

HB 1478
Public Health - Home Health Care Providers – Directory
March 11, 2025
Position: FAV

Dear Honorable Chair Peña-Melnyk and members of Health, Government, & Operations Committee:

I am the Medical Director of the Johns Hopkins in home primary care program. I am also an Assistant Professor of Geriatric Medicine and Gerontology at the Johns Hopkins School of Medicine. I received my medical degree and residency training in internal medicine from the University of Maryland. I completed my fellowship training in Geriatric Medicine and Gerontology at the Johns Hopkins School of Medicine in 2016. The views expressed in this testimony are solely my own.

I provide in-home medical care for individuals who, due to the severity of their medical conditions, can no longer come to an office to get medical attention. All of my patients are enrolled in Medicare and many of them are also Medicaid beneficiaries. My patients range in age from 30 to 103. All of my patients have significant functional impairment and varying levels of difficulty with activities of daily life (ADLs – dressing, bathing, feeding, moving, toileting). Many of my patients are bed bound and are fully reliant on others for personal care. I work together with an interdisciplinary team to create care plans to help maintain people in their home environment. I regularly coordinate and participate in multidisciplinary care for patients who participate in Maryland’s Medicaid Community Options Waiver program.

In my professional opinion and experience, the quality and reliability of personal care is the most determinative factor in whether an individual will be able to live in their home environment. Without personal care, even for short periods of time, individuals are placed at risk of hospitalization and institutionalization. For older adults, this often results in institutionalization for their remaining lifetime.

I routinely meet patients who are surprised that personal care is not a covered Medicare benefit. Even those that have Medicaid are faced with unacceptably long wait periods to enroll in the Medicaid Waiver program to receive personal care at home. Even then, some of my patients on Medicaid do not receive the number of care hours they are assessed to require because of the shortage of available care providers. There currently is no consolidated reliable resource to connect individuals who need personal care with personal care service providers who can meet their specific care needs.

Enacting HB1478 Maryland has empowers Marylanders who need care to meet their own needs by making it possible to easily find a qualified personal care service provider. This will allow people, such as my patients, to avoid institutionalization and to age in place in a dignified manner. We are all statistically likely to require help from others with own ADLs in the last three years of life. My hope is that when we reach this stage in life, there will be available, skillful personal care providers who we can find to meet our needs. Enacting HB1478 will help make this possible for all of us.

Sincerely,

Mattan Schuchman MD FACP