

LeadingAge Maryland - 2022 - HB 1208 - healthcare

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road
Sykesville, MD 21784

TO: Budget & Taxation Committee
FROM: LeadingAge Maryland
SUBJECT: House Bill 1208, Health Occupations - Health Care Workforce Expansion
DATE: March 29, 2022
POSITION: **Favorable**

LeadingAge Maryland supports House Bill 1208, Health Occupations - Health Care Workforce Expansion.

LeadingAge Maryland is a community of more than 135 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill establishes requirements for the State Board of Nursing related to the expansion of the workforce in nursing-related fields. A State income tax credit for licensed practical nurses, nurse practitioners, and registered nurses is also provided under the legislation. The bill also establishes the Licensed Practical Nurse and Registered Nurse Preceptorship Tax Credit Fund as a special, nonlapsing fund to offset the costs of the tax credit available for the preceptorship program. The Maryland Department of Health shall convene a stakeholder workgroup to examine how the State can implement a loan repayment assistance program for nurses and other health practitioners regulated by the State Board of Nursing to further incentivize the health practitioners to practice in professional shortage areas and medically underserved areas in the State. LeadingAge Maryland would be a member of that stakeholder workgroup.

With a health care system strained by an aging population and expanded access to public health care, a strong workforce is essential. According to the American Nurses Association, by 2022, there will be far more registered nurse jobs available than any other profession, at more than 100,000 per year. With more than 500,000 seasoned RNs anticipated to retire by 2022, the

U.S. Bureau of Labor Statistics projects the need for 1.1 million new RNs for expansion and replacement of retirees, and to avoid a nursing shortage. Our members regularly report high numbers of nursing vacancies, and the difficulty of finding RNs and LPNs when all healthcare settings are competing for the same limited number of individuals. This has forced many nursing homes to use nursing staff from staffing agencies, but now members are even reporting that agencies do not have staff available.

This bill would provide important tax credit opportunities for the vital professionals our healthcare system relies on. Research shows that as many as 90% of all nurses (RNs and LPNs) in the US are women. We now know that COVID-19 has disproportionately affected working women (April 2020, [Catalyst](#)), and that one factor at play is that women in the US still generally carry the bulk of the responsibility in the home and in caring for children. A July 2020 report by McKinsey found that “ COVID-19 has disproportionately increased the time women spend on family responsibilities...by an estimated 1.5 to 2.0 hours (per day) in the United States” (July 2020, [McKinsey](#)). Additionally, a Brookings Institute report notes that “One in four working women, 15.5 million, has a child under the age of 14 at home” but that “more than 10 million – or 17% of all working women - do not live with a potential caregiver at home and “rely on childcare and schools to keep their children safe while they work” (October 2020, [Brookings Institute](#)). But many day-cares and schools were closed on and off throughout the last two year. “School and daycare closures, along with the reduced availability of outside help, have led to months of additional work for women. For working mothers, this has meant balancing full-time employment with childcare and schooling responsibilities” (September 2020, [UN Women](#)). This bill takes an important step in acknowledging the additional challenges these front line caregivers face and provides a financial benefit that will be immediately helpful.

Studies have found high turnover rates of nursing staff in nursing homes. Last year in their annual Nursing Home Salary and Benefits Report 2021, HCS found that turnover among LPNs was at 41%, and 27% among RNs (September 2021, [McKnight's](#)). A 2021 study by UCLA and Harvard found overall turnover rates to be even higher in some nursing homes – when considering all staff in a nursing home, turnover was sometimes found to be more than 100% (March 2021, [Skilled Nursing News](#)). Providing for clinical externs and a preceptor tax credit fund, as the bill allows, can make a difference. Clinical externs and preceptors are vital to the success of health care organizations and workforce retention. They have been shown to reduce turnover and the high costs associated with hiring and retaining staff.

Additionally, we appreciate that the bill allows credit for on-the-job training as a nursing assistant towards certification (page 8, lines 4-12). We estimate there are somewhere between 1,000-3,000 individuals in Maryland today who have been working as temporary nursing assistants throughout the Federal Public Health Emergency. Federal regulations allow for on the job training to count towards an individual's certification as a nursing assistant. However,

currently Maryland only counts classroom training towards certification. This change would create a pathway to certification that would be more attainable to some individuals, and more accurately acknowledges the acquired knowledge and skills of individuals who have gained valuable on-the-job experience.

This bill rightly seeks to recruit and retain health care professionals to needed areas and facilities within Maryland which is critical for health care professionals as well as health care facilities experiencing a shortage.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for House Bill 1208.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

Completed 1208 Statement.pdf

Uploaded by: Ariana Kelly

Position: FAV

ARIANA KELLY
Legislative District 16
Montgomery County

DEPUTY MAJORITY WHIP

Health and Government
Operations Committee

Subcommittees

Chair, Health Occupations
and Long Term Care

Insurance and Pharmaceuticals

House Chair, Joint Committee on
Children, Youth, and Families



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Health Occupations - Health Care Workforce Expansion- HB 1208
March 29rd, 2022

Chair Guzzone, Vice Chair Rosapepe and Members of the Committee

Thank you for allowing me to present HB 1208, Health Care Workforce Expansion which represents another piece of our efforts to address healthcare workforce issues in Maryland.

We've previously heard from the Maryland Hospital Association that nursing vacancies have increased 50% over the last six months. Our nursing workforce issues have been further impacted by the licensing and testing delays caused by the cyberattack on the Department of Health.

There are non-legislative efforts underway to alleviate this shortage: our nursing schools are adding slots to accommodate more students, graduating students early so they can begin work more quickly and recruiting additional faculty; Howard County Community College is establishing an apprenticeship model for learning; and hospitals are offering increased schedule flexibility, higher wages, and signing bonuses to attract and retain nursing staff. But significant challenges remain for the industry. The US Bureau of Labor Statistics expects an additional 500,000 nurses will quit this year, leaving us with a nationwide shortage of more than 1.1 million nurses.

