Advancing Women's Economic Security in Maryland:
State Policy Approaches to Improve Pay Equity

Kayla M. Joyce

Executive Summary

According to the latest data for full-time workers, Maryland women are paid 88.6 cents for every dollar men make and earn $9,093 less per year than Maryland men in median earnings. Pay equity progress in recent years has stalled at both the national and state levels. Despite historic progress and state-level policy efforts, Maryland women are still overrepresented in low-wage jobs that are undervalued compared to similar predominantly male occupations. Efforts to address pay inequity by raising wages in areas of occupational crowding, such as healthcare support, could help Maryland women more easily afford essentials like rent, health insurance, childcare, or debt payments and may decrease reliance on state subsidies for these needs. As the Maryland Commission for Women looks to advance Governor Moore's priorities surrounding equity and inclusivity, a focus on pay equity policies will have compounding effects for women and their families through lifelong career earnings and will also benefit Maryland's economy as women are empowered to participate more fully.

The Maryland Commission for Women could advocate for	
Strengthen Collective Bargaining Rights	
☐	*Require employers to recognize unions that leverage the card check process to demonstrate majority interest*
☐	*Include home childcare and healthcare workers with public employees when supported by public funds*
☐	*Allow public workers to strike*
☐	*Extend unemployment insurance benefits to striking workers*
☐	*Pass trigger laws to protect workers' rights under NLRA at the state level in case federal labor laws are dismantled or not enforced.*
☐	*Increase the maximum fines for employer violations of workers' rights and allow affected workers to sue for damages*
Increase Wages for Healthcare Workers	
☐	*Set a higher minimum wage for healthcare workers that is a livable wage ($26) or 1.5x the state minimum wage ($22.50)*
☐	*Implement wage pass-through policies alongside Medicaid reimbursement rate increases*
Invest in Healthcare Career Pathways and Advancement	
☐	*Partner with employers and trainers to develop an industry-wide healthcare career pathway program that streamlines multiple advancement ladders targeting initial support roles that require similar worker skills*
☐	*Offset workers' costs for these programs through incentives like paid leave, requirements tying completion to salary increases, and funding for wraparound services*

This report focuses primarily on undervalued healthcare support occupations and looks at policy recommendations to raise wages for these predominantly female roles (86% women). The healthcare industry is rapidly growing, but wage growth is not keeping pace at the same rate, and staffing shortages and vacancies pose a significant challenge for employers and patient care. When looking at industry data and other states' best practices, the Maryland Commission for Women can advocate for policies that strengthen union collective bargaining rights, increase minimum wages for healthcare workers, and invest in healthcare career pathways and advancement.

These policies promote pay equity for Maryland women and historically minoritized groups. They work best together, but can also be implemented in stages to make progress in elevating women's economic opportunities in Maryland. These best practices can also set an example for other sectors beyond healthcare. In future strategic planning and research, the Maryland Commission for Women should also consider the impacts of AI on gender inequities, women's displacement in jobs with occupational crowding, and other associated economic and gender-based outcomes

Introduction

According to the latest data from the 2024 American Community Survey (ACS) 1-year estimates for full-time workers, the current gender wage gap in Maryland is 11.4%. Maryland women are paid 88.6 cents for every dollar men make, stronger than the national average of 83 cents to the dollar, but still leaving plenty of room for improvement. On average, Maryland women make $70,933 in annual median earnings compared to $80,026 for Maryland men.[1] This annual gender earnings gap of $9,093 for Maryland women contributes to some of the highest lifetime pay inequities in the nation (with a lifetime gender earnings gap of $427,000 over a woman's 40-year career), with even broader disparities by race and other intersecting identities. Pay inequities impact the economic health of women and their families through wages, work, and wealth accumulation, with 40% or more of mothers working as the primary wage earner in their household.[2]

Given, Maryland women also face disproportionate impacts from unprecedented federal government layoffs, the gender pay gap is likely to increase in the coming years. The federal government is the largest employer in Maryland, employing over 250,000 civilians and over 200,000 contractors in the state prior to federal cuts of approximately 25,000 Maryland jobs in 2025.[3] Although women represent just 46% of the overall federal workforce, the administration's massive layoffs targeted departments and independent agencies with majority-female workforces.[4,5] Female federal workers have also historically seen greater pay equity, earning 95 cents for every dollar men earned in 2024[6] compared to a national average of 83 cents per dollar,[7] so Maryland can expect greater challenges to women's economic opportunities with the recent layoffs.

Pay Equity Progress Has Stalled

---

[1] U.S. Census Bureau. (n.d.). *Occupation by sex and median earnings in the last 12 months (in 2024 inflation-adjusted dollars) for the full-time, year-round civilian employed population 16 years and over*. *American community survey, ACS 1-year estimates subject tables* (Table S2412). Retrieved May 7, 2026, from https://data.census.gov/table/ACSST1Y2024.S2412?q=occupations+in+maryland.

[2] Maryland Department of Labor. (2026). *Equal pay day report 2026.* https://www.labor.maryland.gov/labor/wages/equalpaydayreport.pdf

[3] Office of Governor Wes Moore. (2026). *New employment data reveal Trump firings have cost Maryland nearly 25,000 federal jobs in 2025, with 10.300 federal jobs lost October-November.* https://governor.maryland.gov/news/press-releases/new-employment-data-reveal-trump-firings-have-cost-maryland-nearly-25000-federal-jobs-2025-10300

[4] Percent of female workers in departments targeted for layoffs: the Department of Veterans Affairs (64%), the Department of Education (63%), the Department of Health and Human Services (63%), the Department of the Treasury (61%), and the Department of Housing and Urban Development (59%). Percent of female workers in independent agencies targeted: the Social Security Administration (66%) and the Equal Employment Opportunity Commission (62%). Women also made up a majority of probationary workers.

[5] Javaid, S. (2025). *Attacks on the federal workforce target women and people of color.* National Women's Law Center. https://nwlc.org/wp-content/uploads/2025/05/Federal-Workforce-FS-5.5.25v2.pdf

[6] Javaid, S. (2025). *Attacks on the federal workforce target women and people of color.* National Women's Law Center. https://nwlc.org/wp-content/uploads/2025/05/Federal-Workforce-FS-5.5.25v2.pdf

[7] U.S. Census Bureau. (n.d.). *Occupation by sex and median earnings in the last 12 months (in 2024 inflation-adjusted dollars) for the full-time, year-round civilian employed population 16 years and over*. *American community survey, ACS 1-year estimates subject tables* (Table S2412). Retrieved May 7, 2026, from https://data.census.gov/table/ACSST1Y2024.S2412?q=occupations+in+maryland.

