

SB 440_Commisison on Workforce Crisis_Support.pdf

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Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 10, 2022

The Honorable Paul G. Pinsky
Senate Education, Health, and
Environmental Affairs Committee
2 West, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 440 – Support

Dear Chair Pinsky and Members of the Committee:

Kaiser Permanente is pleased to support SB 440, “Commission to Study the Health Care Workforce Crisis in Maryland – Establishment.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 800,000 members. In Maryland, we deliver care to over 460,000 members.

Health systems across the country are facing mounting and critical staffing shortages that could jeopardize access to care in the communities they serve. The COVID-19 pandemic has taken a heavy toll on the health care workforce, many of whom are suffering from stress, trauma, burnout and increased behavioral health challenges. A surge in demand by patients needing treatment for COVID-19 has repeatedly threatened to exceed health system capacity.

At the same time, health plans like Kaiser Permanente are seeking to grow their provider networks to improve access for patients and meet regulatory requirements for network adequacy. We fully support passage of SB 440, as it will require the state and stakeholders to proactively look for ways to improve access to health care services and would welcome the opportunity to work with the Commission.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in dark ink that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

SB440.HB625_Support_The Arc Maryland.pdf

Uploaded by: Ande Kolp

Position: FAV



The Arc Maryland
8601 Robert Fulton Drive, Suite 140
Columbia, MD 21046

SB0440/HB0625: Commission to Study the Health Care Workforce
Crisis in Maryland – Establishment

Senate Education, Health, and Environmental Affairs Committee
House Health and Governmental Operations Committee

Position: Support

The Arc Maryland is the largest statewide advocacy organization dedicated to protecting and advancing the rights of people with intellectual and developmental disabilities (IDD) and furthering inclusion of people with IDD in all aspects of daily life.

We support SB0440/HB0625 as it would establish a Commission to study the health care workforce crisis in Maryland: to examine certain areas related to health care workforce shortages in the State including the extent of the workforce shortage, future health care workforce needs, and the relationship between the Maryland Department of Health and the health occupations boards. The Commission would also examine short-term solutions to address immediate needs for the shortages identified in their review of the workforce while ensuring the safety of Maryland patients by:

- (i) determining which health occupations boards have backlogs of applicants for licensure and certification;
- (ii) determining whether expediting or streamlining the licensing or certification process for specific health occupations is a viable option; *and*
- (iii) determining whether implementing additional temporary licensure or certification for specific health occupations is a viable option.

Intellectual and Developmental Disabilities providers, such as the organizations operated by chapters of The Arc in Maryland, provide home and community based services and supports to thousands of individuals with IDD. The workforce of The Arc organizations are responsible for providing care and support to Marylanders with disabilities and many are required to complete the Maryland Board of Nursing (BON) Certified Medication Technician training course, and must obtain certification from the BON prior to administering medications and treatments to people in their care.

IDD providers have experienced an unprecedented workforce shortage since the start of the pandemic. Currently, the vacancy rate for The Arc organizations is close to 30% with roughly 1 in 3 caregiver positions vacant. To add insult to this injury, the processing of new and renewal Medication Technician applications by the Board of Nursing has been significantly delayed, impacting our ability to deploy Medication Technicians to care locations where they are needed. We appreciate that these initial and renewal healthcare license processes will be reviewed as part of the work of the Commission.

Finally, we appreciate and support that there is a seat on the Commission for the Deputy Secretary of Developmental Disabilities Administration as we believe this person will bring an important perspective of the healthcare workforce crisis we are experiencing in the IDD service community.

For more information, please contact:
Ande Kolp, Executive Director of The Arc Maryland
akolp@thearcmd.org

SB 440 Position Stmt Support (EHEA 2-10-2022) fina

Uploaded by: Ben Steffen

Position: FAV



2022 SESSION
POSITION PAPER

BILL NO: SB 440

COMMITTEE: Senate Education, Health, and Environmental Affairs

POSITION: Support

TITLE: SB 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment

BILL ANALYSIS

Senate Bill 440 (“SB 440”) establishes a Commission to study the healthcare workforce crisis in Maryland. The study aims to assess the extent of the workforce shortage, short-term solutions to the workforce shortage, future health care workforce needs, and the relationship between the Maryland Department of Health (MDH) and the health occupations boards. The Secretary of Health will designate the chair of the Commission. The Commission will consist of members from various State agencies. The Commission will be required to report findings from the study and develop recommendations for the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee by December 31. The Commission will remain active for a time period of two years and will be abrogated if it is determined that no further action is required by the General Assembly.

POSITION AND RATIONALE

The Maryland Health Care Commission supports SB 440.

The Maryland Hospital Association (MHA) reports that Maryland hospitals employ approximately 117,000 doctors, nurses, and other caregivers who care for more than 5 million patients each year.¹ Although highly trained health care professionals enter the workforce each year, hospitals in Maryland struggle to maintain an adequate health care workforce. Challenges to the retention of health care workers include lack of advancement opportunities, work overload, workplace violence, inadequate salaries for midlevel medical staff, and insufficient training opportunities. The COVID-19 pandemic exacerbated these challenges. As a result, Maryland is facing a health care workforce shortage in all health care professions across the State.

¹ *Fostering a Robust, Engaged Health Care Workforce*. Maryland Hospital Association. February 2022. Available at: <https://www.mhaonline.org/transforming-health-care/workforce>

The workforce shortage has been most pronounced among nursing personnel.² Maryland hospitals have more than 3,900 nursing vacancies, a 50% increase since the Delta variant surge in August 2021.³ In an effort to increase nursing personnel, Governor Hogan released an Executive Order in September 2021 that allowed nurses and licensed practical nurses with an out-of-state, active license to practice in Maryland and granted early graduation for qualified nursing students.⁴ The Order also encouraged hospital leaders to recruit nursing staff from the 36 states that participate in the Nurse Licensure Compact, which allows nurses with a nurse compact license to practice in states that participate in the agreement.⁵

Commissions and workgroups to study health care work force issues are not new in Maryland, but this Commission has a broad charge and the impact of this study is wide-ranging. The Commission will assess health care workforce shortages across multiple health care occupations and health care settings, and measure the impact on subpopulations including rural residents, non-English speakers, and racial minorities in the State. Results from the prospective analyses in the study will provide data to inform future training and workforce development, assess the cost of training programs, and help to inform the strategic direction of State health agencies for years to come. In addition, the Commission will identify additional incentives for health care workers to enter and stay in the workforce, including career advancement for low-wage employees.

