

# HOUSE BILL 625

J2, J1, J3

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CF SB 440

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By: **Delegate Kelly**

Introduced and read first time: January 31, 2022

Assigned to: Health and Government Operations

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## A BILL ENTITLED

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:

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

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

16 (1) two members of the Senate of Maryland, appointed by the President of  
17 the Senate;

18 (2) two members of the House of Delegates, appointed by the Speaker of  
19 the House;

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

21 (4) the Secretary of Health, or the Secretary's designee;

22 (5) the State Superintendent of Schools, or the State Superintendent's  
23 designee;

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (6) the Secretary of Commerce, or the Secretary's designee;

2 (7) the Deputy Secretary of Developmental Disabilities, or the Deputy  
3 Secretary's designee;

4 (8) the Deputy Secretary of Public Health, or the Deputy Secretary's  
5 designee;

6 (9) the Chairman of the Maryland Health Care Commission or the  
7 Chairman's designee;

8 (10) the Assistant Secretary for Workforce Development and Adult  
9 Learning, or the Assistant Secretary's designee; and

10 (11) the executive director of each health occupations board established  
11 under the Health Occupations Article, or the executive director's designee.

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

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

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

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

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

21 (f) (1) The Commission may establish advisory committees or stakeholder  
22 workgroups to assist the Commission in carrying out its duties.

23 (2) An advisory committee or a workgroup established under paragraph (1)  
24 of this subsection may include an individual who is not a member of the Commission.

25 (g) The Commission shall:

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

28 (i) different settings including in-home care, hospitals, private  
29 practice, nursing homes, and hospice care;

30 (ii) different regions of the State;

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

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

3 (v) different levels of care for health occupations including entry  
4 level direct care positions, professional extenders, primary care providers, and specialists;

5 (2) examine turnover rates and average length of tenure for the shortages  
6 identified in item (1) of this subsection and identify strategies to reduce turnover in the  
7 professions that are experiencing shortages;

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

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

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

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

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

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

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

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

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

32 (5) examine what changes are needed to enhance incentives for individuals  
33 to enter and stay in the health care workforce in the State, including changes to high school

1 curricula, mid-career transition programs, State tax incentives, grant programs, enhanced  
2 benefits, tuition subsidies, and potential rate increases;

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

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

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

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

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

13 (ii) what additional support the Department could provide the  
14 boards to assist with workloads, overhead, staffing, technology improvement, and other  
15 areas identified by the Commission.

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

20 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
21 1, 2022. It shall remain effective for a period of 2 years and, at the end of June 30, 2024,  
22 this Act, with no further action required by the General Assembly, shall be abrogated and  
23 of no further force and effect.