Throughout history, societal norms have created systemic gender inequities such that predominantly female occupations are often undervalued, with occupational crowding accounting for about half of the gender wage gap.[8] While women have made substantial progress in the workforce since the 1980s, and women now make up a greater share of the workforce in higher paying occupations, women remain overrepresented in many low-wage industries and job types.[9] Maryland women accounted for 86.2% of healthcare support workers, 76.5% of healthcare technologists and technicians, 72.6% of office and administrative workers, and 72.2% of service workers. Compared to national averages, Maryland women were even more overrepresented in all of these occupations. Employing almost 300,000 Maryland women full-time, these occupations combined account for 25% of all Maryland female workers.[10] These jobs also tend to make less than the average income: on average, women healthcare support workers earned $41k, technologists and technicians $54k, office and administrative workers $54k, and service workers $41k. Importantly, these predominantly female professions receive substantially lower pay compared to similar predominantly male professions. Men's median earnings show protective service workers (firefighters and law enforcement) earned $79k, sales workers earned $67k, maintenance and repair workers earned $61k, and construction workers earned $55k. By comparison, the predominantly female occupations are undervalued given similar educational requirements.[11]

Equitable employment practices throughout the career stages – recruitment, compensation, progression, and retention – are critical to maintaining and growing women's participation in the labor force. When Maryland female dominated professions are undervalued, when Maryland women have fewer occupational opportunities, and when Maryland women face pay inequities, these gender biased outcomes translate to the state's economy through impacts to GDP in lost wages and stalling innovation. The gender wage gap costs working women and the U.S. economy an estimated $1.9 trillion every year.[12] According to data from the American Community Survey 2024 5-Year Estimates, if the gender earnings gap were eliminated for one year, Maryland working women could (on average) afford 7 months of rent, 5 months of health insurance premiums, 11 months of childcare, or pay off the average student loan debt in a little over 3.5 years[13] (5.7x faster than average[14] repayment).[15] The state of Maryland is currently

---

[8] Hegewisch, A. & Mendoza, C. (2025). *Women earn less than men whether they work in the same or different occupations: The gender wage gap by occupation, race, and ethnicity 2024.* Institute for Women's Policy Research. https://iwpr.org/wp-content/uploads/2025/03/Occupational-Wage-Gap-Fact-Sheet-2025-1.pdf

[9] Kochhar, R. (2023). *The enduring grip of the gender pay gap.* Pew Research Center. https://www.pewresearch.org/social-trends/2023/03/01/the-enduring-grip-of-the-gender-pay-gap/

[10] U.S. Census Bureau. (n.d.). *Occupation by sex for the full-time, year-round civilian employed population 16 years and over. American Community Survey, ACS 1-year estimates subject tables* (Table S2402). Retrieved May 7, 2026, from https://data.census.gov/table/ACSST1Y2024.S2402?q=employment+by+occupations+in+Maryland&tp=false

[11] U.S. Census Bureau. (n.d.). *Occupation by sex and median earnings in the last 12 months (in 2024 inflation-adjusted dollars) for the full-time, year-round civilian employed population 16 years and over*. *American community survey, ACS 1-year estimates subject tables* (Table S2412). Retrieved May 7, 2026, from https://data.census.gov/table/ACSST1Y2024.S2412?q=occupations+in+maryland.

[12] Coan, T. & Mason, J. (2026). *America's women and the wage gap.* National Partnership for Women & Families. https://nationalpartnership.org/wp-content/uploads/2023/02/americas-women-and-the-wage-gap.pdf

[13] National Partnership for Women & Families. (2026). *What's the wage gap in the states?* https://nationalpartnership.org/report/wage-gap/

[14] Hanson, M. (2025). *Average Time to Repay Student Loans*. Education Data Initiative. https://educationdata.org/average-time-to-repay-student-loans

[15] Calculated using the average student loan repayment timeline of 20 years.

subsidizing many of these services. If the state invests upfront to help working women afford housing, healthcare, childcare, and other essentials, this proactive approach may help women and their families avoid falling into poverty, facing housing insecurity, and losing health insurance.[16]

While Maryland has a strong set of pay equity and transparency laws, Maryland women are still overrepresented in low-wage jobs and are underpaid compared to men in industries with similar skill and education requirements. The healthcare industry represents a unique opportunity and challenge where growth and staffing shortages need to be addressed to ensure patients can receive the care they need.[17] With an aging population, healthcare occupations dominate the fastest growing employment and projections (2019-2029).[18] This report will focus on healthcare support, technologist, and technician occupations to analyze where Maryland can invest in the economic security of working women.

Healthcare Support, Technologist, and Technician Occupations

The healthcare industry ($4.3 trillion) is one of the few sectors currently showing job growth (2025 employment grew 2.3%, and 5-year forecasts project an increase of 3.2%), employing 26 million employees nationwide.[19] Although revenue is rapidly growing, wages are growing at a slower pace. The industry also faces operating challenges such as labor shortages, inflation, increased supply and compliance costs, and recent cuts to Medicaid. At the same time, healthcare organizations are leveraging digital technologies such as AI to improve efficiencies and combat understaffing in the face of growing demand and an aging population. However, staffing shortages have more pronounced effects for smaller healthcare organizations and rural facilities that may lack the resources to restructure or automate their practices.[20]

The healthcare industry is crucial to Maryland's economy with major employers like the University of Maryland Medical System, Johns Hopkins Medicine, and the National Institutes of Health driving job growth and innovation in the state. According to Maryland Department of Labor data from 2022, almost 83,000 employees worked in healthcare support occupations[21] and over 64,000 worked as health technologists and technicians.[22] The growth in demand for healthcare support roles (nursing, psychiatric, home health aides, occupational therapy and physical therapist assistants and aides, dental, medical, and veterinary assistants, phlebotomists,

---

[16] Glassman, B. (2020). *An analysis of the gender poverty gap using the American community survey*. U.S. Census Bureau. https://www.census.gov/content/dam/Census/library/working-papers/2020/demo/sehsd-wp2020-12.pdf

[17] Brocker, M. (2026). *Healthcare and social assistance in the US industry data and analysis*. IBIS World. https://www.ibisworld.com/united-states/industry/healthcare-and-social-assistance/1550/

[18] U.S. Bureau of Labor Statistics. (2020). *5 out of 20 fastest-growing industries from 2019 to 2029 are in healthcare and social assistance*. The Economics Daily. https://www.bls.gov/opub/ted/2020/5-out-of-20-fastest-growing-industries-from-2019-to-2029-are-in-healthcare-and-social-assistance.htm

