

HOUSE BILL 625

J2, J1, J3

EMERGENCY BILL
ENROLLED BILL

(2lr0757)

— *Health and Government Operations/Education, Health, and Environmental Affairs* —

Introduced by **Delegate Kelly**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Commission to Study the Health Care Workforce Crisis in Maryland –**
3 **Establishment**

4 FOR the purpose of establishing the Commission to Study the Health Care Workforce Crisis
5 in Maryland to examine certain areas related to health care workforce shortages in
6 the State, including the extent of the workforce shortage, short-term solutions to the
7 workforce shortage, future health care workforce needs, and the relationship
8 between the Maryland Department of Health and the health occupations boards; and
9 generally relating to the Commission to Study the Health Care Workforce Crisis in
10 Maryland.

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
12 That:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 (a) There is a Commission to Study the Health Care Workforce Crisis in
2 Maryland.

3 (b) The Commission consists of the following members:

4 (1) two members of the Senate of Maryland, appointed by the President of
5 the Senate;

6 (2) two members of the House of Delegates, appointed by the Speaker of
7 the House;

8 ~~(3) the Secretary of Higher Education, or the Secretary's designee;~~

9 ~~(4)~~ (3) the Secretary of Health, or the Secretary's designee;

10 ~~(5) the State Superintendent of Schools, or the State Superintendent's~~
11 ~~designee;~~

12 ~~(6)~~ (4) the Secretary of Commerce, or the Secretary's designee;

13 ~~(7)~~ (5) the Secretary of Labor, or the Secretary's designee;

14 ~~(8)~~ (6) the Deputy Secretary of Behavioral Health, or the Deputy Secretary's
15 designee;

16 ~~(9)~~ (7) the Deputy Secretary of Developmental Disabilities, or the Deputy
17 Secretary's designee;

18 ~~(8)~~ ~~(10)~~ (8) the Deputy Secretary of Public Health, or the Deputy Secretary's
19 designee;

20 ~~(9)~~ ~~(11)~~ (9) the Chairman of the Maryland Health Care Commission or the
21 Chairman's designee;

22 ~~(10)~~ ~~(12)~~ ~~the Assistant Secretary for Workforce Development and Adult~~
23 ~~Learning, or the Assistant Secretary's designee; and~~

24 ~~(13) the Executive Director of the Maryland Longitudinal Data System~~
25 ~~Center; and~~

26 ~~(11)~~ ~~(14)~~ ~~the executive director of each health occupations board~~
27 ~~established under the Health Occupations Article, or the executive director's designee~~

28 (10) the Executive Director of the Board of Nursing, or the Executive
29 Director's designee;

1 (11) the Executive Director of the Board of Pharmacy, or the Executive
2 Director's designee;

3 (12) the Executive Director of the Board of Physicians, or the Executive
4 Director's designee;

5 (13) the Executive Director of the Board of Dental Examiners, or the
6 Executive Director's designee;

7 (14) the executive director of a health occupations board established in the
8 Health Occupations Article that is not represented under item (10), (11), (12), or (13) of this
9 subsection, or as determined by those health occupations boards, or the executive director's
10 designee;

11 (15) the Maryland Department of Health's Liaison to Boards and
12 Commissions, or the Liaison's designee;

13 (16) the Director of the State Office of Rural Health, or the Director's
14 designee;

15 (17) the Director of the Office of Minority Health and Health Disparities, or
16 the Director's designee;

17 (18) the Director of the Office of Health Care Quality, or the Director's
18 designee;

19 (19) the Provost of the Graduate School of the University of Maryland,
20 Baltimore Campus, or the Provost's designee;

21 (20) the Chair of the Maryland Higher Education Commission Private
22 Advisory Council, or the Chair's designee;

23 (21) one representative from the Department of Veterans Affairs, designated
24 by the Secretary of Veterans Affairs; and

25 (22) the Executive Director of the Maryland Longitudinal Data System
26 Center, or the Executive Director's designee.

27 (c) The Secretary of Health shall designate the chair of the Commission.

28 (d) The State agencies represented on the Commission jointly shall provide staff
29 for the Commission.

30 (e) A member of the Commission or a member of an advisory committee or a
31 stakeholder workgroup established under subsection (g) of this section:

1 (1) may not receive compensation as a member of the Commission, an
2 advisory committee, or a stakeholder workgroup; but

3 (2) is entitled to reimbursement for expenses under the Standard State
4 Travel Regulations, as provided in the State budget.

5 (f) (1) The Commission ~~may~~ shall establish advisory committees or
6 stakeholder workgroups to assist the Commission in carrying out its duties.

7 (2) An advisory committee or a workgroup established under paragraph (1)
8 of this subsection ~~may~~ shall include an individual who is:

9 (i) 1. a member of a health care industry stakeholder group;

10 2. a health care workforce representative; or

11 3. a representative of a community college; and

12 (ii) not a member of the Commission.

