



Hospice & Palliative Care Network
OF MARYLAND

TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Ariana B. Kelly

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: February 10, 2022

RE: **SUPPORT** – House Bill 625 – *Commission to Study the Health Care Workforce Crisis in Maryland – Establishment*

On behalf of the LifeSpan Network, the Maryland-National Capital Homecare Association, and the Hospice & Palliative Care Network of Maryland, we respectfully **support** House Bill 625. This bill establishes the Commission to Study the Health Care Workforce Crisis in Maryland. The Commission is instructed to examine several key issues, such as the extent of the health care workforce shortage in Maryland, employee turnover rates, short-term solutions to address immediate staffing needs (both through the licensure process and educational training programs), future health care workforce needs as the population ages, and methods for facilitating additional training and educational opportunities.

For each of our industries, our workforce is the cornerstone of our operations. Prior to the declaration of the catastrophic health emergency brought on by COVID-19, Maryland was facing a workforce crisis due to several factors. Maryland's 60+ population is anticipated to increase from 1.2 million to 1.7 million by 2030, a 40% increase. This demographic shift impacts Maryland's post-acute care settings in two ways. First, the increasing senior population increases the need for services, which then increases the need for direct care workers. According to the Maryland Regional Direct Services Collaboration, Maryland will need approximately 40% more direct care workers to meet this increased need for care. It is important to note that this statistic was prior to the COVID-19 pandemic. Second, the increasing senior population will have a negative effect on the availability of direct care workers, given that the primary labor pool for direct care workers are women aged 25-64, whose demographic is growing at less than one percent. The COVID-19 pandemic exacerbated these issues, with more employees leaving the workforce because of childcare and health concerns or to go into other non-health care fields.

It is important to note that, for employers whose revenue is derived mainly from Medicaid, the other component that must be discussed in tandem (but does not need included in this bill per se) is the need to adequately fund the Medicaid program. *House Bill 1696 (Ch. 798 of the Acts of 2018) Report on REM Reimbursement Rates for HCBS and the Cost Associated with Providing Service and Care under other HCBS Programs* clearly demonstrated the funding gap that existed pre-pandemic in home-and-community based services, which has only grown more significantly during the pandemic. Solutions such as expediting licensure and certification and enhancing training opportunities for direct care workers will fall flat if industries cannot offer competitive wages because of inadequate Medicaid funding. We encourage the committees to continue to work with the budget committees to address these funding shortfalls.

Therefore, the above-referenced organizations support House Bill 625 and urge a favorable vote.

For more information call:

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