[19] Brocker, M. (2026). *Healthcare and social assistance in the US industry data and analysis*. IBIS World. https://www.ibisworld.com/united-states/industry/healthcare-and-social-assistance/1550/

[20] Brocker, M. (2026). *Healthcare and social assistance in the US industry data and analysis*. IBIS World. https://www.ibisworld.com/united-states/industry/healthcare-and-social-assistance/1550/

[21] Maryland Department of Labor, Division of Workforce Development and Adult Learning, Office of Workforce Information and Performance. (n.d.). *Healthcare support occupations (occgroup31)*. https://www.labor.maryland.gov/lmi/iandorproj/31.shtm

[22] Maryland Department of Labor, Division of Workforce Development and Adult Learning, Office of Workforce Information and Performance. (n.d.). *Healthcare support occupations (occgroup31)*. https://www.labor.maryland.gov/lmi/iandorproj/31.shtm

medical transcriptionists, and more), healthcare technicians, and healthcare technologists reflects overall staffing shortfalls and the need for alternative career pathways. These roles have some of the top vacancy rates in Maryland hospitals: Licensed Practical Nurses (38%), nursing assistants (23%), and technicians (17-21% by specialty).[23]

Healthcare support roles may require a high school diploma or GED or may substitute on-the-job training and experience. Some roles such as Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs) may require completion of an approved training program, and some roles like Geriatric Nursing Assistants (GNAs) may require passing an exam.[24] Not all healthcare technician roles require an associate's degree, but some roles such as Medical Laboratory Technicians (MLTs) may require postsecondary education depending on the specialty. Healthcare technologist roles typically require a bachelor's degree.

Across healthcare support, technician, and technologist occupations, Maryland women are overrepresented compared to men. However, Maryland men are more strongly represented among the slightly higher earning health technologists and technicians' roles (23.5%) compared to healthcare support roles (13.8%).[25] Efforts to raise wages in these occupations also benefit historically minoritized people and immigrants. Nationally, black workers are overrepresented among nursing assistants and LPN/vocational nurses, Hispanic or Latino workers are overrepresented among medical assistants and home health aides, Asian workers are overrepresented amongst technologists and technicians, and immigrant workers are overrepresented among home health aides and personal care aides.[26] According to the Comptroller of Maryland's April 2026 report, immigrants make up 34% of Maryland's healthcare support workers, which exposes these roles to higher potential vacancy rates due to the current administration's changes to U.S. immigration enforcement.[27] Policy approaches targeting these predominantly female occupations with efforts to raise low wages can address two issues of importance for the state of Maryland: the economic health of Maryland women and the healthcare workforce pipeline. Economic research supports the argument that increasing the relative wages in these occupations can help increase the labor supply of workers in these roles. Wage increases also promote retention and attract new workers, thus promoting the whole career pipeline in addition to pay equity efforts to raise Maryland women's wages.[28]

---

[23] Maryland Hospital Association. (2022). *2022 state of Maryland's health care workforce report*. https://mhaonline.org/wp-content/uploads/2023/02/2022-State-of-Maryland-s-Health-Care-Workforce-Report.pdf?sfvrsn=805f7b38_16

[24] Maryland Board of Nursing. (n.d.). *Nursing assistant certification*. Maryland Department of Health. https://health.maryland.gov/mbon/pages/cna-info.aspx

[25] U.S. Census Bureau. (n.d.). *Occupation by sex for the full-time, year-round civilian employed population 16 years and over. American Community Survey, ACS 1-year estimates subject tables* (Table S2402). Retrieved May 7, 2026, from https://data.census.gov/table/ACSST1Y2024.S2402?q=employment+by+occupations+in+Maryland&tp=false

[26] U.S. Bureau of Labor Statistics. (2023). *Healthcare Occupations: Characteristics of the Employed*. https://www.bls.gov/spotlight/2023/healthcare-occupations-in-2022/

[27] Comptroller of Maryland. (2026). *Maryland industry analysis: Healthcare and the economy.* https://www.marylandcomptroller.gov/content/dam/mdcomp/md/reports/research/maryland-industry-analysis-healthcare-and-the-economy.pdf

[28] Lopezlira, E. & Jacobs, K. (2023). *Proposed health care minimum wage increase: What it would mean for workers, patients, and industry*. UC Berkeley Labor Center. https://laborcenter.berkeley.edu/wp-content/uploads/2023/04/Proposed-health-care-minimum-wage-increase-FINAL.pdf

Policy Recommendations for the State of Maryland

1. Strengthen Collective Bargaining Rights

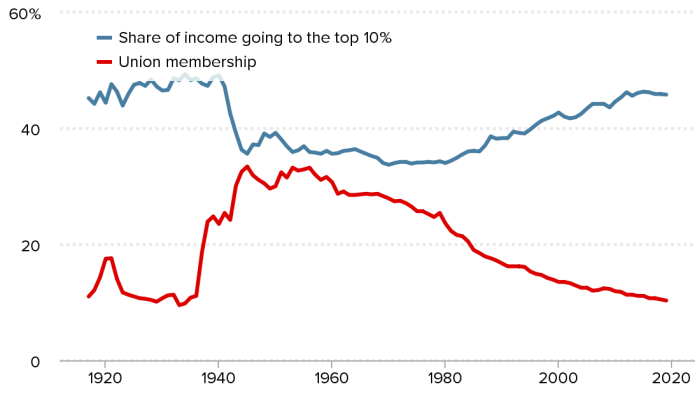
The Role of Unions in Reducing Income Inequality and Improving Pay Equity

Labor unions, leveraging workers' collective bargaining power, can negotiate better wages and benefits for all employees (including nonunion workers), and they are very effective at reducing income inequality for women, historically minoritized groups, and the working class.

Figure 1

As union membership declines, income inequality increases

Union membership and share of income going to the top 10%, 1917–2019



Source: Reproduced from Figure A in Heidi Shierholz, *Working People Have Been Thwarted in Their Efforts to Bargain for Better Wages by Attacks on Unions*, Economic Policy Institute, August 2019.