As chair of the Health Occupations and Long Term Care Subcommittee, I pulled together an ad hoc group of stakeholders to brainstorm solutions to this crisis. HB 1208 is a result of that work. During consideration in the House, we further refined the legislation and the bill before you today has four goals:

1. **Expanding the Number of Nurse Preceptors** - One of the challenges discussed during stakeholder meetings is the shortage of nurses willing to serve as preceptors which makes it difficult to find clinical placements for nursing students. To address a similar problem with physician training, we established a tax credit against state income taxes for physicians and physician assistants who serve as preceptors. To incentivize more nurses to serve as preceptors, HB 1208 expands the program to offer tax credits for licensed practical nurses, nurse practitioners, and registered nurses.
2. **Creating a transition pathway for Temporary Nurse Aides** - When visiting restrictions were in place during the pandemic, many long term care facilities hired patients' family members as temporary nursing aides (TNA). This had the dual benefit of allowing family members to see their loved ones and assisted the facilities in meeting their workforce needs. More than 3100 of these individuals have taken the eight hour course to become employed as a TNA and approximately 2000 remain employed in our long term care facilities. However, once pandemic related licensing waivers expire, this workforce will need to transition to become certified nursing aides and HB 1208 authorizes the Board of Nursing to apply their on the job experience towards the training hours required to become a CNA.
3. **Studying an apprenticeship model for healthcare workforce** – The legislation will convene a workgroup to study expansion of the state apprentice programs to the healthcare workforce and to make recommendations on the fields that could be served by such programs, along with potential options to provide incentives for experienced practitioners to work with apprentices.
4. **Determining a long term funding source for a loan repayment program for nurses** - HB 1208 directs the Department of Health to convene a workgroup to examine the best way to expand the Maryland Loan Assistance Repayment Program Fund to cover nurses. The budget contains a one time appropriation of \$2 million for nursing loan repayments but we need to figure out how to expand this program long term.

At the request of the Board of Nursing, the bill was amended with some technical changes and provisions requiring a marketing plan and one-stop shop website for nursing career information were struck. Also at the Board's request, we struck the provision moving the externship program that MEIMSS administered during the pandemic to a permanent home under the Board of Nursing. The Board committed to explore a similar co-op program that will achieve the same goals.

Two additional amendments were brought by stakeholders. The first clarified that online training can be used for educating Nursing Assistants. The Board of Nursing has requested that this amendment be changed to reflect that online training is appropriate for the didactic training but that clinicals must be in person and that the second amendment be struck. I concur with that request but am hopeful that the Board expedite approvals as quickly as possible to get workers into our healthcare facilities.

HB 1208 passed unanimously out of the Health and Government Operations Committee and passed the House 129-1.

I urge a favorable report.

HB1208 - Senate_FAV_LifeSpan_Health Care Workforce

Uploaded by: Danna Kauffman

Position: FAV



*Keeping You Connected...Expanding Your Potential...
In Senior Care and Services*

TO: The Honorable Guy Guzzone, Chair
Members, Senate Budget and Taxation Committee
The Honorable Ariana B. Kelly

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: March 29, 2022

RE: **SUPPORT** – House Bill 1208 – *Health Occupations – Health Care Workforce Expansion*

On behalf of the LifeSpan Network, the largest and most diverse senior care provider association in Maryland representing nursing facilities, assisted living providers, continuing care retirement communities, medical adult day care centers, senior housing communities and other home and community-based services, we **support** House Bill 1208 as amended by the House of Delegates.

Among other provisions, House Bill 1208 contains a requirement that the Maryland Board of Nursing must include the ability for an individual who has been practicing as a nursing assistant without certification by the Board to apply on-the-job experience as a nursing assistant toward the total number of training hours required for certification. At the beginning of the COVID-19 pandemic, the federal Centers for Medicare & Medicaid Services (CMS) issued multiple waivers of federal regulations. The CMS [QSO-21-17-NH](#) memorandum, revised on May 10, 2021, states:

To help nursing homes address staffing shortages during the pandemic, CMS provided a blanket waiver for the nurse aide training and certification requirements at 42 CFR §483.35(d) (except for requirements that the individual employed as a nurse aide be competent to provide nursing and nursing related services at 42 CFR §483.35(d)(1)(i)), specifically to permit nurse aides to work for longer than four months without having completed their training. This waiver allows facilities to employ individuals beyond four months, in a nurse aide role even though they might have not completed a state approved Nurse Aide Training and Competency Evaluation Programs (NATCEP). The individual could continue to work as long as the nursing home ensured that the nurse aide could demonstrate competency in skills and techniques needed to care for residents. CMS is not ending the current nurse aide waiver. However, we are clarifying how federal regulations can be applied to nurse aides working under the blanket waiver, and help enable these individuals to become certified nurse aides (CNAs).

At this time, it is estimated that approximately 2,000 individuals are practicing under the designation of temporary nursing assistants. These individuals have worked tirelessly throughout

this pandemic to provide care to residents of nursing homes under the close supervision of licensed individuals. We strongly believe that these individuals should be provided “credit” for the work that they have performed over the last two years and that a process should be implemented to allow these hours to be applied to satisfy required training hours to be fully certified. As you know, Maryland faces a workforce shortage, especially in the areas of direct care. In particular, nursing homes have struggled to recruit and maintain staff. Maryland must “think outside the box” and implement innovative approaches to bolster the workforce. We strongly believe that allowing individuals credit for the time that they have worked will assist in getting these individuals certified at a faster pace but still maintain quality standards.

We also strongly support the creation of a workgroup to study and make recommendations on how the State can incentivize individuals to work in the nursing field. Prior to the COVID-19 pandemic, the senior care industry was experiencing severe workforce challenges, which were only made worse by the pandemic. Maryland must determine how the industry can better recruit and maintain this important workforce, especially given Maryland’s aging population.

Therefore, we believe that this bill is vitally important for the delivery of health care in Maryland, and we urge a favorable vote.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
410-244-7000

HB 1208- Health Occupations- Health Care Workforce

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

**House Bill 1208-
Health Occupations - Health Care Workforce Expansion**

Position: *Support as Amended in the House*

March 29, 2022

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 1208.