The Commission will consist of a broad group of policymakers from the Senate and House of Delegates, senior administrators from State agencies including Education, Health, Commerce, and the State Superintendent of Schools. High level policy experts from the Health Department and the Maryland Health Care Commission are also designated to participate. The Commission will also include executive directors from each health occupations board.⁶ The diverse composition of members will enable the Commission to develop comprehensive solutions to workforce challenges in Maryland.

² Nursing personnel is defined as individuals authorized by a health care institution to provide nursing services to a patient or resident. Nursing personnel include registered nurses (RN), licensed practical nurses (LPN), nurse assistants (NA), and unlicensed assistive nursing personnel.

³ *Maryland Hospitals' Nursing Vacancies Up 50% Since Late August, Group Says*. CBS Baltimore. Available at: <https://baltimore.cbslocal.com/2022/02/01/maryland-hospitals-nursing-vacancies-up-50-since-late-august-group-says/>

⁴ *Governor Hogan Announces Steps to Increase Nursing Workforce Statewide*. The Office of Governor Larry Hogan. Accessed February 4, 2022. Available at: <https://governor.maryland.gov/2021/09/23/governor-hogan-announces-steps-to-increase-nursing-workforce-statewide/>

⁵ Nursing Compact States. Accessed February 4, 2022. Available at: <https://www.trustedhealth.com/compact-states>

⁶ COMAR 10.31.01, Health Occupation Boards. Available at: <http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.31.01>.



The Commission will make recommendations for the appropriate relationship between the Secretary and health occupations boards. The Commission is the appropriate body to examine the balance of administrative control and operational independence between the Secretary and the health occupation boards, given the role the health occupations boards play in ensuring that Maryland has an adequate, well-trained health care workforce. While on the Commission, executive directors from the health occupation boards will help to identify administrative, staffing, and technical needs. This study could help to identify solutions that will better serve licensees, health care organizations, and the public.

For these reasons, the Commission asks for a favorable report on SB 440.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.



SB0440_FAV_MdCSWC_Commission to Study Health Care

Uploaded by: Christine Krone

Position: FAV



The Maryland Clinical Social Work Coalition

The MdcSWC, sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland.

TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Pamela Beidle

FROM: Judith Gallant, LCSW-C, Chair, Maryland Clinical Social Work Coalition

DATE: February 10, 2022

RE: **SUPPORT** – Senate Bill 440 – *Commission to Study the Health Care Workforce Crisis in Maryland – Establishment*

The Maryland Clinical Social Work Coalition (MdcSWC), sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland. On behalf of MdcSWC, we **support** Senate Bill 440.

Senate Bill 440 establishes the Commission to Study the Health Care Workforce Crisis in Maryland to evaluate the extent of the workforce shortage, short-term solutions to the workforce shortage, future health care workforce needs, and the relationship between the Maryland Department of Health and the health occupations boards. The bill has an annual reporting requirement to the General Assembly and sunsets after two years.

With existing workers experiencing unprecedented levels of burn out and stress coupled with future generations choosing careers in alternative fields, the health care workforce capacity, specifically the mental and behavioral health care workforce, is at risk of diminishing over time. MdcSWC is specifically supportive of and interested in the provisions outlined in Section 3 of the bill which examines short-term solutions to address immediate needs. We believe it is especially important to examine the additional support that the Department of Health can give to the Boards to assist with workloads, overhead, improved staffing, and technology improvement. Our members are frequently frustrated by the Board of Social Work Examiners' inability to respond in a timely way to licensing issues, which we understand is greatly affected by the tremendous workload the inadequate number of staff is attempting to handle.

MdcSWC supports Senate Bill 440 and believes the Commission's findings will be helpful in framing where we are in the workforce crisis and will help outline a comprehensive road map for areas that the State will need to address going forward. We urge a favorable report.

For more information call:

Pamela Metz Kasemeyer
Christine K. Krone
Danna L. Kauffman
410-244-7000

Greater Washington Society for Clinical Social Work: www.gwscsw.org

Contacts: Coalition Chair: Judy Gallant, LCSW-C; email: jg708@columbia.edu; mobile (301) 717-1004

Legislative Consultants: Pamela Metz Kasemeyer and Christine Krone, Schwartz, Metz & Wise PA, 20 West Street, Annapolis, MD 21401

Email: pmetz@smwpa.com; mobile (410) 746-9003 ; ckrone@smwpa.com; mobile (410) 940-9165

SB0440_FAV_LifeSpan, MNCHA, Hospice_Commission to

Uploaded by: Danna Kauffman

Position: FAV



Hospice & Palliative Care Network
OF MARYLAND

TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Pam Beidle

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: February 10, 2022

RE: **SUPPORT** – Senate Bill 440 – *Commission to Study the Health Care Workforce Crisis in Maryland – Establishment*

On behalf of the LifeSpan Network, the Maryland-National Capital Homecare Association, and the Hospice & Palliative Care Network of Maryland, we respectfully **support** Senate Bill 440. This bill establishes the Commission to Study the Health Care Workforce Crisis in Maryland. The Commission is instructed to examine several key issues, such as the extent of the health care workforce shortage in Maryland, employee turnover rates, short-term solutions to address immediate staffing needs (both through the licensure process and educational training programs), future health care workforce needs as the population ages, and methods for facilitating additional training and educational opportunities.

For each of our industries, our workforce is the cornerstone of our operations. Prior to the declaration of the catastrophic health emergency brought on by COVID-19, Maryland was facing a workforce crisis due to several factors. Maryland's 60+ population is anticipated to increase from 1.2 million to 1.7 million by 2030, a 40% increase. This demographic shift impacts Maryland's post-acute care settings in two ways. First, the increasing senior population increases the need for services, which then increases the need for direct care workers. According to the Maryland Regional Direct Services Collaboration, Maryland will need approximately 40% more direct care workers to meet this increased need for care. It is important to note that this statistic was prior to the COVID-19 pandemic. Second, the increasing senior population will have a negative effect on the availability of direct care workers, given that the primary labor pool for direct care workers are women aged 25-64, whose demographic is growing at less than one percent. The COVID-19 pandemic exacerbated these issues, with more employees leaving the workforce because of childcare and health concerns or to go into other non-health care fields.