Economic Policy Institute

Union membership has been steadily declining since the 1960s as income inequality has risen, explaining about one third of the wage gap growth between high and middle income workers from 1979 to 2017.[29] Union workers earn more than nonunion workers, and analyses of the direct and spillover effects of unions on wages estimate that if union membership trends had not declined over this period (1979-2017) that the typical full-time worker would have earned approximately $3,250 more annually in 2017.[30] This union wage premium amounts to almost half[31] of Maryland's annual gender earnings gap when adjusted for inflation.[32] Women union members on average make 22% more than nonunion women and have better employee benefits. They are more likely to have employer-sponsored retirement or pension plans and have health insurance through their employers.[33] The effect of the union wage premium is also profound in industries that face occupational crowding such as the healthcare and social assistance sector where union

[29] Economic Policy Institute. (2021). *Unions help reduce disparities and strengthen our democracy*. https://www.epi.org/publication/unions-help-reduce-disparities-and-strengthen-our-democracy/#_note1

[30] Mishel, L. (2021). *The Enormous Impact of Eroded Collective Bargaining on Wages*. Economic Policy Institute. https://www.epi.org/publication/eroded-collective-bargaining/

[31] Calculated using the U.S. Bureau of Labor Statistics CPI Inflation Calculator and adjusting the 2017 annual gain of $3,250 to 2024 inflation-adjusted dollars of $4,161 and dividing by the $9,093 annual gender earnings gap in Maryland to calculate the comparison of 46%.

[32] U.S. Bureau of Labor Statistics. (n.d.). *CPI inflation calculator*. https://www.bls.gov/data/inflation_calculator.htm?utm_source=chatgpt.com

[33] Institute for Women's Policy Research. (2023). *The facts are clear: Unions help women close the pay gap.* https://iwpr.org/the-facts-are-clear-unions-help-women-close-the-pay-gap/

members make 23% more compared to nonunion workers[34] but only 8% are represented by unions and even less are members.[35] Notably, 31% of federal government workers are represented by unions, and women have historically seen greater pay equity in this sector.[36] Unions also help reduce inequities for historically minoritized women with unionized black female workers earning $9,152 more per year than their nonunion counterparts,[37] and unionized Hispanic or Latino female workers earning $15,392 more per year than their nonunion counterparts.[38,39] Collective bargaining can be a powerful tool to combat pay inequities and reduce income inequality, and Maryland can enact legislation to strengthen collective bargaining rights and reinforce federal labor rights with state level protections.[40]

Freedom of Association and the Right to Organize

In healthcare support occupations union members make approximately $5,600 more per year,[41] and increasing access to union membership could elevate a Maryland woman's annual earnings by almost two-thirds[42] of the state's gender earnings gap.[43] However, Maryland's unionization rate remains low like much of the modern workforce at 12.7%.[44] The federal National Labor Relations Act (NLRA) recognizes most private sector workers' right to unionize but excludes public sector workers, domestic workers (including many home care and child care workers), farm workers, supervisors, and independent contractors.[45] The Maryland Public Employee Relations Act (PERA) clarifies collective bargaining rights for Maryland public sector

---

[34] U.S. Bureau of Labor Statistics. (2026). *Table 4. Median weekly earnings of full-time wage and salary workers by union affiliation, occupation, and industry, 2024-2025 annual averages.* https://www.bls.gov/news.release/union2.t04.htm

[35] U.S. Bureau of Labor Statistics. (2026). *Table 3. Union affiliation of employed wage and salary workers by occupation and industry, 2024-2025 annual averages.* https://www.bls.gov/news.release/union2.t03.htm

[36] U.S. Bureau of Labor Statistics. (2026). *News Release: Union Members – 2025*. https://www.bls.gov/news.release/pdf/union2.pdf

[37] Calculated using 2025 median weekly earnings of full-time workers and taking the difference in weekly earnings from black female union workers ($1,100) and black female nonunion workers ($924) and multiplying by 52 weeks for the difference in earnings per year.

[38] Calculated using 2025 median weekly earnings of full-time workers and taking the difference in weekly earnings from Hispanic or Latino female union workers ($1,160) and Hispanic or Latino nonunion workers ($864) and multiplying by 52 weeks for the difference in earnings per year.

[39] U.S. Bureau of Labor Statistics. (2026). *Table 2. Median weekly earnings of full-time wage and salary workers by union affiliation and selected characteristics, 2024-2025 annual averages.* https://www.bls.gov/news.release/union2.t02.htm

[40] Economic Policy Institute. (2021). *Unions help reduce disparities and strengthen our democracy*. https://www.epi.org/publication/unions-help-reduce-disparities-and-strengthen-our-democracy/#_note1

[41] Calculated using 2025 median weekly earnings of full-time healthcare support workers and taking the difference in weekly earnings from union workers ($884) and nonunion workers ($777) and multiplying by 52 weeks for the difference in earnings per year.

[42] Calculated using the annual union wage premium of $5,600 for healthcare support occupations and comparing it to the $9,093 annual gender earnings gap in Maryland.

[43] U.S. Bureau of Labor Statistics. (2026). *Table 4. Median weekly earnings of full-time wage and salary workers by union affiliation, occupation, and industry, 2024-2025 annual averages.* https://www.bls.gov/news.release/union2.t04.htm

[44] U.S. Bureau of Labor Statistics. (2026). *Table 5. Union affiliation of employed wage and salary workers by state, 2024-2025 annual averages.* https://www.bls.gov/news.release/union2.t05.htm

[45] Sherer, J. (2026). *Rights to unionize and collectively bargain: State solutions to the U.S. worker right crisis.* Economic Policy Institute. https://www.epi.org/publication/rights-to-unionize-and-collectively-bargain-state-solutions-to-the-u-s-worker-rights-crisis/

employees who would not be covered under NLRA.[46] Governor Wes Moore has signed multiple laws to expand labor rights in Maryland, including a recent law banning captive audience meetings, and unions have been strong advocates for state legislation that helps Maryland workers. For example, AFSCME District Council 3 played an influential role in passing the Time to Care Act which established paid family and medical leave.[47]

With the NLRA and labor rights under threat at the federal level, the state of Maryland can take actions to solidify and protect labor rights. The NLRA allows for workers to petition their employer to form a union through a "card check" (also known as "showing of interest form") process where they present signed authorization cards to demonstrate majority interest. However, employer recognition is voluntary, so this process is rarely effective in practice, and organizers must go through the lengthier, more difficult secret ballot election process. Secret ballot elections can also be hindered by employer interference with data showing that employers have been charged with violations in over 40% of labor organizing elections. Access to the right to organize in practice is restricted under the ballot election process, and almost half of all non-union workers (60 million) would join a union if they could.[48] Card check makes it easier to organize unions, because it is faster, more direct, and more public compared to ballot elections.[49] Maryland could follow Illinois, Vermont, and New Mexico's example and pass legislation requiring employers to recognize unions based on majority interest demonstrated through a verified card check process (including electronically). Maryland could also expand the right to organize for public employees to include home childcare and healthcare workers when they are supported by public funds such as Medicaid, like California, to combat challenges of occupational crowding and improve pay equity. Legislation (H.B. 37) was introduced in Maryland in 2025 to propose amending the Constitution to affirm the right to organize. Illinois has already done so, and Vermont voters will decide on the ballot in 2026. This guarantee of rights at the state level would cover all workers, unlike the NLRA, and streamline collective bargaining rights compared to Maryland's current patchwork legislation that makes changes on a smaller scale, often by occupation or sector.[50]

