LeadingAge Maryland - 2023 - SB 669 - Nurse Appren
Uploaded by: Aaron Greenfield
Position: FAV

576 Johnsville Road
Sykesville, MD 21784

TO: Finance Committee

FROM: LeadingAge Maryland

SUBJECT: Senate Bill 669, Registered Nurse Degree Apprenticeship Program Workgroup

DATE: March 14, 2023

POSITION: **Favorable**

LeadingAge Maryland supports Senate Bill 669, Registered Nurse Degree Apprenticeship Program Workgroup.

LeadingAge Maryland is a community of more than 140 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. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year. Our mission is to be the trusted voice for aging in Maryland, and our vision is that Maryland is a state where older adults have access to the services they need, when they need them, in the place they call home. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

Senate Bill 669 establishes a Registered Nurse Degree Apprenticeship Program Workgroup to study the feasibility of developing and implementing a nurse apprenticeship program in Maryland. The workgroup shall make recommendations on the program framework and a sustainable funding model and report them to the Governor on or before April 1, 2024.

The pathway to a career in nursing is certainly a challenging one. Enrolling in a nursing program can seem out of reach for many applicants as it is highly competitive and a serious commitment of time and money. A nurse apprenticeship is a potential pathway that provides prospective nurses with a more accessible way of becoming licensed registered nurses. It allows students to work in a healthcare facility and generate income while completing their nursing programs and receiving their education. A nurse apprentice is allowed an opportunity to hands-on experience and to be well trained and prepared to enter the workforce. Employers are also

given a chance to train and work with the students closely and to increase their chances of recruiting them for job positions after graduation.

The state of Maryland is one of the few states allowed to develop and implement apprenticeship training models alongside Illinois, South Dakota, Texas, Washington, and others. The state of Nevada has already taken steps to implement an apprentice nursing program designed by its state's board of nursing. A health system in Kentucky is also among the first to create a state-accredited nursing apprenticeship in the United Sates, developed in response to a profound nursing shortage in the state. Another one implemented in Minnesota had 122 nurse apprentices enrolled by 2018, after being awarded a grant from the U.S. Department of Labor to fund apprenticeships for nurses. The Alabama Board of Nursing is among the latest to permit and regulate Student Nurse Apprentices, which went into effect in March 2022.

The worsening healthcare workforce crisis calls for immediate relief through all appropriate means available to us. A registered nurse apprenticeship program offers such relief by providing a new and accessible pathway to a career in nursing. The gap in nursing is profound across all states including Maryland. As other states begin to take steps forward, Maryland should be allowed to do the same. This bill allows the formation of a Registered Nurse Degree Apprenticeship Program Workgroup responsible for reviewing existing models of such programs in other states and countries, studying the feasibility of developing and implementing one in our State, and reporting recommendations on its structure and funding. This will facilitate a first step in the development of our own nurse apprenticeship programs in Maryland.

At LeadingAge Maryland, we advocate for better health outcomes and a stronger healthcare workforce, especially for older populations in greatest need of long-term care. Aging services organizations struggle to meet nursing staffing requirements. We believe Senate Bill 669 offers a collaborative effort and attempt to fill in the gaps for a growing demand in nursing.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 669.

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

BaltimoreCounty_FAV_SB0669.pdf
Uploaded by: Joshua Greenberg
Position: FAV

JOHN A. OLSZEWSKI, JR.
County Executive

JENNIFER AIOSA
Director of Government Affairs

AMANDA KONTZ CARR
Legislative Officer

JOSHUA M. GREENBERG
Associate Director of Government Affairs

BILL NO.: **SB 669**

TITLE: Registered Nurse Degree Apprenticeship Program Workgroup

SPONSOR: Senator Rosapepe

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: March 14, 2023

Baltimore County strongly **SUPPORTS** Senate Bill 774 – Maryland Pathway to Nursing Program and Advisory Committee - Establishment. This legislation would establish the Maryland Pathway to Nursing Program in the Maryland Department of Health.

Currently, Maryland has the longest emergency room wait times in the country, a statistic which many attribute to severe understaffing in Maryland's hospitals. This shortfall not only extends wait times, but places tremendous burdens on nursing staff that are currently in place. With an average of nearly four hour wait times, overburdened hospitals, and a shrinking pool of nursing candidates, residents throughout the State are not being afforded the world-class healthcare they deserve.

Senate Bill 669 would establish the Registered Nurse Degree Apprenticeship Program Workgroup. This workgroup would study the establishment of a framework for apprenticeships to train and educate professional registered nurses in Maryland. Apprenticeship programs can facilitate industry-specific, on-the-ground training, which can remove barriers to entering the nursing profession while ensuring the next generation of nurses perform at the quality and level that Maryland's residents require.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 669. For more information, please contact Jenn Aiosa, Director of Government Affairs at jaiosa@baltimorecountymd.gov.

SB 669 University of Maryland School of Nursing Lt
Uploaded by: Jane Kirschling
Position: FWA

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

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March 13, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 669 – Support with Amendment

Dear Chair Griffith and Members of the Committee,

On behalf of the University of Maryland School of Nursing, I am pleased to provide our support with amendment for SB 669 – "Registered Nurse Degree Apprenticeship Program Workgroup," sponsored by the Honorable Jim Rosapepe.