More than two years have passed since the beginning of the COVID-19 pandemic. Workforce shortages are at crisis levels with a staggering 25% nurse vacancy rate statewide. Registered nurses, licensed practical nurses, and nursing assistants make up 39% of the hospital workforce.¹ According to a 2020 analysis, Maryland's registered nurse (RN) population by capita is in the bottom third of the nation.² In response to this crisis, MHA's Executive Committee established the Task Force on Maryland's Future Health Workforce, which includes hospital clinical and human resource executives. This group will recommend state support to ensure we have the health care workforce necessary to meet the needs of patients now and into the future. HB 1208 incorporates initiatives that task force members identified to build and sustain Maryland's health care workforce.

As amended, HB 1208 would require the Board of Nursing to convene a stakeholder group to explore the implementation of a nurse loan repayment program. Bringing relevant stakeholders together can improve the program through recommendations and add a layer of accountability to grow and support the program.

The House amendments also require the Board to adopt regulations establishing categories of certified nursing assistants (CNAs) and standards for online education delivery. This will support the recent Board-approved acute care CNA curriculum. Hospitals often must retrain CNAs because they do not enter the workforce "skilled" for an acute-care setting. They struggle to keep up with the pace since training programs focus on long-term care. This new acute care CNA pathway can serve as a stepping-stone to attract people to pursue a career in acute care.

HB 1208 is a step in the right direction to bring relief to Maryland's staffing challenges.

For these reasons, we ask for *favorable* report on HB 1208 as amended in the House.

For more information, please contact:

Erin Dorrien, Vice President, Policy

Edorrien@mhaonline.org

¹ MHA Workforce Survey – February 2022. Note: Data represents submissions by 49 of 51 Maryland hospitals (Survey Response Rate = 96.1%).

² Becker's Hospital Review. (Feb. 18, 2022). "[RN population per capita, by state](#)"

HFAM Testimony HB 1208_B&T.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE BUDGET AND TAXATION COMMITTEE**

March 29, 2022

House Bill 1208: Health Occupations - Health Care Workforce Expansion

Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for House Bill 1208. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

House Bill 1208 establishes requirements for the State Board of Nursing related to the expansion of the workforce in nursing-related fields, establishes a State income tax credit for certain licensed practical nurses, nurse practitioners, and registered nurses. In addition, this legislation establishes the Licensed Practical Nurse and Registered Nurse Preceptorship Tax Credit Fund as a special, non-lapsing fund to offset the costs of the tax credit available for the preceptorship program.

The legislation will help attract more individuals to pursue careers in the field of nursing by promoting professions in nursing and making it easier for individuals interested in nursing to obtain information on licensure requirements, funding and financing options to pay for education and training, as well as information on accredited schools and training programs. In addition, this legislation will help to alleviate the current staffing crisis that healthcare settings across the continuum of care are facing through a variety of measures such as the creation of the preceptorship tax credit fund and the clinical extern provisions.

Relative to the long-term and post-acute care sector, this legislation will empower the Maryland Board of Nursing (MBON) to include provisions to allow an individual who has been practicing as a nursing assistant without certification by the Board to apply on-the-job experience as a nursing assistant toward the total number of training hours required for certification.

This is incredibly important because during the COVID-19 pandemic, the federal government waived federal nursing assistant training and certification requirements. The federal government, through the Centers for Medicare and Medicaid Services (CMS), has authority over this process, but state approval is also required. Under this waiver, many states permitted an eight-hour online emergency temporary nursing assistant (TNA) course. The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) created a free online course and continues to offer it for those wishing to become TNAs. Here in Maryland, 3,137 participants have successfully taken the 8-hour TNA training as of February 24, 2022.

Graduates of the course who demonstrate competency are allowed to work as TNAs in healthcare settings in Maryland as long as the national public health emergency (PHE) exists and for up to 120 days after the emergency ends. Under the current rules, those who have been working as TNAs throughout the COVID-19 pandemic will be required to start their training from scratch in order to continue working after the federal public health emergency. For those working in long-term care settings in Maryland, this means they will be required to satisfy all of the Geriatric Nursing Assistant (GNA) requirements including taking the full training program and pass the GNA certification examination.

We have been working with Karen Evans and MBON on a certification pathway that would take into consideration the experience of a TNA and allow them to sit for the state certification exam after attestation that their experience and on-the-job training during the pandemic has been sufficient.

Under the provisions of House Bill 1208, the Maryland Board of Nursing would be authorized to take this innovative approach and count on-the-job experience toward training hours. This will be incredibly important to retaining nursing assistants and growing our licensed healthcare workforce.

Maryland faces a historic and dramatic shortage of licensed healthcare professionals. The Board of Nursing reported that 40,000 individuals licensed by the Board did not renew their license in 2021. The most recent Omicron surge of COVID-19 proved to us yet again that there is no individual hospital, nursing home, or physician's office workforce – there is one singular healthcare workforce in Maryland. It is shorthanded, and we are all drawing upon it.

Workforce challenges such as recruitment and retention have long existed in health care, even before the COVID-19 pandemic. These challenges have only grown worse over the last two years and they will likely remain even as we begin to navigate a post-pandemic world. Going forward, the length of this workforce crisis will be measured in years and not months. Together we must create pathways that ensure we have enough qualified healthcare professionals to continue caring for Marylanders in need.

For these reasons, we request a favorable report from the Committee on House Bill 1208.

Submitted by:
Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

DOCS-#226036-v1-HB_1208_It_Works_Senate_Testimony.

Uploaded by: Lapedes Morton

Position: FAV



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March 29, 2022

The Honorable Guy Guzzone
Senate Budget & Taxation Committee
3 West
Miller Senate Office Building
Annapolis, MD 21401

RE: HB 1208 - Health Care Workforce Expansion - Favorable as Amended

Dear Chair Guzzone:

Thank you for the opportunity to submit testimony in favor of HB 1208 – Health care Workforce Expansion as amended in the House of Delegates. We believe that HB 1208 is the step in the right direction to help expand the opportunity for individuals to enter the health care workforce at a time that we are facing significant staffing shortages and challenges. We sincerely thank Delegate Kelly for her leadership on this effort and are committed to working with her to continue to improve opportunities for our students.

For nearly 25 years, It Works Learning Center, Inc. (It Works) has been providing Certified Nursing Assistant/Geriatric Nursing Assistant (CNA/GNA) training in Maryland, and unlike many of the smaller programs, we train and place hundreds of graduates into good jobs each year. As a result, we have successfully placed thousands of successful graduates in CNA and GNA positions in health care facilities throughout the state. In most cases, our students enter our program knowing they have a specific job waiting for them upon completion of our course.