Right to Collective Bargaining and Negotiations

The right of workers to bargain collectively includes the right to strike, a powerful tool for unions to leverage and promote fair negotiations. Unionized public workers in Maryland are currently prohibited from going on strike, which can limit their power in lengthy contract

---

[46] Maryland State Education Association. (2023). *Governor signs public employee relations act, improving labor laws.* https://marylandeducators.org/governor-signs-public-employee-relations-act-improving-labor-laws/

[47] Gruenberg, M. (2022). *Legislature ovverrindes Md. GOP Gov. Hogan's veto of labor-backed paid family/medical leave; pro-union bills fall.* People's World. https://www.peoplesworld.org/article/legislature-overrides-md-gop-gov-hogans-veto-of-labor-backed-paid-family-medical-leave-pro-union-bills-fall/

[48] Institute for Women's Policy Research. (2023). *The facts are clear: Unions help women close the pay gap.* https://iwpr.org/the-facts-are-clear-unions-help-women-close-the-pay-gap/

[49] U.S. Law Explained. (n.d.). *Card check: The ultimate guide to union recognition.* https://uslawexplained.com/card_check

[50] Sherer, J. (2026). *Rights to unionize and collectively bargain: State solutions to the U.S. worker right crisis.* Economic Policy Institute. https://www.epi.org/publication/rights-to-unionize-and-collectively-bargain-state-solutions-to-the-u-s-worker-rights-crisis/

negotiations.[51] While the state allows locked out workers to qualify for unemployment insurance, workers on strike are not afforded the same economic security. Increasingly, states like New Jersey, New York, Oregon, and Washington are expanding unemployment insurance to cover striking workers, because they recognize the benefit prevents employers from "starving out" workers, promotes a stable economy, and is low cost (less than 1% of total unemployment insurance). Fair collective bargaining negotiations protect workers and allow them to advocate for a better, safer, and more equitable workplace.[52] In the healthcare sector, union workers at Kaiser Permanente have recently used a strike as a successful bargaining tool when wages were not keeping pace with inflation and as they seek continued negotiations to improve staffing and workload.[53]

Enforcement of Labor Rights

The National Labor Relations Board (NLRB) is the independent federal agency that oversees enforcement of the NLRA and U.S. labor law. Enforcement at the federal level is weak, because the NLRA does not fine employers for violations, and affected workers do not receive compensation for damages. Project 2025 and the current administration have signaled a desire to dismantle labor rights, and the administration has already taken actions to undermine NLRB enforcement and terminate federal workers' union contracts and rights. State intervention is necessary to protect Maryland workers from the potential dismantling of federal labor law enforcement. At the state level, Maryland's equivalent enforcement body is the Public Employee Relations Board (PERB) for public sector employees who are not covered by NLRB.

New York (September 2025), California (September 2025), and Washington (March 2026)[54] have passed trigger laws to help protect bargaining rights for private sector workers in case the NLRA is repealed or no longer enforced.[55] While Connecticut does not have a separate trigger law, the Connecticut Labor Relations Act already covers private sector employees if NLRB declines jurisdiction.[56] During the 2026 legislative session, the General Assembly passed a bill with one of the recommendations that was being proposed in this report – S.B. 831, "Labor Law - Child Labor Penalties, Private Sector Employee Labor Relations, and State Employee Labor

---

[51] Justia U.S. Law. (n.d.). *2025 Maryland statutes state government title 22 - public employee relations subtitle 2 - rights and duties of employees, public employers, and exclusive representatives section 22-205 - lockouts, strikes and misbehaving prohibited*. Maryland Code, State Government, Title 22, Subtitle 2. https://law.justia.com/codes/maryland/state-government/title-22/subtitle-2/section-22-205/

[52] Perez, D. (2025). *Unemployment insurance for striking workers: A low-cost policy that's good for workers and state economics.* Economic Policy Institute. https://www.epi.org/publication/ui-striking-workers/#fig-A

[53] Weber, C. (2026). *More than 30,000 Kaiser Permanente health care workers to end strike in California and Hawaii.* AP News. https://apnews.com/article/kaiser-permanente-strike-california-united-nurses-1726260636f3a6bc5f6efbf830f353e2

[54] Westlaw Today (2026). *2026 Traditional Labor Law Developments Tracker*. https://today.westlaw.com/Document/I51b67760c91a11efb259ee07b1084831/View/FullText.html?originationContext=document&transitionType=DocumentItem&ppcid=8a35671e2db049cbb64b4f37f682a20e&contextData=(sc.Default)

[55] Sherer, J. (2026). *Rights to unionize and collectively bargain: State solutions to the U.S. worker right crisis.* Economic Policy Institute. https://www.epi.org/publication/rights-to-unionize-and-collectively-bargain-state-solutions-to-the-u-s-worker-rights-crisis/

[56] Lucan, J. & Niemiroski, S. (2025). *NLRB Sues California to Enjoin Enforcement of New Law*. Shipman & Goodwin LLP. https://www.employmentlawletter.com/2025/11/nlrb-sues-california-to-enjoin-enforcement-of-new-law/

Standards." Signed by the governor on April 28, 2026, this law follows that latest developments and includes conditional provisions for PERB to step in and extend enforcement to private-sector workers if NLRA is not enforced at the federal level (it is repealed, rendered entirely null and void, or cedes jurisdiction to the states) to ensure freedoms of association, self-organization, and collective bargaining negotiations. Notably, Maryland and Washington's laws follow a narrower focus than New York and California, in an effort to avoid legal challenges asserting NLRA preemption. This law will take effect in Maryland on June 1, 2026.[57] PERB's maximum penalty for an employer violation is currently no more than $5,000, though the trigger condition allows greater fines of up to $1,000 per affected employee previously covered under NLRA.[58] The trigger condition strategically leverages the revenue from these private sector enforcement fines to allocate resources towards the expansion of state labor law enforcement. However, PERB would likely require substantial funding and staffing increases that are difficult to reliably forecast, [59] though the number of employees covered could double.[60] As the Department of Legislative Services (DLS) fiscal and policy note states, the act also does not create the special fund required to receive the revenue from these new fines (under the trigger condition).[61] The proposed federal Protecting the Right to Organize (PRO) Act[62] can also serve as a guide for policymakers looking to strengthen labor rights: Maryland can grant PERB authority to impose greater civil penalties for violations (also similar to proposed legislation in Massachusetts)[63] and allow all affected workers to sue employers that violate their rights if a labor board does not intervene in a reasonable amount of time.[64]