It is important to note that, for employers whose revenue is derived mainly from Medicaid, the other component that must be discussed in tandem (but does not need included in this bill per se) is the need to adequately fund the Medicaid program. *House Bill 1696 (Ch. 798 of the Acts of 2018) Report on REM Reimbursement Rates for HCBS and the Cost Associated with Providing Service and Care under other HCBS Programs* clearly demonstrated the funding gap that existed pre-pandemic in home-and-community based services, which has only grown more significantly during the pandemic. Solutions such as expediting licensure and certification and enhancing training opportunities for direct care workers will fall flat if industries cannot offer competitive wages because of inadequate Medicaid funding. We encourage the committees to continue to work with the budget committees to address these funding shortfalls.

Therefore, the above-referenced organizations support Senate Bill 440 and urge a favorable vote.

For more information call:

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

SB 440 Testimony - Support.pdf

Uploaded by: Deborah Rivkin

Position: FAV

Deborah Rivkin
Vice President
Government Affairs – Maryland

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
Baltimore, MD 21224-5744
Tel. 410-528-7054
Fax 410-528-7981



SB 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment Act

Position: Support

Thank you for the opportunity to provide written comments in support of Senate Bill 440. This bill establishes the “Commission to Study the Health Care Workforce Crisis in Maryland.” The Commission will determine the extent of the health care workforce shortage in the state, analyze turnover rates of health care workers, examine the capacity of state educational institutions to meet the demand for health occupations, and determine what changes are needed to enhance incentives for individuals to enter and stay in the health care workforce in Maryland.

As part of its mission to make healthcare affordable and accessible, CareFirst is committed to providing our members with access to high quality, patient centric care. We rely heavily on our partnerships with the provider community in Maryland to deliver on our promise of providing services that meet the needs of our members. When there is a shortfall in the number of health care providers available, quality declines and the health and safety of patients and providers are put at risk. Further, workforce shortages limit consumer choices when selecting health care providers that best meet their geographic, financial, and personal preferences for care.

The coronavirus (COVID-19) pandemic exposed the vulnerabilities of the health care system in our state, particularly as it relates to our ability to keep up with demand amidst unprecedented shortages of available health care providers. Further, the U.S. Census Bureau estimates that 22% of Maryland’s population will be 60 and older by the year 2030, an increase of 26% from 2012. Older adults use far more health care services than do younger groups and the majority of older adults have at least one chronic condition that requires care. The Maryland Hospital Association reported nearly 4,000 nursing vacancies throughout the state in a February 1, 2022 [press release](#), yet hospitals are reporting higher than normal inpatient volume. If not strategically addressed, greater utilization of the health care system coupled with inadequate provider staff levels will jeopardize Marylanders’ ability to access quality care.

SB 440 will provide a platform for data collection and analysis on the root causes of insufficient health care staffing levels facing our hospitals, nursing homes, and other important settings where Marylanders seek health care. Informed by its findings, this Commission will work to identify both short and long-term solutions to address the health care workforce shortage, ensuring that Marylanders have robust choices to fit their health care provider needs in the future.

CareFirst strongly supports the policy goals advanced by SB 440. This bill will result in much needed support to our provider community who is on the front lines in keeping Marylanders healthy. We look forward to partnering with legislators, health departments, providers, and other stakeholders to ensure the state has an adequate supply of high caliber health care professionals to provide quality health care to all Marylanders.

We urge a favorable report.

About CareFirst BlueCross BlueShield

In its 84th year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit healthcare company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and employers in Maryland, the District of Columbia, and Northern Virginia. In 2019, CareFirst invested \$43 million to improve overall health, and increase the accessibility, affordability, safety, and quality of healthcare throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).

SB0440 Commission to Study the Health Care Workfor

Uploaded by: Emily Allen

Position: FAV

**Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland -
Establishment**

Education, Health, and Environmental Affairs Committee

February 10, 2022

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 440.

SB 440 establishes a commission to examine the health care workforce shortage in Maryland and make recommendations to address both immediate and future needs.

The Health Resources and Services Administration designates geographic areas, population groups, and health care facilities with a shortage of health professionals as Health Professional Shortage Areas (HPSAs). Maryland currently has 51 primary care HPSAs, 43 dental health HPSAs, and 48 mental health HPSAs.¹ At present, the entirety of 16 counties in Maryland qualify as a mental health HPSA.² Before the COVID-19 pandemic, projections showed that by 2025 the mental health workforce shortage would be significantly worse, with a nationwide shortage of approximately 250,510 full-time employees.³

The impact of the workforce shortage cannot be understated. Studies estimate nearly 83 million Americans diagnosed with anxiety or depression could not access counseling services in 2020. Virginia stopped admissions to 5 of the 8 state mental health hospitals in July of 2021 due to significant staff shortages.⁴ In Maryland's children's behavioral health system, 78% of Outpatient Mental Health Clinics, 83% of Psychiatric Rehabilitation Programs, and 50% of Target Case Management programs report staff vacancies resulting in reduced service use over the past 2 years.⁵

The health care workforce shortage has caused residents to struggle to access services, long waiting lists and service delays, and overworked mental health professionals. States and professional organizations throughout the United States are working to address shortages, and Maryland cannot afford to leave shortages unaddressed. For these reasons, MHAMD supports SB 440 and urges a favorable report.

¹Health Resources & Services Administration, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

²Rural Health Information Hub, <https://www.ruralhealthinfo.org/charts/7?state=MD>

³Behavioral Health and Economics Network, <https://www.bhecon.org/wp-content/uploads/2016/09/BHECON-Behavioral-Health-Workforce-Fact-Sheet-2018.pdf>

⁴The Nation's Health, <https://www.thenationshealth.org/content/51/10/1.3>

⁵Community Behavioral Health Association of Maryland, <http://mdcbh.org/files/manual/169/Child%20Utilization%20-%20Sept%202021.pdf>

SB 440 Commission to Study the Health Care Workfor

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

**Senate Bill 440 - Commission to Study the Health Care Workforce Crisis in Maryland -
Establishment**

Position: *Support*

February 10, 2022

Senate Education, Health & Environmental Affairs 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 Senate Bill 440

Our hospital heroes have been there for Marylanders, serving more than 700 days on the front lines of the COVID-19 pandemic. We're coming out of what was perhaps the most harrowing month of this public health crisis since its earliest days.

