RECOMMENDATION OF THE ADVISORY GROUP.
24	(5) FOLLOWING THE DEPARTMENT'S REVIEW OF THE ANNUAL
25	REPORT, THE DEPARTMENT SHALL:
26	(I) PROVIDE THE ADVISORY GROUP WITH AN OPPORTUNITY
27	TO MAKE CHANGES TO THE REPORT; AND
28	(H) (C) POST THE DEPARTMENT SHALL POST THE REPORT
29	TO THE DEPARTMENT'S WEBSITE WITHIN 30 DAYS AFTER THE REPORT HAS BEEN
	FINALIZED.
30	

31 (C) (D) THE ADVISORY GROUP MAY HOLD OPPORTUNITIES TO SOLICIT 32 AND COLLECT TESTIMONY FROM THE PUBLIC AND INVITE INPUT FROM EMPLOYER 33 ORGANIZATIONS, WORKER ORGANIZATIONS, CONSUMER ADVOCACY GROUPS, AND 34 OTHER STAKEHOLDERS IN THE DIRECT CARE INDUSTRY.

1	$\stackrel{\text{\tiny (E)}}{=}$ (1) An employer or State agency may not take
2	RETALIATORY ACTION AGAINST A DIRECT CARE WORKER OR CONSUMER FOR
3	PARTICIPATION IN THE ADVISORY GROUP.
4	(2) This section does not limit the rights of direct care
5	WORKERS UNDER STATE OR FEDERAL EMPLOYMENT OR LABOR LAW, OF
6	COLLECTIVE BARGAINING AGREEMENTS.
7	SECTION 2. AND BE IT FURTHER ENACTED, That the Deputy Secretary of
8	Health Care Financing, or the Deputy Secretary's designee, shall appoint the initia
9	members of the Maryland Interested Parties Advisory Group on or before October 1, 2025
10	SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July
11	1, 2025.
	Approved:
	Governor.
	Speaker of the House of Delegates.
	President of the Senate.