---

[57] Maryland Department of State Documents. (n.d.). *Code of Maryland regulations: Section 19 Grain Dealers' Licensing*. Library of Maryland Regulations. https://regs.maryland.gov/us/md/exec/comar/15.19.01.12#A(3)
[58] Ferguson, B. (2026). *Labor law – child labor penalties, private sector employee labor relations, and state employee labor standards.* Department of Legislative Services. https://mgaleg.maryland.gov/2026RS/fnotes/bil_0001/sb0831.pdf
[59] Maryland Department of State Documents. (n.d.). *Code of Maryland regulations: Section 19 Grain Dealers' Licensing*. Library of Maryland Regulations. https://regs.maryland.gov/us/md/exec/comar/15.19.01.12#A(3)
[60] Walter, K & Madland, D. (2025). *Union Trigger Laws 101: How States Can Protect Workers if Federal Labor Law Falls*. Center for American Progress. https://www.americanprogress.org/article/union-trigger-laws-101-how-states-can-protect-workers-if-federal-labor-law-falls/
[61] Maryland Department of State Documents. (n.d.). *Code of Maryland regulations: Section 19 Grain Dealers' Licensing*. Library of Maryland Regulations. https://regs.maryland.gov/us/md/exec/comar/15.19.01.12#A(3)
[62] AFL-CIO (2026). *The pro act is the key to America's future*. https://proact.aflcio.org/about/
[63] Walter, K & Madland, D. (2025). *Union Trigger Laws 101: How States Can Protect Workers if Federal Labor Law Falls*. Center for American Progress. https://www.americanprogress.org/article/union-trigger-laws-101-how-states-can-protect-workers-if-federal-labor-law-falls/
[64] Sherer, J. (2026). *Rights to unionize and collectively bargain: State solutions to the U.S. worker right crisis.* Economic Policy Institute. https://www.epi.org/publication/rights-to-unionize-and-collectively-bargain-state-solutions-to-the-u-s-worker-rights-crisis/

The Maryland Commission for Women could advocate for legislation to: Strengthen Collective Bargaining Rights	
☐	*Require employers to recognize unions that leverage the card check process to demonstrate majority interest*
☐	*Include home childcare and healthcare workers with public employees when supported by public funds*
☐	*Allow public workers to strike*
☐	*Extend unemployment insurance benefits to striking workers*
☐	*Pass trigger laws to protect workers' rights under NLRA at the state level in case federal labor laws are dismantled or not enforced.*
☐	*Increase the maximum fines for employer violations of workers' rights and allow affected workers to sue for damages*

2. Increase Wages for Healthcare Workers

Nationally, 45% of all direct care workers (DCWs) including nursing assistants, home health aides, personal care aides, live below 200% of the federal poverty level and 47% receive public assistance.[65] Maryland ranks 49th in home care workers' pay when compared with livable wages.[66] The undervaluing of healthcare support occupations detracts from pay equity for Maryland women, contributes to staffing shortages that reduce quality of care, exacerbates healthcare workforce pipeline challenges, creates greater reliance on social safety nets.[67] The minimum wage in Maryland is $15 per hour or $31k annually (assuming 2080 work hours per year). However, high costs of living in the state contribute to a higher livable wage of $25.94 for one adult with no children or $54k annually. For two working adults with two children, the livable wage is $30.99 or $64.5k annually.[68] Overall, Maryland's median hourly wage for healthcare support occupations is $18.84 or just $39k annually, well below a living wage. Some occupations in this sector have lower hourly wages with physical therapist aides paid barely over minimum wage at $15.08, dietetic technicians at $16.60, pharmacy aides at $17.11, and health and personal care aides at $17.78.[69]

State-set Medicaid reimbursement rates impact wages for DCWs, and Maryland can leverage wage pass-through policies to ensure workers receive higher wages alongside reimbursement rate increases. Maryland's Homecare Workers Employment Act of 2024 requires the state to collect and publish data so that the Department of Health can analyze Medicaid payments to home care agencies and the wages needed to attract and retain home care workers. This law

---

[65] Tyler, D., Hunter, M., Porter, K., Khavjou, O., Squillace, M., Dey, J., & Oliveira, I. (2023). S*tate efforts to improve direct care worker wages.* Innovation in Aging. https://doi.org/10.1093/geroni/igad104.0773 https://aspe.hhs.gov/sites/default/files/documents/e88ca623469819d2444d07fe9564fb67/state-efforts-improve-dcw-wages-final.pdf

[66] Women's Law Center of Maryland (2024). *Maryland Medical Assistance Program – Personal Care Aides – Wages Reports.* Maryland General Assembly. https://mgaleg.maryland.gov/cmte_testimony/2024/fin/22883_03202024_151427-264.pdf

[67] Tyler, D., Hunter, M., Porter, K., Khavjou, O., Squillace, M., Dey, J., & Oliveira, I. (2023). S*tate efforts to improve direct care worker wages.* Innovation in Aging. https://doi.org/10.1093/geroni/igad104.0773

[68] Living Wage. (2026). *Living wage calculation for Maryland.* https://livingwage.mit.edu/states/24

[69] U.S. Bureau of Labor Statistics. (2026). *Occupational employment and wage statistics query system.* https://data.bls.gov/oes/#/home

