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House Health and Government Operations
Re: HB1478 Public Health – Home Health Care Providers - Directory

Dear Committee Members,

Thank you for the opportunity to provide written testimony in support of HB1478. I am an Assistant Professor in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. I am a gerontologist and health services researcher with expertise in racial and socioeconomic disparities in long-term services and supports for older adults, their family caregivers, and the direct care workers that help them. I have conducted research in Maryland, both surveying residential service agencies about ways in which they support direct care workers, as well as conducting qualitative interviews with direct care workers and residential service agency administrators to understand collaboration in the delivery of home care services.[1,2]

A tremendous challenge that Maryland Home and Community-Based Services continue to face is the waiver waiting list, which is also recognized as a national problem. Those providing care are particularly impacted - In 2021, there were about 760,000 family caregivers from diverse groups in Maryland whose unpaid care was valued at 12.5 billion dollars.[3] These estimates will likely increase as the older adult population diversifies and grows in size, a trend that has been well documented across the country as well as globally.[4] Without intervention, individuals and families on waiting lists are vulnerable to additional financial strain, nursing home entry, and increased disability.

The proposed bill would directly impact individuals with disabilities and family caregivers, and would strengthen the home care workforce, which is the fastest growing workforce in the United States.[5] Between 2018 and 2028, the home care workforce is expected to add 1.3 million jobs, and 6.9 million jobs will become vacant as existing workers leave the field or exit the workforce.[6] Despite this demand, home care aides are a particularly vulnerable group – the workforce is undervalued and underpaid; overrepresented by racial and ethnic minority groups, women, and immigrants; and has minimal training.[6] Over the past several years, states have undergone efforts to rebalance Medicaid financing from institutions to community settings, resulting in higher acuity among care recipients in the community.[6] The proposed search and match tool is a necessary solution to a well-documented problem.

The search and match tool would better ensure that (1) older adult needs are able to be met, and (2) direct care workers are empowered to navigate and manage their working assignments and conditions. Additionally, because direct care workers often deliver services via employment in residential service agencies or Medicare Home Health agencies, their ability to work with families is restricted to those referred to their employer. I appreciate your time and attention to this critical issue, and am confident that the implementation of the search and match tool will impact our state's delivery of home and community-based services for the better.

Sincerely,

Chanee D. Fabius, PhD, MA

REFERENCES

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