In January, there were more new cases of COVID-19 than in the previous 10 months combined. A spike in hospitalizations—2,603 COVID inpatients per day on average—pushed hospitals and their already overburdened workforces beyond limits. As a result, 15 hospitals, one-third of the state's acute care hospitals, were compelled to operate under crisis standards of care.

Workforce shortages are at crisis levels with a staggering 50% jump in hospital nurse vacancies in just five months. That means fewer caregivers at the bedside, limiting capacity to care for patients, both those with COVID-19 and those having other serious conditions such as cancer. However, these workforce shortages are not new.

Senate Bill 440 establishes a commission of key policy makers throughout the state to examine the root cause of the state's health workforce crisis. This type of multiagency approach is essential to find solutions. Should this legislation pass, the hospital industry is ready to engage with the Commission and other stakeholders to strengthen our state's health care workforce.

We look forward to working with the sponsor and other advocates on this legislation and urge a *favorable* report on SB 440.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

8b - SB 440 - EHEA - MHCC - LOS.pdf

Uploaded by: Maryland State of

Position: FAV



2022 SESSION
POSITION PAPER

BILL NO: SB 440

COMMITTEE: Education Health and Environmental Committee

POSITION: Support

TITLE: SB 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment

BILL ANALYSIS

Senate Bill 440 (SB 440) establishes a Commission to study the healthcare workforce crisis in Maryland. The study aims to assess the extent of the workforce shortage, short-term solutions to the workforce shortage, future health care workforce needs, and the relationship between the Maryland Department of Health (MDH) and the health occupations boards. The Secretary of Health will designate the chair of the Commission. The Commission will consist of members from various State agencies. The Commission will be required to report findings from the study and develop recommendations for the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee by December 31. The Commission will remain active for a time period of two years and will be abrogated if it is determined that no further action is required by the General Assembly.

POSITION AND RATIONALE

The Maryland Health Care Commission supports SB 440.

The Maryland Hospital Association (MHA) reports that Maryland hospitals employ approximately 117,000 doctors, nurses, and other caregivers who care for more than 5 million patients each year.¹ Although highly trained health care professionals enter the workforce each year, hospitals in Maryland struggle to maintain an adequate health care workforce. Challenges to the retention of health care workers include lack of advancement opportunities, work overload, workplace violence, inadequate salaries for midlevel medical staff, and insufficient training opportunities. The COVID-19 pandemic exacerbated these challenges. As a result, Maryland is facing a health care workforce shortage in many health care professions across the State.

¹ *Fostering a Robust, Engaged Health Care Workforce*. Maryland Hospital Association. February 2022. Available at: <https://www.mhaonline.org/transforming-health-care/workforce>

The workforce shortage has been most pronounced among nursing personnel.² Maryland hospitals have more than 3,900 nursing vacancies, a 50% increase since the Delta variant surge in August 2021.³ In an effort to increase nursing personnel, Governor Hogan released an Executive Order in September 2021 that allowed nurses and licensed practical nurses with an out-of-state, active license to practice in Maryland and granted early graduation for qualified nursing students.⁴ The Order also encouraged hospital leaders to recruit nursing staff from the 36 states that participate in the Nurse Licensure Compact, which allows nurses with a nurse compact license to practice in states that participate in the agreement.⁵

Commissions and workgroups to study health care work force issues are not new in Maryland, but this Commission has a broad charge and the impact of this study is wide-ranging. The Commission will assess health care workforce shortages across multiple health care occupations and health care settings, and measure the impact on subpopulations including rural residents, non-English speakers, and racial minorities in the State. Results from the prospective analyses in the study will provide data to inform future training and workforce development, assess the cost of training programs, and help to inform the strategic direction of State health agencies for years to come. In addition, the Commission will identify additional incentives for health care workers to enter and stay in the workforce, including career advancement for low-wage employees.

The Commission will consist of a broad group of policymakers from the Senate and House of Delegates, senior administrators from State agencies including Education, Health, Commerce, and the State Superintendent of Schools. High level policy experts from the Health Department and the Maryland Health Care Commission are also designated to participate. The Commission will also include executive directors from each health occupations board.⁶ The diverse composition of members will enable the Commission to develop comprehensive solutions to workforce challenges in Maryland.

² Nursing personnel is defined as individuals authorized by a health care institution to provide nursing services to a patient or resident. Nursing personnel include registered nurses (RN), licensed practical nurses (LPN), nurse assistants (NA), and unlicensed assistive nursing personnel.

³ *Maryland Hospitals' Nursing Vacancies Up 50% Since Late August, Group Says*. CBS Baltimore. Available at: <https://baltimore.cbslocal.com/2022/02/01/maryland-hospitals-nursing-vacancies-up-50-since-late-august-group-says/>

⁴ *Governor Hogan Announces Steps to Increase Nursing Workforce Statewide*. The Office of Governor Larry Hogan. Accessed February 4, 2022. Available at: <https://governor.maryland.gov/2021/09/23/governor-hogan-announces-steps-to-increase-nursing-workforce-statewide/>

⁵ Nursing Compact States. Accessed February 4, 2022. Available at: <https://www.trustedhealth.com/compact-states>

⁶ COMAR 10.31.01, Health Occupation Boards. Available at: <http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.31.01>.



The Commission will make recommendations for the appropriate relationship between the Secretary and health occupations boards. The Commission is the appropriate body to examine the balance of administrative control and operational independence between the Secretary and the health occupation boards, given the role the health occupations boards play in ensuring that Maryland has an adequate, well-trained health care workforce. While on the Commission, executive directors from the health occupation boards will help to identify administrative, staffing, and technical needs. This study could help to identify solutions that will better serve licensees, health care organizations, and the public.

For these reasons, the Commission asks for a favorable report on SB 440.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.



SB 440 Testimony20220208_13111485.pdf

Uploaded by: Pamela Beidle

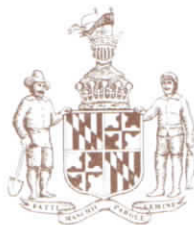
Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Finance Committee

Vice Chair

Executive Nominations Committee



James Senate Office Building
11 Bladen Street, Room 202
Annapolis, Maryland 21401
410-841-3593 · 301-858-3593
800-492-7122 Ext. 3593
Pamela.Beidle@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 10, 2022

SB440

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

Good Afternoon Chair Pinsky, Vice Chair Kagan and Members of the Education, Health, and Environmental Affairs Committee:

SB 440 establishes a commission to study Maryland's health care workforce crises. The commission will study the extent of the shortage, the short-term solutions, future health care workforce needs and the relationship between the Maryland Department of Health and the health occupation boards.