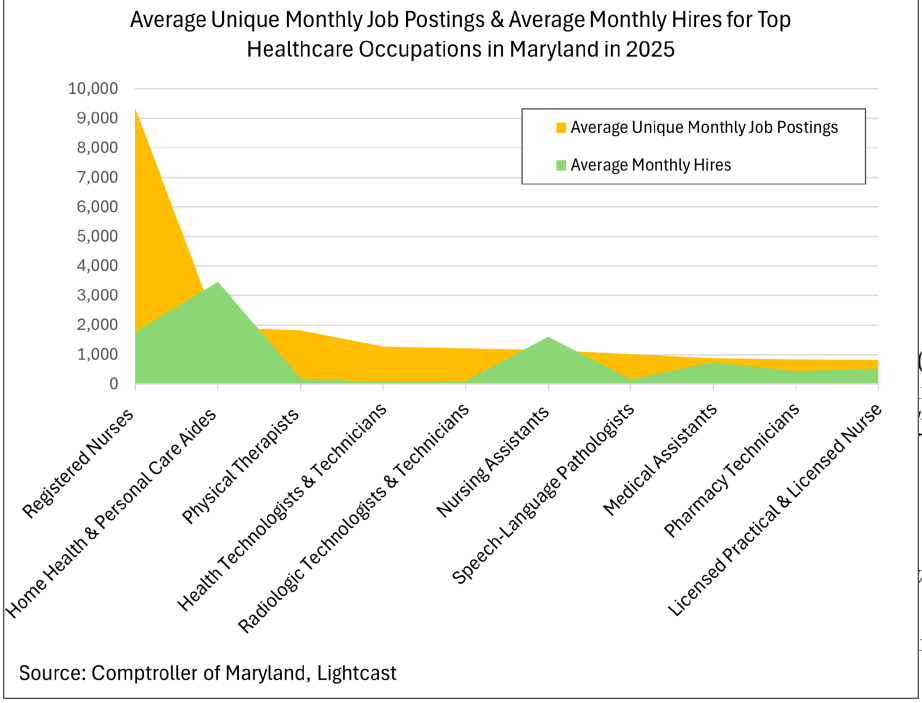
improves transparency and sets the stage for improving wages.[70]

Other states have passed separate, higher minimum wages for healthcare workers to address industry challenges and staffing shortages. For example, California passed a $25 minimum wage for healthcare workers that is 1.5x the state minimum wage and tied to inflation. The law also specifies that exempt employees must receive a salary greater than 1.5x the new healthcare minimum wage or 2x the state minimum wage if that is greater.[71] Maryland has a high cost of living (ranked seventh) similar to California (ranked third) and could also consider setting a specific minimum wage for healthcare workers. [72] These policies are expected to help reduce turnover, and improve staffing leads to better patient care, shorter hospital stays, and fewer deaths. Raising the minimum wage in the healthcare sector should also have positive spillover effects for other employees who are paid slightly above the minimum wage.[73] The Maryland Commission for Women could advocate for a healthcare minimum wage that matches Maryland's livable wage of about $26 per hour. This increase would be 1.7x the state's current minimum wage. Another option would be to take California's approach and use a factor of 1.5x to advocate for a $22.50 healthcare minimum wage. Each of these approaches could make a very meaningful difference for Maryland women and essential healthcare workers.

The Maryland Commission for Women could advocate for legislation to: Increase Wages for Healthcare Workers	
☐	*Set a higher minimum wage for healthcare workers that is a livable wage ($26) or 1.5x the state minimum wage ($22.50)*
☐	*Implement wage pass-through policies alongside Medicaid reimbursement rate increases*

3. Invest in Healthcare Career Pathways and Advancement

Figure 2



Source: Comptroller of Maryland, Lightcast

A recent healthcare industry analysis released from the Comptroller of Maryland finds that staffing shortages are most dire among nurses and home health aides, with hospitals in

(2023). *State efforts to*
i/igad104.0773
y asked questions. State of

What it would mean for

nimum-wage-increase-FINAL

Maryland facing historically high vacancy rates (16%) for registered nurses (RNs) even compared to national averages (10%). Nationally, home care work is expected to grow much faster than other occupations at 17% over a 30-year period (2024 to 2034). Home health aide roles have relatively low educational barriers to entry and some opportunities for advancement, but they are undervalued compared to other similar occupations. Low wages means recruitment is difficult, despite high need and many vacant positions. Healthcare support occupations are the backbone of the industry and have the potential to help bridge workforce shortages by supplementing and helping more advanced workers like RNs during the short-term and creating a longer-term pipeline of career healthcare workers for the future. The state can help attract workers to these roles with a higher healthcare minimum wage and then leverage career pathways for these support workers to increase their training and education for career advancement. [74]

Career pathways and ladder programs offer structured, connected training and education to help workers advance in their careers to better positions. These programs can be designed with existing educational institutions and industry partners to ensure they are aligned with employers' needs. [75] They benefit employees through a career advancement sequence that leads to higher paying occupations, and they benefit employers through retention and increased worker productivity. Pathways programs targeting high-need healthcare support roles can help increase earnings and employment for Maryland women and historically minoritized groups while also addressing staffing shortages through recruitment and retention.[76] However, a substantial challenge to these offerings is the opportunity cost of participation. Offsetting these costs through paid leave, tax credits, wraparound services, and loan repayment programs can be crucial factors in the outcomes of these programs. There must also be sufficient slots in these programs, and similar to participants, instructors also face an opportunity cost to training which typically pays less compared to healthcare industry wages. The Task Force on Maryland's Future Health Workforce recommended policy approaches to reduce education costs for students through tuition assistance or stipends, expansion of funding for nurse education and support programs, and wraparound services like childcare, tutoring, and transportation assistance to offset the costs of participating.[77] The state could implement some of these policies to offset workers' costs to participate in training, because the target pipelines for healthcare support roles are more likely to be cost-sensitive (time and money) when these occupations pay relatively low wages.

---

[74] Comptroller of Maryland. (2026). *Maryland industry analysis: Healthcare and the economy.* https://www.marylandcomptroller.gov/content/dam/mdcomp/md/reports/research/maryland-industry-analysis-healthcare-and-the-economy.pdf

[75] National Conference of State Legislatures. (2023). *Leveraging career pathway programs: State strategies to combat health care workforce shortages.* https://www.ncsl.org/health/leveraging-career-pathway-programs-state-strategies-to-combat-health-care-workforce-shortages

[76] National Conference of State Legislatures. (2023). *Leveraging career pathway programs: State strategies to combat health care workforce shortages.* https://www.ncsl.org/health/leveraging-career-pathway-programs-state-strategies-to-combat-health-care-workforce-shortages

[77] Maryland Hospital Association. (2022). *2022 state of Maryland's health care workforce report*. https://mhaonline.org/wp-content/uploads/2023/02/2022-State-of-Maryland-s-Health-Care-Workforce-Report.pdf?sfvrsn=805f7b38_16

Unions also have a strong record of training new workers and improving their skills through labor-management partnerships. Through collective bargaining and employer input on curriculum and training, these partnerships lead the way for some of the most effective career ladder programs and typically have more flexibility in funding than publicly funded programs. One such example is the Labor Management Partnership between Kaiser Permanente, the Coalition of Kaiser Permanente Unions, and the Alliance of Health Care Unions.[78] The SEIU-UHW Education Fund is also a successful model that provides training benefits to over 100,000 healthcare workers, includes 22 employer partners, and serves learners that are predominantly women (80%) and historically minoritized people (70%).[79]