13 (g) The Commission shall:

14 (1) determine the extent of the health care workforce shortage in the State,
15 including the extent of shortages in:

16 (i) different settings including in-home care, hospitals, private
17 practice, nursing homes and other long-term care settings, primary and secondary schools,
18 community health centers, community-based behavioral health treatment programs, and
19 hospice care;

20 (ii) different regions of the State;

21 (iii) care provided in different languages spoken in the State;

22 (iv) environmental services in hospitals and nursing homes; and

23 (v) different levels of care for health occupations including entry
24 level direct care positions, direct support professionals, professional extenders, primary
25 care providers, and specialists;

26 (2) examine turnover rates and average length of tenure for the shortages
27 identified in item (1) of this subsection and identify strategies to reduce turnover in the
28 professions that are experiencing shortages, including wage increases and opportunities for
29 career advancement;

1 (3) examine short-term solutions to address immediate needs for the
2 shortages identified in item (1) of this subsection while ensuring the safety of Maryland
3 patients by:

4 (i) determining which health occupations boards have backlogs of
5 applicants for licensure and certification;

6 (ii) determining whether expediting or streamlining the licensing or
7 certification process for specific health occupations is a viable option;

8 (iii) determining whether implementing additional temporary
9 licensure or certification for specific health occupations is a viable option; and

10 (iv) determining whether the State has adequate State educational
11 institutions and training programs, including by:

12 1. examining the capacity of State educational institutions to
13 meet the demand for health occupations, including alternative degree models, access, cost,
14 eligibility, length of time necessary to complete a program, and barriers posed by clinical
15 requirements;

16 2. examining the cost of training programs, how the
17 programs are paid for, and the role the State has or could have in paying for the programs,
18 including the role the Maryland Department of Labor has in the process and whether it
19 would be feasible to reimburse employees for training costs if they maintain employment
20 in a profession for a certain number of years; and

21 3. comparing training programs for the direct health care
22 workforce in nursing compared to programs in traditionally male industries;

23 (4) examine future health care workforce needs as populations age
24 including by region and spoken language;

25 (5) examine what changes are needed to enhance incentives for individuals
26 to enter and stay in the health care workforce in the State, including changes to high school
27 curricula, mid-career transition programs, State tax incentives, grant programs, enhanced
28 benefits, tuition subsidies, and potential rate increases;

29 (6) examine ways to facilitate career advancement and retention by
30 identifying and elevating career ladders and programs for on-the-job advancement,
31 particularly for low-wage employees;

32 (7) examine the special needs of the rural health care system in the State
33 and methods for recruiting and retaining workers in rural areas;

34 (8) examine the impact reimbursement has on workforce shortages,
35 including in industries that are heavily reliant on Medicaid reimbursement; ~~and~~

1 (9) examine the relationship between the health occupations boards and
2 the Maryland Department of Health and determine:

3 (i) what authority the Secretary should have over the boards; and

4 (ii) what additional support the Department could provide the
5 boards to assist with workloads, overhead, staffing, technology improvement, and other
6 areas identified by the Commission;

7 (10) in consultation with the Department of Veterans Affairs, examine
8 methods for:

9 (i) improving the transition of active duty and retired military to
10 the civilian health care workforce; and

11 (ii) establishing pathways for active duty and retired military
12 personnel to enter the civilian health care workforce as recommended by the Maryland
13 Department of Veterans Affairs Final Report submitted in accordance with Chapters 511
14 and 512 of the Acts of 2010; and

15 (11) examine barriers confronting foreign-born health professionals and
16 identify career and licensure pathways for refugees and immigrants with education,
17 training, and experience from other nations.

18 (h) (1) On or before ~~December 31 each year~~ December 31, 2022, the
19 Commission shall submit ~~a~~ an interim report of its findings and recommendations to the
20 Senate Education, Health, and Environmental Affairs Committee and the House Health
21 and Government Operations Committee in accordance with § 2-1257 of the State
22 Government Article.

23 (2) On or before December 31, 2023, the Commission shall submit a final
24 report of its findings and recommendations to the Senate Education, Health, and
25 Environmental Affairs Committee and the House Health and Government Operations
26 Committee in accordance with § 2-1257 of the State Government Article.

27 SECTION 2. AND BE IT FURTHER ENACTED, That this Act ~~shall take effect July~~
28 ~~1, 2022. It shall remain effective for a period of 2 years and, at the end of June 30, 2024 is~~
29 an emergency measure, is necessary for the immediate preservation of the public health or
30 safety, has been passed by a yea or nay vote supported by three-fifths of all the members
31 elected to each of the two Houses of the General Assembly, and shall take effect from the date
32 it is enacted. It shall remain effective through December 31, 2023, and, at the end of
33 December 31, 2023, this Act, with no further action required by the General Assembly, shall
34 be abrogated and of no further force and effect.