The Commission will consist of the following members:

- Two Members of the Senate
- Two members of the House
- The Secretary of Higher Education
- The Secretary of Health or his designee
- The State Superintendent of Schools or the designee
- The Secretary of Commerce or designee
- The Deputy Secretary of Development Disabilities or designee
- The Deputy Secretary of Public Health or designee
- The Chairman of the MD Health Care Commission or designee
- The Assistant Secretary for Workforce Development and Adult Learning
- The Executive director of each health occupations board established under the Health Occupations article.

The Chair of the Commission will be designated by the Secretary of Health and the State agencies will provide the staff.

The bill includes the areas that should be examined. SB440 is effective July 1, 2022 for a period of 2 years ending June 30, 2024; reports shall be submitted on or before December 31 each year.

Amendments have been requested to add two additional members, require the establishment of workgroups to include relevant industry stakeholders including Community College representatives and examine ways to transition active and retired military personnel to the civilian healthcare workforce.

Thank you for the opportunity to present SB440 and I respectfully request a favorable report.

8a - SB 440 - EHEA - Dental - LOS.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



Board of Dental Examiners

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

Arpana S. Verma Board Chair – Francis X. McLaughlin, Jr., Executive Director

55 Wade Avenue/Tulip Drive Catonsville, MD 21228 Phone: 410-402-8501; Email: mdh.mddentalboard@maryland.gov

February 10, 2022

The Honorable Paul G. Pinsky
Chair, Senate Education, Health and Environmental Affairs Committee
2 West Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SB 440 - Commission to Study the Health Care Workforce Crisis in Maryland –
Establishment - Letter of Support**

Dear Chair Pinsky and Committee Members:

The Maryland State Board of Dental Examiners is submitting this letter of support for Senate Bill (SB) 440 - Commission to Study the Health Care Workforce Crisis in Maryland. The Commission consists of a number of individuals including: two members of the Senate of Maryland, two members of the House of Delegates, the Secretary of Health or the Secretary's designee, the Chairman of the Maryland Health Care Commission, and the executive directors of each Maryland health occupations boards. The Secretary of Health serves as the chair. The State agencies represented on the Commission would jointly provide staff for the Commission.

Topics to be reported upon include but are not limited to: the extent of the health care workforce shortage in the State, including the extent of shortages in different settings including in-home care, hospitals, private practice, nursing homes, and hospice care. The Commission is also charged with examining turnover rates and average length of tenure for shortages, as well as short term solutions to address immediate needs.

With regard to the State's health occupations boards, the Commission is charged with examining:

- (1) which health occupations boards have backlogs of applicants for licensure and certification;
- (2) determining whether expediting or streamlining the licensing or certification process for specific health occupations is a viable option;
- (3) determining whether implementing additional temporary licensure or certification for specific health occupations is a viable option;
- (4) the relationship between the health occupations boards and the Maryland Department of Health to determine what authority the Secretary should have over the boards, and what additional support the Department of Health could provide the boards to assist with workloads, overhead, staffing, technology improvements, and other areas identified by the Commission.

The Dental Board supports the bill. For quite a number of years the Board has been able to provide applicants for initial licensure and license renewal with exceptional service. Turnaround

time has averaged 10 days or less. However, with respect to adequate staffing, the Board continues to face a number of hurdles, sometimes waiting upwards of between one and a half to two years to fill vacant PIN positions. Providing a forum to discuss staffing issues, the Board's need for autonomy, and the Board's relationship with the Department of Health would be welcome and productive.

The Dental Board therefore requests that SB 440 receive a favorable report.

I hope that this information is helpful. If you would like to discuss this further, please contact Dr. Arpana Verma, Board President at 240-498-8159, asverma93@gmail.com, or Dr. Edwin Morris, the Board's Legislative Committee Chair at 410-218-4203. In addition, the Board's Executive Director, Mr. Frank McLaughlin may be reached at 443-878-5253, frank.mclaughlin@maryland.gov.

Sincerely,



Arpana S. Verma, D.D.S.
Board President

The opinion of the Maryland State Board of Dental Examiners expressed in this letter of support position paper does not necessarily reflect that of the Department of Health or the administration.

LeadingAge Maryland - 2022 - SB 440 - Commission t

Uploaded by: Aaron Greenfield

Position: FWA



576 Johnsville Road
Sykesville, MD 21784

TO: Education, Health and the Environment
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 440, Commission to Study the Health Care Workforce Crisis in Maryland - Establishment
DATE: February 10, 2022
POSITION: **Favorable with Amendment**

LeadingAge Maryland supports with amendment Senate Bill 440, Commission to Study the Health Care Workforce Crisis in Maryland - Establishment

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 the Commission to Study the Health Care Workforce Crisis in Maryland to examine areas related to health care workforce shortages in the State, including the extent of the workforce shortage, short-term solutions to the workforce shortage, future health care workforce needs, and the relationship between the Maryland Department of Health and the health occupations boards. The Commission must report its findings and recommendations to committees of the General Assembly by December 31 each year.

Skilled nursing and rehabilitation centers, assisted living campuses, and support professional are battling COVID-19 with fewer staff particularly in long-term care. As a result, our facilities have beds available to provide quality care that cannot be staffed. Workforce recruitment and retention has long been a challenge in healthcare and over the last two years, it has become much more challenging due to the pandemic. And, due to the highly contagious nature of Omicron, healthcare workers are testing positive for COVID and unable to work for several days. On any given day, 8 to 16 percent of workers in Maryland nursing homes are not able to work after testing positive for the virus.

Amendment: LeadingAge Maryland supports the need to study this industry workforce crisis. We ask that the Commission include industry representation or determine measures to engage the industry. Those closest to these challenges must be included in the dialogue to ensure that the solutions that are proposed will have sustainable impact.

For these reasons, LeadingAge Maryland respectfully requests a favorable report with amendment for Senate Bill 440.

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

SB 440_MACC_FWA_B.Phillips.pdf

Uploaded by: Brad Phillips

Position: FWA



SENATE EDUCATION, HEALTH & ENVIRONMENTAL AFFAIRS COMMITTEE

TESTIMONY

Submitted by Dr. Brad Phillips, Executive Director

February 10, 2022

SB 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment

POSITION: Favorable with Amendment

The Maryland Association of Community Colleges, representing Maryland’s 16 public two-year institutions of postsecondary education, support this legislation and thank Senator Beidle for supporting an amendment that would include a representative of Maryland’s 16 community colleges on the Commission.

