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THE MARYLAND HOUSE OF DELEGATES Annapolis, Maryland 21401

HB 625- Commission to Study the Health Care Workforce Crisis in Maryland -Establishment February 10, 2022

Madam Chair, Madam Vice Chair and Members of the Committee

Thank you for allowing me to present HB 625, which will establish a commission to study Maryland's health care workforce shortage that recently has become a crisis in parts of our state.

Even before the pandemic, there was growing recognition that our healthcare workforce was insufficient to meet Marylanders needs. Rural and urban citizens were experiencing long emergency room wait times and a shortage of some specialists. In some areas of Maryland there were shortages of primary care providers – before the pandemic.

Pre-COVID estimates from the American Medical Association predicted a national physician shortage of 124,000 by 2033, and others estimated we would need at least 200,000 more nursing graduates annually to meet demand. A 2016 report from the U.S. Department of Health and Human Services estimated that Maryland will have a shortage of 10,000+ nurses by 2025. These challenges are being exacerbated by COVID, as the U.S. Bureau of Labor Statistics expects 500,000 nurses will leave the workforce this year leaving us with a national nursing shortage of 1.1 million. A recent Washington Post-Kaiser Family Foundation survey found that nearly 30% of healthcare workers are considering leaving the profession, citing illness, inadequate childcare options, school closures, and burnout, among other challenges.

Today, Maryland's hospitals have more than 3900 job vacancies - a 50% increase just in the last six months. During the most recent Covid-19 surge, nursing homes report that up to 16% of their workforce is unavailable on any given day due to illness. As employees depart or become ill and need time off, hospitals and nursing homes are forced to use temporary staffing agencies which charge exorbitant fees. It's a vicious cycle for the facilities because then the high salaries offered by staffing agencies make it hard for facilities to retain employees. Meanwhile, wage-levels are increasing in other industries which causes health care facilities to compete for every employee.

As Chair of the Health Occupations Subcommittee, I met over the interim with many stakeholders, and there is broad agreement that across all healthcare sectors we need to address short-term and long-term workforce needs. Serving on the Commission will be state government officials from relevant agencies. Importantly, the bill directs the Commision to convene workgroups and advisory committees that will include industry stakeholders, representatives from community colleges and workforce representatives. Together the Commision and stakeholders will review what Maryland is already doing and how better to address our current and future needs. Education, recruitment and retention must improve so that Maryland's facilities are fully staffed and Maryland citizens receive great care.

The Commission is specifically tasked with examining a range of topics including the extent of workforce shortages across the state, across facilities and across specialities. It will examine our current training, education and apprenticeship programs to determine how we can graduate more health professionals who will remain in Maryland. The Commission will also look at governance issues surrounding the health occupation boards, potential flexibility to accelerate licensing processes during worker shortages and increasing Medicaid reimbursement to provide wage increases and increase retention.

It is my hope that this workforce commission will increase agency cooperation and innovation and set us on a path to better meet our healthcare workforce needs in the coming years.

Thank you for your consideration and I ask for a favorable report.