It Works is supported by federal, state, and local grants from government agencies, non-profits, philanthropies, and health care providers, specifically hospitals and nursing homes. Based on our high graduation and job placement rates, It Works has become a vital resource for health care employers in Maryland to address their significant CNA/GNA job vacancy rates. We currently have multiple employers that each have over 100 current CNA/GNA vacancies, whose role is that much more vital during this pandemic – truly a health care crisis.

During the pandemic, It Works has been a critical staffing resource to health care providers. We have seen a significant increase in enrollment of students eager to serve as CNA/GNAs in Maryland's acute care and long-term care sectors. As a result, we have educated, trained, and graduated roughly 1,000 new health care professionals since the beginning of the pandemic.

Unfortunately, though we have graduated many new professionals to the field, we continue to have significant challenges that hinder our ability to continue to help Maryland health care providers meet their needs to offset ongoing health care staffing shortages.

We understand that the Board of Nursing (Board) is working through their own challenges associated with the pandemic, short staffing, and effects of the recent cyber-attack; however, these challenges have had a real impact on the ability of our graduates to secure and maintain employment due to licensure processing delays. These delays are associated with the ability to take required examinations and process criminal background checks.

We have appreciated that the Board has met with us and is working collaboratively with us to ensure that we may continue to offer virtual classes in a hybrid manner. We are submitting the proper paperwork to be permitted to do so. We have seen the tremendous success and value that online training offers to people that are interested in the nursing profession.

That being said, we respectfully request that your committee pass the House bill as amended and to resist any efforts to strip components of the bill that training schools support. The amended bill includes two critical amendments that help schools like ours:

- Requires the Board to adopt regulations for the standards for the online provision of all aspects of a nursing assistant training program that meets the requirements established by the Board; and
- Requires the Board to approve the use of a nursing assistant training site within 14 days if the same training site had been previously approved by the Board.

These common sense amendments included in the bill before you help us plan future training programs, offering assurances that we can continue to provide hybrid/online training for our students and utilize sites that have been previously approved for clinical training.

Thank you for your time and consideration. I am available 24/7 on my mobile at (410) 991-8800 or via email at mort@itworkslearning.com. I look forward to working with you to continue to move these issues forward.

I am sincerely yours,

A handwritten signature in black ink, appearing to read 'Morton M. Lapidés', with a stylized flourish at the end.

Morton M. Lapidés
President

2022 ACNM HB 1208 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Budget and Taxation Committee

Bill Number: HB 1208 - Health Occupations - Health Care Workforce Expansion

Hearing Date: March 30, 2022

Position: Support

The American College of Nurse Midwives (ACNM) supports *House Bill 1208 – Health Occupations – Health Care Workforce Expansion*. ACNM supports this bill because of the severity of the nursing shortage. The COVID-19 pandemic has exacerbated staffing shortages for all types of health care professionals, but the nursing shortage has had the greatest impact. The bill provides for concrete steps to alleviate the nursing workforce shortage including establishment of a workgroup to study the establishment of a permanent externship program for nursing students and a tax credit program to encourage more nurses to become nursing preceptors. ACNM also supports the bill’s proposed workgroup on creating a loan repayment program for nurses and nurse support staff as the best path forward in creating an effective, sustainable program.

If we can provide any additional information to support this bill, please contact us through Robyn Elliott at relliott@policypartners.net. We ask for a favorable report on this bill.

2022 MDAC HB 1208 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Budget and Taxation Committee

Bill Number: HB 1208 - Health Occupations - Health Care Workforce Expansion

Hearing Date: March 29, 2022

Position: Support

The Maryland Dental Action Coalition (MDAC) supports *House Bill 1208 – Health Occupations – Health Care Workforce Expansion*. The bill provides for support of expanding the nursing workforce. The bill also directs the Maryland Department of Health, in conjunction with the Department of Labor, to study the use of apprenticeship programs to expand the health care workforce. The study may focus on professions that are not licensed under the health occupations board. MDAC believes that the study may help plan the expansion of the number of community health workers (CHWs) and deepen their training in specific areas, such as oral health. CHWs play an important role in ensuring individuals in underserved communities can access health care and social services.

We ask for a favorable report on this legislation. If we can provide additional information, please contact Robyn Elliott at relliott@policypartners.net.

Optimal Oral Health for All Marylanders

2022 MNA HB 1208 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Budget and Taxation

Bill Number: HB 1208 - Health Occupations - Health Care Workforce Expansion

Hearing Date: March 30, 2022

Position: Support

The Maryland Nurses Association (MNA) supports *House Bill 1208 – Health Occupations – Health Care Workforce Expansion*. The bill advances concrete, actionable strategies to address the shortage of nurses and nurse support staff (certified nursing assistants, certified medication technicians, and geriatric nursing assistants).

The nursing shortage crises has reached historic levels. In a letter to Secretary Xavier Becerra of the Department of Health and Human Services in September, the American Nurses Association called for sustained action:

“To address this crisis and to ensure that we have a strong nursing workforce for the future, ANA urges the Administration to declare a national nurse staffing crisis and take immediate steps to develop and implement both short- and long-term solutions.”

With House Bill 1208 and House Bill 625 (Commission to Study the Health Care Workforce Crises in Maryland) combined, the Maryland General Assembly has the framework to take immediate step and long-term steps to address the crises. House Bill 1208 provides immediate relief by:

- Taking the next step in making the clinical externship program for nursing students into a permanent program through a collaborative workgroup. Externs were utilized during the public health emergency. The bill provides for a consistent regulatory framework to ensure the program can be sustained and meaningful;
- Addresses the shortage of preceptors for nursing students by providing a tax credit. The shortage has become acute during COVID, and nursing educations report that it has

made it more challenging for nursing students to complete their educational requirements;

- Studying if the Maryland Department of Labor’s apprenticeship program may be useful in supporting the expansion of the health care workforce, including professionals, such as community health workers, who are not licensed by a health occupations board;
- Supporting efforts to collect information about the number of nurses and nurse support staff by geographic location and health care setting. This information will support and planning and evaluation efforts.

