



Kennedy Krieger Institute

DATE: February 10, 2022 **COMMITTEE:** Health and Government Operations
BILL NO: House Bill 625
BILL TITLE: Commission to Study the Health Care Workforce Crisis in Maryland -Establishment
POSITION: Support with amendment

Kennedy Krieger Institute supports House Bill 625 - Commission to Study the Health Care Workforce Crisis in Maryland – Establishment.

Bill Summary:

House Bill 625 establishes a commission to Study the Health Care Workforce Crisis in Maryland. The Commission will evaluate and provide short-term solutions, as well as evaluate future healthcare workforce needs.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based, and community-based programs. Over 25,000 individuals receive services annually at Kennedy Krieger. We employ more than 2,600 persons who play a vital role in our mission to transform the lives of children with disorders of the brain.

The vision for the newly established Office for Health, Equity, Inclusion, and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assure diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Before the pandemic, there was a global shortage in the healthcare workforce ¹, with extensive burnout symptoms amongst half of the physicians and one-third of nurses in the United States.² Predictions forecast that employment demands in healthcare will grow faster this decade compared to all other occupations. This growth is primarily due to our aging population.³ Currently, healthcare workers are retiring more quickly than anticipated while demand increases.⁴ Not surprisingly, the psychosocial impact on healthcare workers has been extensive since the pandemic began. Specifically, healthcare professionals, especially women and nurses, reported moderate to high-stress levels, anxiety, depression, sleep disturbance, and burnout.⁵ A 2021 Washington Post-Kaiser Family Foundation survey found that about 30% of healthcare workers have considered leaving the profession altogether.⁶ Another challenge is the lack of diversity in the healthcare workforce. In 2021, the majority of Marylanders, 51.8%, were Black, Hispanic/Latino, Asian, or mixed race. Based on national statistics, *none* of the major healthcare professions, i.e., physicians, nurses, dentists, psychologists, physical therapists, occupational therapists, or speech and language pathologists, reflected Maryland’s racial and ethnic demographics.⁷⁻¹² Behavioral health needs of Marylanders are outpacing the behavioral health workforce, particularly for individuals from historically marginalized populations currently underrepresented in the healthcare workforce. For example, in the US, 4% of psychologists and 4.4-5.3% of psychiatrists are Black/African American and 5% of psychologists, and 5.5-9.5% are Hispanic/Latino.¹³⁻¹⁵

Despite access to world-renowned healthcare institutions in our own state, Baltimore City continues to face many inequities resulting from systemic racism. At the same time, Baltimore City has per capita healthcare spending that is three times as high as the national average, and life expectancy that is five years lower compared to the national average.¹⁶ These disparities are further compounded by the local healthcare workforce crisis. The Maryland Hospital Association indicates that there are currently 4,000 nursing vacancies in the state.¹⁷ In particular, nurses have faced the brunt of the pandemic by working increased hours and exposing themselves to COVID-19 via their patients. To maintain high-quality, interdisciplinary healthcare that serves the needs of some of the most vulnerable children in Maryland, Kennedy Krieger Institute has a particular stake in ensuring the healthcare workforce crisis is addressed. Given our commitment to excellence in the health and safety of our patients and our focus on training the next generation of healthcare professionals, the Institute strongly supports the establishment of a commission to study and take action on the Health Care Workforce Crisis in Maryland. A strong, highly trained, and diverse healthcare workforce is essential to the well-being of all Marylanders.

Kennedy Krieger Institute requests a favorable report on House Bill 625.

Suggested Amendment:

Kennedy Krieger applauds the bill sponsor for including the Deputy Secretary of Developmental Disabilities as a member of this important Commission. However, we encourage the study to include the study of Direct Service Professionals (DSP) as part of the levels of care for health occupations. The DSP workforce supports at least 20,000 individuals in Maryland that receive supports and services through the Developmental Disabilities Administration. Direct Service Professionals are a part of the global shortage of the healthcare workforce with a diverse medical and disability expertise and are a crucial part of supporting individuals with intellectual and developmental disabilities in our community.

References

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