Maryland is currently investing in workforce development initiatives including another $5.2 million investment in Employment Advancement Right Now (EARN) Maryland. This grant program connects employers with education and training providers for industry-led programs targeting in-demand careers. This program offers strong return on investment ($19 return for every $1 invested) [80] and has many grants awarded in the healthcare industry. [81]For example, the BACH Training Institute has tracks for healthcare occupations like CNAs, certified medicine aides, medical assistants, and technicians.[82] However, the career outcomes for these programs need to offer high enough wages to attract workers as a worthwhile investment. If the healthcare roles upon completion pay low wages, these programs will not foster pipeline development. Some critics of workforce development initiatives point to the fragmented, ad hoc nature of most systems. With a rapidly changing market, efforts to streamline these programs may improve efficiency, adaptability, and capacity to scale. The labor-management model has helped streamline some career pathways programs. The state could take a sector-wide approach to investing in high-demand industries like healthcare with multiple pathways that require similar worker skills. Alternatively, ensuring coordination and sharing of best practices across programs may help reduce program silos.[83]

Other states have implemented policies tying completion of workforce development programs directly to increased wages. Minnesota, Ohio, and Oregon have applied this type of policy for home health and personal care aide occupations. Pennsylvania has a more encompassing policy that also includes nursing assistants.[84] The Maryland Commission for Women could advocate for required guarantees of wage increases for career pathway programs targeting healthcare support occupations to foster women's career development and economic security.

---

[78] Prince, H. & Mills, J. (2003). *Career ladders: A guidebook for workforce intermediaries.* Workforce Innovation Networks. https://careerladdersproject.org/docs/Career%20Ladders%20A%20Guidebook.pdf
[79] The Education Fund. (n.d.). *About us.* https://theedfund.org/about/
[80] Amistoso, K. (2026). *Gov. Moore invests $52M in Maryland job support program*. WJLA. https://wjla.com/news/local/gov-moore-invests-52m-in-maryland-job-support-program-employment-advancement-right-now-earn-tech-healthcare-education-training-employment-department-of-labor
[81] Maryland Department of Labor. (n.d.). *Healthcare. https://www.labor.maryland.gov/earn/earnhealthcare.shtml*
[82] Baltimore Alliance for Careers in Healthcare (n.d.). *Pre-Employment training for motivated residents seeking entry to the healthcare field*. https://www.baltimorealliance.org/program/earn-maryland/
[83] International Association of Workforce Professionals. (2026). *The new skills agenda: Redesigning workforce development for a changing labor market.* https://iawponline.org/news/the-new-skills-agenda-redesigning-workforce-development-for-a-changing-labor-market/
[84] Tyler, D., Hunter, M., Porter, K., Khavjou, O., Squillace, M., Dey, J., & Oliveira, I. (2023). S*tate efforts to improve direct care worker wages.* Innovation in Aging. https://doi.org/10.1093/geroni/igad104.0773

	The Maryland Commission for Women could advocate for legislation to: Invest in Healthcare Career Pathways and Advancement
☒	*Partner with employers and trainers to develop an industry-wide healthcare career pathway program that streamlines multiple advancement ladders targeting initial support roles that require similar worker skills*
☒	*Offset workers' costs for these programs through incentives like paid leave, requirements tying completion to salary increases, and funding for wraparound services*

Conclusion

Progress towards pay equity has stalled despite national and state efforts to close the wage gap. Despite historic progress, Maryland women are still overrepresented in low wage jobs, like healthcare support occupations, where their work is undervalued compared to similar predominantly male occupations. When Maryland women are underpaid, they have few opportunities and less money to save towards needs such as retirement. They may have a harder time affording rent, health insurance, childcare, debt payments, and other essentials and may require social assistance from the state. Pay equity is a policy priority for Governor Moore and the Maryland Commission for Women, and upfront investments in policies that raise wages for professions hindered by gender-based occupational crowding will have compounding effects for women and their families throughout lifelong career earnings and for Maryland's economy as women are empowered to more fully participate.

The Maryland Commission for Women can advocate for legislation to address pay equity challenges associated with occupational crowding through policies that strengthen collective bargaining rights, set a higher minimum wage for healthcare workers, and invest in healthcare career pathways and advancement. Strong unions and collective bargaining rights can create an environment that promotes fairness in the workplace, better wages for all covered workers, and reduces pay inequities for women and historically minoritized groups. Unions can also negotiate with employers to invest in employee education and professional development or even partner with them to implement career pathways programs. A higher healthcare minimum wage is crucial to career pathway and advancement efforts, because interested candidates will not have an incentive to invest their time or money if the expected return does not yield a substantive or livable wage. These set of policies complement each other and work together to elevate women's economic opportunities in Maryland.

While this report focused specifically on healthcare support occupations, two other major industries that could be targeted to address occupational crowding include office and administrative workers and service workers. Some of these professions, especially administrative roles, are at substantial risk for replacement through AI automation of routine tasks. In the healthcare industry, AI is already being adopted at twice the rate of other industries and is automating tasks like notetaking, scheduling, insurance claims or appeals, and predictive diagnostics, though staffing shortages typically mean AI is augmenting client-facing care rather

than replacing many jobs.[85] While a few occupations in healthcare face risk of job displacement due to AI, many other industries face greater challenges with the fastest declining roles in administrative work, another predominantly female profession with low wages.[86] Unions can be a powerful asset in advocating for workplace policies are fair for workers and for agreements to protect and upskill employees whose jobs are at risk of redundancy or elimination. Future efforts can also look at the career pathways and advancement policies recommended in this report for healthcare support occupations to apply these best practices to other sectors. Enactment of a higher healthcare minimum wage may also attract more employees to a growing industry that needs workers, and these pathway programs may be able to help redirect and retool employees from other roles that may be impacted by AI automation. In strategic planning efforts for the future, the Maryland Commission for Women should consider the impact of AI on low-wage predominantly female occupations along with other associated economic impacts and inequities.

[85] Comptroller of Maryland. (2026). *Maryland industry analysis: Healthcare and the economy.* https://www.marylandcomptroller.gov/content/dam/mdcomp/md/reports/research/maryland-industry-analysis-healthcare-and-the-economy.pdf

[86] Khasanov, D. (2025). *AI's Impact On Jobs: Risks, Opportunities And The Path Ahead*. Forbes. https://www.forbes.com/councils/forbesbusinesscouncil/2025/12/18/ais-impact-on-jobs-risks-opportunities-and-the-path-ahead/

Notes