MNA would like to emphasize support of HB 1208’s approach to establishing a loan repayment program for nurses and nurse support staff. HB 1208 proposes a workgroup to study how a program can be structured in a fair and sustainable manner. MNA expects that the workgroup to find that the loan repayment program should not be sustained through licensure or certification fees.

MNA is in strong support of this legislation. If we can provide any additional information to support the Committee’s work on this critical bill, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ https://www.nursingworld.org/~4a49e2/globalassets/rss-assets/analettertohhs_staffingconcerns_final-2021-09-01.pdf

On page 7 from line 41 through page 8 in line 33, strike “NURSE PRACTITIONER” and replace

2022 MCHS HB 1208 Senate Side.doc.pdf

Uploaded by: Scott Tiffin

Position: FAV



Maryland Community Health System

Committee: Senate Budget and Taxation Committee

Bill Number: HB 1208 - Health Occupations - Health Care Workforce Expansion

Hearing Date: March 30, 2022

Position: Support

Maryland Community Health System (MCHS) supports *House Bill 1208 – Health Occupations Workforce Expansion*. The bill provides a framework for building the pipeline of nursing and nursing support staff by:

- Expanding the number of nurse preceptors for nursing students through a tax credit program;
- Establishing a workgroup to study and make recommendations on the establishment of a permanent externship program for nursing students to support their educational experience and provide clinical support to health facilities and programs; and
- Study utilizing apprenticeship programs under the Department of Labor to support the expansion of community health workers, nursing support staff, and other support personnel essential to making the care team function.

MCHS is a network of federally qualified health centers focused on providing somatic, behavioral, and dental health services to underserved communities. Our health centers have always been challenged to find a sufficient number of nursing and nursing support staff, but it has reached a crisis level with the pandemic. We strongly support this legislation because it will alleviate these shortages for us as well as for other health care providers.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

HB 1208_R. Jones 1199SEIU_FAV.pdf

Uploaded by: Stephanie Anderson

Position: FAV



**Testimony of Ricarra Jones, Political Director of 1199SEIU on
HB 1208 Health Occupations – Health Care Worker Expansion Act**

Position: FAVORABLE

March 29, 2022

Dear Chairman Guy Guzzone and Members of the Budget and Taxation Committee:

1199SEIU Healthcare Workers East is the largest healthcare union in the country with, with over 450,000 members throughout Massachusetts, New York, New Jersey, Maryland, Florida and Washington, D.C. **We fully support HB 1208.**

HB 1208 The Health Care Worker Expansion Act would establish a means to provide certification credit to eligible nursing students for on-the-job training hours, a preceptorship income tax credit for certain experienced nurses, and would also create a stakeholder workgroup tasked with studying ways to expand apprenticeship programs to the health care workforce.

HB 1208 The Health Care Worker Expansion Act would allow students working as temporary nursing assistants while seeking certification to apply on-the-job experience hours towards the total number of training hours required for certification.

This provision of HB 1208 allows students to use on-the-job experience towards certification, allowing them to enter the workforce sooner and with meaningful training experience.

HB 1208 would also establish a Preceptorship Income Tax credit for the benefit of certain licensed and registered nurses who serve without compensation in an approved

Preceptorship Program, and have worked a minimum of 300 hours in community based clinical training in an area of Maryland identified as having a health care workforce shortage. The credit offered is \$1,000 and up to \$10,000 in a taxable year,

Incentivizing experienced nursing professionals to participate in crucial, but unpaid, Preceptorship Programs benefits all Marylanders. Newly hired workers receive immeasurable guidance and leadership from experienced professionals, especially in the demanding and highly-skilled nursing field. Focusing the tax credit on those Preceptorship Programs which benefit underserved areas provides an immediate increase in experienced nurses in those areas, as well as groups of newly trained nurses.

HB 1208 would also establish a stakeholder workgroup to study expanding the State apprenticeship programs to the health care workforce and make recommendations such as which health care fields are best served by introducing apprenticeship programs, and options to provide further incentives to experienced health care practitioners to work with health care apprentices.

For these reasons, we **SUPPORT HB 1208** and ask for a **FAVORABLE** report.

Sincerely,

Ricarra Jones

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Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Gary Hicks, Board President | Karen Evans, Executive Director
4140 Patterson Ave, Baltimore, MD 21215

March 29, 2022

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Building
Annapolis, MD 21401-1991

RE: HB 1208 – Health Occupations – Health Care Workforce Expansion – Letter of Support with Amendments

Dear Chair Guzzone and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for House Bill (HB) 1208 – Health Occupations – Health Care Workforce Expansion. This bill establishes requirements on the State Board of Nursing related to the expansion of the workforce in nursing-related fields; establishes a State income tax credit for certain licensed practical nurses, advanced practice registered nurses, and registered nurses; requires the Maryland Department of Health to work with the Division of Workforce Development and Adult Learning to convene a stakeholder workgroup to study expanding the State apprenticeship program to the health care workforce; and requires the Maryland Department of Health to convene a workgroup to study how the State can implement a certain loan repayment assistance program.

The Board sincerely appreciates the General Assembly’s diligence in addressing the nursing workforce shortage by focusing on efforts in recruitment and retention of frontline staff. It is imperative to encourage and support innovative and sustainable initiatives that fortify and advance the safe practice of nursing in the state of Maryland. The Board, however, respectfully submits the following amendments to provide further clarity and information on current processes.

HB 1208, section 8-6A-05, page 7, lines 26 – 28. The Board is required to adopt regulations establishing standards for nursing programs that provide online instruction.

The Board, as a regulatory agency, is authorized to adopt rules and regulations that govern the practice and training standards of nursing assistants within the state of Maryland. To carry out its duties, staff must review programs’ compliance with federal and state laws and analyze all aspects of training, including faculty qualifications, clinical facility resources, curriculum, and final performance evaluations of students. Nursing assistant training programs were traditionally

held in-person, but in response to the pandemic, the Board permitted the adoption of a hybrid or blended structure. This structure would allow training programs to divide time between online didactic and in-person lab and clinical instruction. The Board has continued to allow this form of education so long as programs maintain compliance with state and federal standards.