Maryland’s community colleges are the state’s largest providers of training for numerous health care professions including nurses (LPN, ADN and CNA), paramedics, emergency management personnel, respiratory therapy and radiologists. In addition, community colleges have a long history of working with the healthcare professions to provide the training for the skills needed to support the health care professions. These are programs are often overlooked as workforce shortages but have a substantial impact on the ability to increase the proficiency of health care workers. These courses provide the training for workers as laboratory technicians, medical coding, medical transcription, and numerous short term specialized training that may serve a specific population, such as generic nursing, clinical assistants, and mental health aids.

We are pleased to share the years of knowledge and experience of our institutions in expanding and enhancing health care programs to better serve the needs of the State.

To effectively represent all 16 of Maryland’s community colleges on the Commission, we ask the amendment read as follows:

(b) The Commission consists of the following members:

ADD NEW NUMBER: **“THE EXECUTIVE DIRECTOR OF THE MARYLAND ASSOCIATION OF COMMUNITY COLLEGES, OR THE EXECUTIVE DIRECTOR’S DESIGNEE.”**

SB440_HealthWorkforce_KennedyKrieger_Support.pdf

Uploaded by: Emily Arneson

Position: FWA



Kennedy Krieger Institute

DATE: February 10, 2022 **COMMITTEE:** Education, Health and Environmental Affairs
BILL NO: Senate Bill 440
BILL TITLE: Commission to Study the Health Care Workforce Crisis in Maryland -Establishment
POSITION: Support with amendment

Kennedy Krieger Institute supports Senate Bill 440 - Commission to Study the Health Care Workforce Crisis in Maryland – Establishment.

Bill Summary:

Senate Bill 440 establishes a commission to Study the Health Care Workforce Crisis in Maryland. The Commission will evaluate and provide short-term solutions, as well as evaluate future healthcare workforce needs.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based, and community-based programs. Over 25,000 individuals receive services annually at Kennedy Krieger. We employ more than 2,600 persons who play a vital role in our mission to transform the lives of children with disorders of the brain.

The vision for the newly established Office for Health, Equity, Inclusion, and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assure diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Before the pandemic, there was a global shortage in the healthcare workforce ¹, with extensive burnout symptoms amongst half of the physicians and one-third of nurses in the United States.² Predictions forecast that employment demands in healthcare will grow faster this decade compared to all other occupations. This growth is primarily due to our aging population.³ Currently, healthcare workers are retiring more quickly than anticipated while demand increases.⁴ Not surprisingly, the psychosocial impact on healthcare workers has been extensive since the pandemic began. Specifically, healthcare professionals, especially women and nurses, reported moderate to high-stress levels, anxiety, depression, sleep disturbance, and burnout.⁵ A 2021 Washington Post-Kaiser Family Foundation survey found that about 30% of healthcare workers have considered leaving the profession altogether.⁶ Another challenge is the lack of diversity in the healthcare workforce. In 2021, the majority of Marylanders, 51.8%, were Black, Hispanic/Latino, Asian, or mixed race. Based on national statistics, *none* of the major healthcare professions, i.e., physicians, nurses, dentists, psychologists, physical therapists, occupational therapists, or speech and language pathologists, reflected Maryland’s racial and ethnic demographics.⁷⁻¹² Behavioral health needs of Marylanders are outpacing the behavioral health workforce, particularly for individuals from historically marginalized populations currently underrepresented in the healthcare workforce. For example, in the US, 4% of psychologists and 4.4-5.3% of psychiatrists are Black/African American and 5% of psychologists, and 5.5-9.5% are Hispanic/Latino.¹³⁻¹⁵

Despite access to world-renowned healthcare institutions in our own state, Baltimore City continues to face many inequities resulting from systemic racism. At the same time, Baltimore City has per capita healthcare spending that is three times as high as the national average, and life expectancy that is five years lower compared to the national average.¹⁶ These disparities are further compounded by the local healthcare workforce crisis. The Maryland Hospital Association indicates that there are currently 4,000 nursing vacancies in the state.¹⁷ In particular, nurses have faced the brunt of the pandemic by working increased hours and exposing themselves to COVID-19 via their patients. To maintain high-quality, interdisciplinary healthcare that serves the needs of some of the most vulnerable children in Maryland, Kennedy Krieger Institute has a particular stake in ensuring the healthcare workforce crisis is addressed. Given our commitment to excellence in the health and safety of our patients and our focus on training the next generation of healthcare professionals, the Institute strongly supports the establishment of a commission to study and take action on the Health Care Workforce Crisis in Maryland. A strong, highly trained, and diverse healthcare workforce is essential to the well-being of all Marylanders.

Kennedy Krieger Institute requests a favorable report on Senate Bill 440.

Suggested Amendment:

Kennedy Krieger applauds the bill sponsor for including the Deputy Secretary of Developmental Disabilities as a member of this important Commission. However, we encourage the study to include the study of Direct Service Professionals (DSP) as part of the levels of care for health occupations. The DSP workforce supports at least 20,000 individuals in Maryland that receive supports and services through the Developmental Disabilities Administration. Direct Service Professionals are a part of the global shortage of the healthcare workforce with a diverse medical and disability expertise and are a crucial part of supporting individuals with intellectual and developmental disabilities in our community.

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8c - SB 440 - EHEA - MBON - LOSWA .pdf

Uploaded by: Heather Shek

Position: FWA



Board of Nursing

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

February 10, 2022

The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee
2 West Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 440 – Commission to Study the Healthcare Workforce Crisis in Maryland – Letter of Support with Amendments

Dear Chair Pinsky and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments to Senate Bill (SB) 440 – Commission to Study the Healthcare Workforce Crisis in Maryland. This bill establishes the Commission to Study the Healthcare Workforce Crisis to examine certain areas related to healthcare workforce shortages in the state. The Commission will examine the extent of the workforce shortage, short-term solutions, future healthcare workforce needs, and the relationship between the Maryland Department of Health (MDH) and the Health Occupations Boards (HOBs).

