## **Department of Legislative Services**

Maryland General Assembly 2010 Session

# FISCAL AND POLICY NOTE

Revised

Senate Bill 1033 (Senator Harrington) Education, Health, and Environmental Affairs

Health and Government Operations

#### Veterans Affairs - Military Health Care Provider Transition Plan

This bill requires the Department of Veterans Affairs (DVA) to develop a Military Health Care Provider Transition Plan to increase the number of veterans, including current and former members of the Reserve forces and National Guard, with expertise in health care workforce shortage areas to transition into civilian health care provider positions.

DVA must submit an interim report of its findings to the Governor by December 1, 2010; complete the transition plan by December 1, 2011; and report its findings and recommendations to the Governor by January 1, 2012.

The bill takes effect July 1, 2010.

## **Fiscal Summary**

**State Effect:** None. The development of a transition plan and related reports can be handled with existing budgeted resources, as the plan must be based on prior studies that address health care workforce shortage areas and barriers that prevent veterans from transitioning into civilian health care positions.

Local Effect: None.

Small Business Effect: None.

### Analysis

**Bill Summary:** DVA must work in conjunction with the Department of Health and Mental Hygiene (DHMH); the Department of Housing and Community Development; the

Department of Labor, Licensing and, Regulation; the Governor's Workforce Investment Board (GWIB); and the Maryland Higher Education Commission when developing the transition plan.

The transition plan must include specific goals for the recruitment of qualified individuals in each of the health care workforce shortage areas, including the workforce shortage areas to be targeted and the number of qualified individuals needed for each workforce shortage area. It must also address the concerns and recommendations identified in the 2007 report by DHMH, *Identifying and Breaking Down Barriers: Easing the Transition from Active Duty to Civilian Health Care Provider.* 

**Current Law/Background:** Chapter 379 of 2006 established the Statewide Commission on the Shortage in the Health Care Workforce within DHMH. In its 2007 report, the commission determined that:

- A gap between the projected demand and the reported supply (from Maryland postsecondary health care programs) is identified for 18 of the top 25 demand health care occupations. Substantial gaps of more than 40% are identified for 7 of the top 25 demand occupations.
- Although improvements had been made since the same analysis was conducted in 2004 (gaps were identified for 23 of 25 of the top occupations), there are significant implications if there are not enough trained graduates for Maryland's health care occupations.

Chapter 441 of 2007 required the Secretary of Health and Mental Hygiene, with GWIB and appropriate health care provider regulatory boards, to issue findings regarding barriers under the Health Occupations Article to licensing or certifying individuals with training and experience in providing health care through military service that is equivalent to training and experience required for licensure or certification. A report issued as a result of Chapter 441 noted that the lack of standardization among the various branches of the military has made it difficult for educational institutions and health occupations boards to determine a veteran's level of clinical and course work training, thus making it more difficult for a veteran to obtain the necessary credentials to pursue a career in health care. This issue is exacerbated by the fact that the State has a difficult time retaining military personnel on Maryland military installations. Most veterans opt for out-of-state career opportunities and move out of Maryland, where they enjoy tax exemptions on their military pensions and other more generous benefits that are not available in Maryland. HB 536 of 2009 sought to address this issue by exempting 100% of military retirement income for an individual who works in health care workforce shortage field, subject to other conditions. The bill received an unfavorable report from the House Ways and Means Committee.

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The report made several recommendations, including:

- review health care professional standards to eliminate barriers to attracting military personnel to State civilian jobs;
- identify military health care experience, training, and coursework that fulfills industry occupational standards; and
- develop a marketing campaign and provide incentives to attract retired military personnel.

### **Additional Information**

#### Prior Introductions: None.

Cross File: HB 1353 (Delegate Stein, et al.) - Health and Government Operations.

**Information Source(s):** Department of Housing and Community Development, Department of Health and Mental Hygiene, Department of Legislative Services

Fiscal Note History:	First Reader - March 25, 2010
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