The Board respectfully submits the following amendment to clarify current authorizations for nursing assistant training programs. At this time, only didactic curriculum and instruction can be held online. All lab and clinical experiences should be held in-person. Simulation labs have been permanently discontinued as of September 15th, 2021, as a result of the termination of the Governor's state of emergency. Training programs are encouraged to collaborate with long-term care facilities, acute care settings (such as hospitals), or assisted living facilities where students are able to care for patients with chronic healthcare issues.

Section 8-6A-05. On page 7. Lines 26 – 28.

(5) STANDARDS FOR THE ONLINE PROVISION OF ~~[ALL ASPECTS OF]~~ DIDACTIC INSTRUCTION IN A NURSING ASSISTANT TRAINING PROGRAM THAT MEETS THE REQUIREMENTS ESTABLISHED BY THE BOARD.

HB 1208, section 8-6A-14, page 8, lines 14 – 18. The Board is required to approve the use of a nursing assistant training site by a nursing assistant training program in an expedited manner if the nursing assistant training program has been previously approved to use the nursing assistant training site by the Board.

The Board's current process for reviewing and approving nursing assistant training sites and programs can take at least one (1) month if all application materials have been submitted. Once a program has submitted their application, it must be reviewed by the Board's Education Department, Certified Nursing Assistant (CNA) Advisory Committee, and Practice & Education Committee before proceeding to the Board for final approval. To stay in compliance with the Open Meetings Act, all training programs must be approved by the Board during its open session. Expediting the approval process for nursing assistant training sites would not only limit the Board's ability to ensure compliance with federal and state standards, but it would also exclude certified nursing assistants, educators, and facility administrators (who serve on these Committees) from the approval process. Additionally, training programs can continue to collaborate and operate with a site while the Board reviews and approves their application. Training sites would not be prevented from providing instruction to students and would not disrupt clinical experiences.

Section 8-6A-14. On page 8. Lines 14 – 18. Remove.

[(G) THE BOARD SHALL APPROVE THE USE OF A NURSING ASSISTANT TRAINING SITE BY A NURSING ASSISTANT TRAINING PROGRAM WITHIN 14 DAYS AFTER THE NURSING ASSISTANT TRAINING PROGRAM APPLIES FOR APPROVAL IF THE NURSING ASSISTANT TRAINING PROGRAM HAD PREVIOUSLY BEEN APPROVED TO USE THE TRAINING SITE BY THE BOARD.]

Lastly, the Board believes HB 1208 will help to incentivize licensed healthcare providers to precept students during their clinical rotations, and provide students the opportunity to work in areas with a workforce shortage. With an increasing need for providers in underserved areas of the State, it is both fair and equitable to allow qualified preceptors (licensed practical nurses, advanced practice registered nurses, and registered nurses) to receive tax credits for the clinical instruction they provide to nursing students. The Board additionally finds it beneficial to examine how the State could implement a loan repayment assistance program for individuals regulated by the Board.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for HB 1208.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 or iman.farid@maryland.gov or Rhonda Scott, Deputy Director, at (410) 585 – 1953 or rhonda.scott2@maryland.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", written in a cursive style.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

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Unfavorable
HB1208 – Health Occupations - Health Care Workforce Expansion

Laura Bogley, JD
 Director of Legislation, Maryland Right to Life

Maryland Right to Life (MDRTL) opposes HB1208 as written, to the extent that it will make state and federal taxpayers responsible for subsidizing the cost of training abortion providers. The bill establishes a special fund to subsidize the multi-million dollar abortion industry’s costs of training their own abortion workers. The bill authorizes a tax credit to nurses who provide abortion training to nursing students and clinical workers, and claims the fund is necessary to offset tax credits up to \$100,000 each year.

Bill Undermines Physician Requirement - One of the few health and safety protections for pregnant women in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. But the abortion industry is asking the state to authorize them to put profits over pregnant patients and allow practically anyone to “perform” surgical abortions and “provide” dangerous chemical abortion pills. Nurse practitioners already are performing abortions in violation of state law.

Expanding Abortion Workforce - We oppose introduction or passage of any bill that expands the ‘scope of practice’ of any health care provider or other worker without excluding abortion and abortion funding. Scope or independence of practice typically describes the procedures, actions, and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. This scope is often defined through bureaucratic process and health occupation boards with limited public input, reporting or accountability.

It has long been the strategy of the pro-abortion movement to use a broad definition of ‘scope’ of practice as a means of increasing the number of lower health care workers licensed to perform or provide abortion. Expanding the number of people who can provide abortion will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

9 out of 10 ob/gyn’s refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being and they have sworn a Hippocratic Oath to first do no harm to patients. The abortion industry’s solution is three-fold: (1) circumvent physician requirements in the law by authorizing lower-skilled health workers to perform or provide abortion; (2) authorize a wide variety of abortion providers to remotely prescribe and distribute abortion pills, including across state lines through interstate licensing agreements; AND (3) force taxpayers to fully fund abortion and to train and reimburse abortion providers to kill children.

“D-I-Y Abortion” Drugs - Reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills without the benefit of a physician’s examination. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%.

UNSAFE - The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. There are reports that unlicensed physicians continue to perform abortions in Maryland. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland Department of Health.

We must protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion.

First Amendment Conscience Rights - To ensure that the State of Maryland has a sufficient number of practicing medical professionals to meet the health needs of Maryland citizens, the legislature must not infringe on the Constitutional rights of Free Exercise of Religion and rights of Conscience of medical providers, and must ensure that conscience rights clauses are included in any legislation that attempts to expand or redefine the scope of practice.

NO PUBLIC FUNDING - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is *bi-partisan unity* on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2022 Marist poll say they oppose taxpayer funding of abortion.

FUNDING RESTRICTIONS ARE CONSTITUTIONAL - The Supreme Court has held that the alleged constitutional “right” to an abortion “*implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*” When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

ABORTION IS NOT HEALTH CARE – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

INVEST IN LIFE - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

For these reasons, we respectfully urge you to vote against this bill and any other measures to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state’s interest in human life and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Terrifying Botched Abortion by Nurse Results in Multi-Million-Dollar Suit Against Brigham-Connected Late-Term Facility (Excerpt Only)

October 14, 2021 By [Operation Rescue 14 Comments](#)



Capital Women's Services is a late-term abortion facility in Washington, D.C. with connections to the discredited New Jersey abortionist Steven Chase Brigham. This is where a nurse conducted a botched late-term abortion that resulted in a major medical malpractice suit.