The Board is in favor of the establishment of a Commission that endorses a centralized and coordinated effort to address the healthcare workforce shortage in the state of Maryland. The pandemic has not only worsened the workforce shortage; it has also discouraged frontline staff from continuing and returning to practice. Marylanders are frustrated and fearful of the current environment. The Board believes that an aggregated annual report published by the Commission would quantify how Marylanders truly feel while also informing them of future changes that would be considered. SB 440 would provide an opportunity for subject matter experts to survey the current healthcare environment and discuss long-standing solutions to address obstacles in the field. SB 440 would additionally allow the Board to supply the Commission with nursing data and constituent input for their consideration. The Board believes SB 440 should be prioritized as a strong first step in addressing the workforce shortage holistically.

To further the HOBs' efforts in addressing the workforce shortage and continuing operations, the Board respectfully submits the following language that would allow MDH to supply resources only if there is a need.

On page 4. Line 12. Remove and Instead Add:

**(i) [WHAT AUTHORITY THE SECRETARY SHOULD HAVE OVER THE BOARDS]
ANY BARRIERS THAT THE HEALTH OCCUPATION BOARDS FACE AND
IDENTIFY ANY RESOURCES REQUIRED TO ASSIST THEM; AND**

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support with amendments for SB 440.

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

NCADD-MD - SB 440 FWA - Workforce Shortage Commiss

Uploaded by: Nancy Rosen-Cohen

Position: FWA



**Senate Education, Health & Environmental Affairs Committee
February 10, 2022**

**Senate Bill 440
Commission to Study the Health Care Workforce Crisis in Maryland – Establishment
Support with Amendments**

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports Senate Bill 440 with two important amendments.

The workforce shortage is real and was a problem before the pandemic. Substance use disorder treatment programs throughout the state have raised this issue and seldom is there a meeting where program directors are not talking about long-standing vacant positions and the difficulties of hiring and retaining staff. There are a number of reasons for the shortage and this legislation proposes they all be examined.

NCADD-Maryland would like to offer the two following amendments to the bill to ensure the needs of community-based substance use and mental health disorder programs are considered in the Commission's work:

Amendment No. 1

On page 2, after line 5, insert "the Deputy Secretary of Behavioral Health, or the Deputy Secretary's designee;"

Amendment No. 2

On page 2 in line 29 after "practice," insert "community-based mental health and substance use disorder treatment programs."

NCADD-Maryland appreciates the comprehensive approach proposed in this legislation and with these amendments, we **urge your support of Senate Bill 440.**

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

2021 MOTA SB 440 Senate Side.docx.pdf

Uploaded by: Robyn Elliott

Position: FWA



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ motamembers.org

Committee:	Senate Finance Committee
Bill:	Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland - Establishment
Hearing Date:	February 10, 2022
Position:	Support with Amendments

The Maryland Occupational Therapy Association (MOTA) fully supports *Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment*. The bill would establish a commission that provides a comprehensive review and recommendations regarding the health care workforce shortages that Maryland is currently facing. These shortages have been exacerbated by the pandemic, and we believe it will be a long-road to recovering from the impact. Health care practitioners have left the field because of the high rate of burn-out with the pandemic; and we have struggled to maintain our educational programs in a virtual setting to prepare our future health care practitioners.

We would ask for two clarifying amendments:

Amendment 1: Input from health professional associations

On page 2 in line 21, strike “may” and replace with “shall”.

Explanation: The bill permits the Commission to establish advisory committees. We believe the input of health professionals and their associations is crucial.

Amendment 2: Expand focus to include school health

On page 2 in line 29, add “and other long-term care programs, primary and secondary schools” after “nursing homes”

Explanation: We believe its importance to recognize the shortage in programs such as assisted living and medical day as well as school-based settings.

Thank you for your attention to this important bill. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2022 ACNM SB 440 Senate Side.docx.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Finance Committee

Bill: Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland - Establishment

Hearing Date: February 10, 2022

Position: Support with Amendments

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) support with amendments *Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment*. The bill creates a commission to guide Maryland’s next steps in addressing health care workforce shortages, which have reached a crisis level during the pandemic.

We think the legislation’s approach makes sense. The issue is too complex to solve quickly within this legislative session. We have listed several suggested amendments below to provide further focus of the Commission’s work. If we can provide any assistance throughout the Committee’s review of this legislation, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Amendment 1: Include health professionals in the discussions

On page 2 in line 21, change “may” to “shall”

Explanation: ACNM believes the participation of health care professionals and their associations will enhance the quality of the Commission’s findings as well as increase buy-in from the broader health care community.

Amendment 2: Including birthing centers as a shortage area

On page 2 in line 29, add “birthing centers” after “nursing homes”.

Explanation: One of Maryland’s top public health priorities is to reduce maternal mortality and decrease health disparities in maternal and infant health. Birthing centers are an important setting to consider when evaluating shortages.

Amendment 3: Reword language regarding clinical requirements

On page 3 in lines 21-22, strike “barriers posed by clinical requirements” and replace with “options to enhance opportunities for clinical placements and trainings to allow students to gain sufficient supervised clinical experience.”

Explanation: Nurse-midwives believe supervised clinical education is the backbone of clinical education rather than a “barrier”. We think the provision intended to imply that the lack of clinical placements has been creating a barrier for students to complete their clinical education.

Amendment 4: Secretary’s authority over the boards

On page 4, we ask for line 12 to be removed in its entirety. This provision says “what authority the Secretary should have over the boards.” We do not believe this Commission is the appropriate body for that discussion.

2022 LCPCM SB 440 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Finance Committee

Bill: Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland - Establishment

Hearing Date: February 10, 2022

Position: Support with Amendments

The Licensed Clinical Professional Counselors of Maryland (LCPCM) support with amendments *Senate Bill 440- Commission to Study the Health Care Workforce Crisis in Maryland – Establishment*.

LCPCM supports the creation of this Commission because Maryland, just as other states, is currently experiencing a crisis-level shortage in the number of behavioral health practitioners. We think a careful, comprehensive study could yield some concrete policy initiatives that will alleviate the shortages in the near-future and build our workforce to prevent future shortages.

We have several suggested amendments that will support the Commission’s work in examining behavioral health shortages. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Amendment 1: Deputy Secretary of Behavioral Health

On page 2 in after line 5, add “the Deputy Secretary of Behavioral Health”

Explanation: The participation of the Deputy Secretary of Behavioral Health is critical to the discussion about behavioral health workforce shortages.

Amendment 2: Input from behavioral health professionals

On page 2 in line 21, strike “may” and replace with “shall”.