By Cheryl Sullenger

Washington, D.C. – From the moment [Capital Women's Services](#) opened in 2017, there was controversy. The facility had quietly located in an unremarkable multi-office building on Georgia Avenue in northwest Washington, D.C. where there were few regulations that would hamper its very-late-term abortion business.

Nightmare begins

Markeisha Hemsley, a Maryland resident, arrived at Capital Women's Services between 8:00 and 9:00 a.m. on the morning of October 25, 2018, for a second trimester Dilation and Evacuation (D&E) abortion. When she first made her appointment, the only information the scheduler asked for was her name and the length of her pregnancy. Hemsley was accompanied to the abortion facility by her mother. Together, they had managed to scrape together the \$1,495 for the second trimester abortion, which was paid with a combination of cash and credit card. Hemsley's malpractice complaint alleged that she was never fully informed about her abortion, which is a hallmark of Brigham's known practices. She was never told by anyone at Capital Women's Services what to expect, who would be doing her abortion, how the abortion would be done, or what risks she might be assuming in giving her consent for the abortion.

Hemsley's baby was 20.3 weeks gestation.

The lawsuit's [statement of facts](#) explained the national standard used for abortions at 20.3 weeks of pregnancy. The national standard of care for second-trimester abortions, and specifically for procedures at gestational periods of 20.3 weeks, required 1) the use of an osmotic dilator, typically laminaria, inserted 12-24 hours prior in order to dilate the cervix to 3-4 centimeters, depending on the size of the fetal tissue; 2) the use of two sizes of forceps, referred to as Bierer and Sopher forceps, to extract the fetal tissue and majority of the placenta through the cervix; and 3) a suction curette to then extract the remainder of the fetal tissue and placenta inside of the uterus. Cannulas are rarely wide enough to adequately aspirate the large amount of fetal tissue present at this gestational age. However, the national standard, as horrific as it is for the baby, was not even close to what Hemsley got.

At around 11:30 a.m., Hemsley was given two doses of Misoprostol. One dose was taken immediately and the second dose an hour later.

Her dosage was the same as given by Capital Women's Services for Methotrexate and Misoprostol (M&M) chemical abortions done at home over a period of several hours or days. In Hemsley's situation, the doses should have been taken three hours apart, with the abortion beginning six hours later for maximum dilation effect. This would have an impact on how the day unfolded.

About two hours and 45 minutes after taking the first dose, Hemsley's name was called, and she was escorted to a procedure room.

Nurse Jefferson

That's when she met [Khalilah Q. Jefferson](#) for the first time. Jefferson had entered the room wearing a white lab coat, but never introduced herself, leaving Hemsley to assume she was a doctor.

Jefferson is, in fact, licensed as a registered nurse and a certified registered nurse practitioner in Washington, D.C., and Maryland — not a licensed physician.

In the District of Columbia, non-physicians, including nurse practitioners, are allowed to conduct abortions with no apparent gestational limit. However, second trimester abortions require a very different skill set than simply handing someone abortion pills, or even conducting a relatively simpler first trimester suction aspiration abortion. Nurse Practitioners simply are not qualified to conduct surgeries of this nature. During the second trimester, the risk of medical catastrophe rises with each passing week. The fact that Capital Women's Services allowed an unsupervised nurse practitioner to conduct complex second trimester D&E abortions – presumably up to 36 weeks – was appalling. The danger this posed cannot be overstated.

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With Hemsley under the illusion that Jefferson was a physician, Jefferson told her to “get undressed, lay down on the operating table, and place her legs in stirrups.” At approximately 2:15 p.m., Jefferson injected two drugs to induce conscious sedation. That was enough, along with the improper dosing of Misoprostol, to cause Hemsley to turn on her side and vomit.

Botched

Jefferson then began the abortion using mechanical dilators, which were insufficient to adequately open Hemsley's cervix large enough to use the forceps needed to complete her abortion. It is important to note that her malpractice suit claims that osmotic dilators, such as laminaria, were *never* used on Hemsley.

In fact, Hemsley has no memory of seeing Jefferson use forceps at Capital Women's Services. According to the legal complaint, Jefferson negligently used a suction cannula with ultrasound guidance to begin removing the baby's body parts without bothering to first remove the larger pieces of the baby that would not fit through the suction tubing.

By this time, the sedation was beginning to wear off and Hemsley began to feel excruciating pain. As Jefferson rolled the ultrasound transducer over her abdomen, Hemsley heard Jefferson say repeatedly, “I missed it.”

According to treatment records referenced in the legal complaint, Jefferson was looking for the baby's calvarium, or skull. Jefferson had perforated Hemsley's uterus and shoved her baby's head through the tear where it lodged in her abdomen.

At this point, Jefferson should have called an ambulance to transport Hemsley to a hospital where she could get the surgery she needed to remove the calvarium and treat her uterine perforation and other complications.

Instead, Nurse Jefferson left the procedure room to inform Hemsley's mother that “the sonogram was not giving a clear enough image of the fetus, and that she wanted to move Ms. Hemsley to ‘her other office’ where they had better equipment,” according to the complaint.

“Shut up!”

Jefferson never bothered to tell Hemsley's mother that the “other office” was in Maryland and that no ambulance would be called.

Suffering in pain with a life-threatening internal injury, Hemsley was placed in the back seat of Jefferson's personal BMW SUV with the help of other clinic workers.

Unsure of where she was being taken and in so much pain that she feared she might die, Hemsley begged Jefferson to take her to a hospital.

The complaint narrative described Jefferson's atrocious behavior during the estimated 27-minute nightmarish drive from the D.C. facility to the Moore OBGYN's Greenbelt, Maryland office:

Jefferson transported Ms. Hemsley to the Moore OBGYN facility at 7525 Greenway Center Drive in Greenbelt, MD, approximately 14 miles away and across a state line. Ms. Hemsley remained in tremendous pain and pleaded for Jefferson to stop and take her to the hospital. In response, Jefferson turned the volume up on the stereo to drown out Ms. Hemsley's cries, insulted her, and yelled, “Shut up!”

With the help of an unidentified employee of Moore OBGYN, Hemsley was taken inside, placed on a “operating table,” and hooked up to a sonogram belt. Hemsley lay in pain, unsure of what would happen next.

Illegal abortion?

Jefferson attempted to complete the abortion, even though in Maryland, to do so was a violation of state law that allows only licensed physicians to conduct abortions.

Hemsley's malpractice complaint detailed what happened next.

At this point, Ms. Hemsley's medication had worn off, and she was in extreme pain. She cried out for Jefferson to stop and felt like she was going to die.

Jefferson did not stop and . . . used forceps to try to remove the calvarium from the abdominal cavity through the cervix, a hazardous maneuver with Ms. Hemsley's uterus already perforated.

[Hemsley's mother], who had followed Jefferson to the Moore OBGYN facility and heard her daughter's cries, entered the operating room and saw Jefferson standing in front of her screaming daughter holding bloody forceps. Jefferson finally relented and agreed that Hemsley should go to the hospital. As Hemsley's mom attempted to call for an ambulance, Jefferson pleaded with her not to reveal the location of the office.

It is unknown how Jefferson thought the ambulance would know how to reach them if the 911 dispatcher was not given the address.

Hemsley's mother refused not to identify the office, so Jefferson then "grabbed [the] phone from her hand and impersonated [Hemsley's mother] to the 9-1-1 dispatcher, repeatedly referring to Ms. Hemsley as 'my daughter.'" Hemsley, with only her mother's help, was forced to take an elevator to the lower floor then wait on the curb for the ambulance. Held up by her mom, Hemsley drifted in and out of consciousness due to the extreme pain.

When the ambulance arrived, Jefferson "intercepted" the EMTs and identified herself as an employee of Moore OBGYN. She then proceeded to give them a false story about Hemsley's abortion and the true extent of her injuries.

"This misrepresentation was intentional, self-serving, reckless, completely disregarded Ms. Hemsley's rights, and prolonged her pain and suffering," the complaint stated.

Other lies

In Hemsley's charts, Jefferson repeatedly omitted important information or just downright lied about her procedures and Hemsley's condition during the abortion.

Below is an example quoted directly from Hemsley's malpractice complaint.

Hemsley's cervix was noted as dilated to 101 millimeters, or 10.1 centimeters. This diameter is both physically impossible with a mechanical dilator and medically unnecessary. Jefferson also reported an estimated blood loss of just 25 mL, an astonishingly low number for a procedure that typically produces a blood loss in the 100 mL — 400 mL range.

For the record, [complete cervical dilation](#) for a woman delivering a full-term baby is 10 cm, at which time, she can begin to push the baby into the world.

Finally at the hospital

Hemsley was finally transported by ambulance to George Washington Hospital's emergency room, arriving at 6:15 p.m. There, she displayed an "altered state of consciousness" and complained of throbbing, severe abdominal pain. She was diagnosed with massive internal bleeding. Doctors discovered a seven-centimeter (or nearly 3 inch) tear in the uterus.

Hemsley was rushed into surgery where she was given a horizontal "bikini" incision that stretched from hip to hip so that the surgeon could clean up the blood that pooled between her organs, repair her uterine perforation, and inspect her urethra and bladder for injury. Her uterus was temporarily removed from her body so the skull of her baby could be located and removed.

A doctor consulted with Hemsley after her surgery and advised her not to have children for two years. She explained that if Hemsley ever did become pregnant, she would require strict monitoring and could never deliver vaginally again.

In all, Hemsley spent four days in the hospital.

She was so traumatized by her horrific experience that she feared seeing an OBGYN. It wasn't until February 2021 that she was able to muster the courage to visit an OBGYN again. She continues to suffer "psychological and emotional symptoms, especially in October."

Hemsley's lawsuit is seeking a total of \$30 million in compensatory and punitive damages, costs, and whatever other relief "the court deems just and proper."

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Uploaded by: Heather Shek

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 29, 2022

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: House Bill 1208 – Health Occupations – Health Care Workforce Expansion – Letter of Information

Dear Chair Guzzone and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for House Bill (HB) 1208 - Health Occupations-Health Care Workforce Expansion. HB 1208 establishes the Licensed Practical Nurse and Registered Nurse Preceptorship Tax Credit Fund for registered nurses (RN), licensed practical nurses (LPN), and advanced practice registered nurses (APRN). As amended, HB 1208 expands nurse professionals who are eligible to claim a tax credit to include any advanced practice registered nurse, not just nurse practitioners.

HB 1208 also requires MDH, in collaboration with the Maryland Department of Labor, to convene a Stakeholder Workgroup to examine the expansion of the state apprenticeship programs. As amended, HB 1208 adds a second Stakeholder Workgroup to examine how the state can implement a loan repayment assistance program for nurses and other health practitioners to further incentivize the health practitioners to practice in professional shortage areas and medically underserved areas.

MDH also notes that in addition to the Stakeholder Workgroups established in HB 1208, there are several other proposed bills that establish workgroups to study similar aspects of the healthcare workforce issues. These bills are:

1. SB 440/HB 625 - Commission to Study the Health Care Workforce Crisis in Maryland – Establishment
2. HB 97 - Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals
3. SB 626/HB 1464 - Maryland Loan Repayment Program for Physicians and Physician Assistant-Alteration
4. SB 696/HB 975 - Maryland Loan Assistance Repayment for Nurses and Nursing Workers – Program Establishment and Funding.

MDH recognizes the value of workgroups to research challenges and provide recommendations. However, there will be duplicative work happening between these workgroups. It would likely be more efficient to combine the various healthcare workforce shortage studies into one singular workgroup which will reduce duplication and allow for a broader stakeholder engagement. For instance, SB 696/HB 975 creates a workgroup very similar to the one proposed in HB 1208 on examining ways to incentivize practitioners to practice in professional shortage areas. It includes an overlap of workgroup members, health professions to be studied, and research. If both workgroups remain in these bills, there will be unnecessary duplication of efforts.

If you would like to discuss this further, please contact Heather Shek, Director, Office of Governmental Affairs at 410-767-5282 or heather.shek@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Dennis R. Schrader". The signature is written in a cursive style with a large initial "D".

Dennis R. Schrader
Secretary