Explanation: The bill permits the Commission to establish advisory committees. LCPCM believes that this should be a requirement, as the input of behavioral health professionals, professional associations, and behavioral health programs will be important.

Amendment 3: Expand focus to include school health

On page 2 in line 29, add “primary and secondary schools” after “nursing homes”

Explanation: The evaluation of shortages will only be complete if the Commission includes school settings. Our students are in the midst of a behavioral health crisis, and there are not enough providers in schools to support them.

2022 MCHS SB 440 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Maryland Community Health System

Committee:	Senate Finance Committee
Bill:	Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment
Hearing Date:	February 10, 2022
Position:	Support with Amendments

Maryland Community Health System supports with amendments *Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment*.

The Commission will convene experts to conduct a comprehensive review of Maryland’s health care workforce. This review will help guide near-term and long-term policy initiatives to address the areas of greatest need, including the current behavioral health provider shortage.

We would like to request just two clarifying amendments:

Amendment 1: Input from health providers: On page 2 in line 21, strike “may” and replace with “shall”.

Explanation: The bill permits the Commission to establish advisory committees, but we believe that the Commission must involve the broader stakeholder community.

Amendment 2: Expand focus to community health centers: On page 2 in line 29, add “community health centers” after “nursing homes”

Explanation: The evaluation of shortages will only be complete if the Commission includes community health centers, which would include federally qualified health centers and school-based health centers.

We ask for a favorable report, and we stand ready to assist the Committee in every way possible in this endeavor. If we can be helpful in any way, please let us know by contacting Robyn Elliott at relliott@policypartners.net.

2022 MNA SB 440 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Finance Committee

Bill: Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland - Establishment

Hearing Date: February 10, 2022

Position: Support with Amendments

The Maryland Nurses Association (MNA) supports *Senate bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland* with amendments. The bill establishes broad commission to study workforce shortages in every aspect of health care and develop recommendations for future action.

MNA supports the bill because Maryland is facing a current nursing workforce shortage. This crisis existed before COVID-19, but the pandemic has raised the crisis to a new level. Nurses are not the only providers in this situation. There are also major shortages of behavioral health providers, nursing extenders such as certified nursing assistants and certified medical technicians, and school health providers such as speech pathologists.

We have several recommended amendments to support the work of the Commission which we have delineated below. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Amendment 1: Input from health professional associations

On page 2 in line 21, strike “may” and replace with “shall”.

Explanation: The bill permits the Commission to establish advisory committees. MNA believes that this should be a requirement, as the input of health professional associations and health facilities and programs will be important.

Amendment 2: Expand focus to include school health

On page 2 in line 29, add “primary and secondary schools” after “nursing homes”

Explanation: The evaluation of shortages will only be complete if the Commission includes school settings and school practitioners, such as school nurses, school psychologists, occupational therapists, and speech pathologists.

Amendment 3: Clarifying temporary licensure

On page 3 in 16, insert “where applicants meet State licensure requirements” after “health occupations”

Explanation: MNA is opposed to waiving state licensure requirements for nurses or other health care practitioners. Marylanders deserve the law to ensure that health care practitioners meet state licensure requirements.

Amendment 4: Clarifying the importance of clinical requirements

On page 3 in lines 21-22, strike “barriers posed by clinical requirements” and replace with “options to enhance opportunities for clinical placements and trainings to allow students to gain sufficient supervised clinical experience.”

Explanation: Nurses believe that clinical requirements are the backbone of the clinical education of any type of clinician including nurses. Nursing programs and other clinical education programs are experiencing significant barriers in identifying clinical placements. This Commission could truly advance clinical education and expand the workforce by focusing on expanding opportunities for clinical placements.

Amendment 5: Clarifying meaning of training programs for the direct health care workforce

On page 3 in lines 28-29, we are unsure what “comparing training programs for the direct care workforce in nursing compared to programs to traditionally male industries”. If this sentence refers to registered nursing, we are uncomfortable with several of the concepts including the inference that nursing is still predominately a female workforce, as the number of male nurses has been increasing rapidly. We are also uncomfortable with the use of the word “training”. Nurses become nurses through “education” programs. The word training has a different

context and does not reflect the educational requirements and the complexity of didactic and clinical experiences required for nursing.

Amendment 6: Secretary's authority over the boards

On page 4, we ask for line 12 to be removed in its entirety. This provision says "what authority the Secretary should have over the boards." While this is a topic that has arisen, we think it is a governance discussion rather a workforce shortage discussion; and we believe the topic could be distracting to the central purpose of the Commission.

2022 MSPA SB 440 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FWA



Senator Paul G. Pinsky, Chair
Senator Cheryl C. Kagan, Vice Chair
Education, Health, and Environmental Affairs Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

February 8, 2022

Bill: Senate Bill 440 – Commission to Study the Health Care Workforce Crisis in Maryland - Establishment

Position: Support with Amendment

Dear Chair Pendergrass, Vice Chair Pena-Melnyk, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic well-being of students and families across the state.

We support this bill because our state is currently experiencing serious shortages in our health care workforce. One important part of our health care workforce are the providers that work in our schools. Although we think SB 440 is a good first step, we would like to see a clarifying amendment to make clear this commission should also look at health provider workforce shortages in our schools, including certified school psychologists.

For these reasons, we urge a favorable report on SB 440. If we can provide any additional information or be of any assistance, please contact us at legislative@mSPAonline.org or Scott Tiffin at stiffin@policypartners.net or (443) 350-1325.


Respectfully submitted,

Katie Phipps, M.Ed., Ed.S., NCSP
Chair, Legislative Committee
Maryland School Psychologists' Association

2022 NASW SB 440 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FWA



**Testimony before Education, Health, and Environmental Affairs Committee
Support With Amendment
SB 440 – Commission to Study the Health Care Workforce Crisis in Maryland – Establishment
February 10, 2022**

Maryland’s Chapter of the National Association of Social Workers (NASW–MD), which represents professional social workers across the state, supports with amendment Senate Bill 440.

The social work profession is currently experiencing extreme provider shortages. These shortages effect our providers throughout our state, including in our hospitalists, nursing homes, schools and community behavioral health centers. We would like to request that this bill be modified to make clear this it is focusing on providers in a variety of different settings, including our school-based providers.

Our state is in dire need for an increased health care workforce and this bill is an important first step. If you have any questions, please feel free to contact Mary Beth DeMartino, LCSW-C Executive Director, NASW MD (mdemartino.naswmd@socialworkers.org).