We support this legislation with the request that a representative of the University of Maryland School of Nursing be added as a listed member of the Registered Nurse Degree Apprenticeship Program Workgroup under this legislation. Given our significant role in nursing education in Maryland and nationally, we believe that we can provide important expertise with regard to the multiple current and potential pathways for nursing education, including related regulatory and accreditation issues.

The University of Maryland School of Nursing is one of the oldest and largest schools of nursing in the United States. We are a part of the University of Maryland, Baltimore (UMB), Maryland's public health, law, and human services university. UMB through its six professional schools of medicine, dentistry, pharmacy, law, social work, and nursing, as well as its Graduate School, confers the majority of the health care, human services, and law professional degrees in Maryland each year.

With over 2,000 students across our undergraduate and graduate degree programs, the University of Maryland School of Nursing is an essential part of the fabric of nursing education in our State and nationally. The School of Nursing offers an entry-into-practice Bachelor of Science in Nursing degree (BSN), an RN-to-BSN degree for those already licensed as nurses, an entry-into-practice Master of Science in Nursing degree (MSN) for those with a prior degree in another field, as well as Master of Science in Nursing, Doctor of Nursing Practice, and PhD degrees. At present, we have approximately 740 entry-into-practice BSN students studying in Baltimore and in the University of Maryland School of Nursing Program at the Universities at Shady Grove in Rockville, Maryland. When combined with our masters-level entry-into-practice students, this collective cohort numbers over 950 students, who upon graduation and licensure will be new entrants to our nursing workforce.

As an upper-division baccalaureate program, we provide the final two years of specialized nursing education leading to the BSN. Our entry-into-practice BSN students will have completed the first two years of their education at another accredited college or university. Accordingly, we have longstanding collaborative partnerships with the 15 community colleges in Maryland that offer the Associate Degree in Nursing (ADN), as well as significant relationships with the University of Maryland, College Park, and the University of Maryland, Baltimore County. These articulation agreements and formal relationships, provide for the seamless transfer of students into our program, and ensure that students continue their nursing education, obtain the BSN degree increasingly preferred by major employers, and that they do so in an efficient and cost-effective manner.

I would further note the School of Nursing's significant commitment to diversity, equity, and inclusion. Across our degree programs, 53% of our students identify as racially and/or ethnically diverse, significantly exceeding the national average for nursing programs. Recruiting and educating future nurses for our increasingly diverse society is an important undertaking and we have substantial experience in increasing the representation of minorities and ethnically diverse students, faculty, and staff within the University of Maryland School of Nursing.

We are deeply supportive of the need to carefully explore all possible pathways to a nursing education and nursing degree in order to address the ongoing and future shortages in the nursing profession and other occupations necessary for ensuring that Maryland's residents are able to receive competent and compassionate health care.

We thank you for your thoughtful consideration of our request to be included as a member of the Registered Nurse Degree Apprenticeship Program under SB 669 or related legislation. I would be pleased to provide any additional information or respond to any questions from members of the Committee. I can be reached by phone at: 775-706-6740 or by email at: kirschling@umaryland.edu.

Thank you for your diligent efforts to address the current and future challenges faced by Maryland's health care workforce.

Sincerely,

Jane Kirschling, PhD, RN, FAAN
The Bill and Joanne Conway Dean and Professor
University of Maryland School of Nursing
Director, Interprofessional Education
University of Maryland, Baltimore

cc: The Honorable Jim Rosapepe

SB 669- Registered Nurse Degree Apprenticeship Pro

Uploaded by: Jane Krienke

Position: FWA

Maryland
Hospital Association

Senate Bill 669- Registered Nurse Degree Apprenticeship Program Workgroup

Position: ***Support with Amendments***
March 14, 2023
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 Senate Bill 669.

Maryland hospitals are facing the most critical staffing shortage in recent memory. According to the most recent MHA data, RNs & LPNs/nursing assistants make up 39% of Maryland's hospital workforce.[1] Right now, one in every four nursing positions is vacant.[2] This situation will worsen according to a 2022 GlobalData report, which estimates a statewide shortage of 5,000 full-time registered nurses and 4,000 licensed practical nurses. Without intervention, shortages could double or even triple by 2035.

As the Maryland Department of Labor's Healthcare Apprenticeship Workgroup explored during the interim, there are opportunities for more health care apprenticeships. MHA supports this concept and looks forward to engaging in further conversations with the state and other stakeholders to remove barriers so we can expand and grow a diverse and talented workforce.

SB 669 would establish a work group to explore a Registered Nurse Degree Apprenticeship Program. While we support creative ways to grow the workforce pipeline, we respectfully recommend amendments to strengthen the proposed work group. First, we recommend expanding the membership. A successful apprenticeship requires partnerships between the employer and education partners. We recommend adding representatives from all levels of education—geographically diverse high schools, community colleges, four-year institutions including Historically Black Colleges and Universities. In addition, we recommend adding representatives from industries representing the health care continuum including long-term care, home health, and federally qualified health care centers. In particular, we recommend adding a chief nursing officer, a nursing school dean or director and a representative from the Maryland Nurse Residency Collaborative.

Given the increase in demand for licensed practical nurses in acute care settings, it would also be advantageous for this work group to consider a licensed practical nurse (LPN) apprenticeship for high school students. Howard Community College, for example, launched an LPN apprenticeship program and surgical technician apprenticeship program and is partnering with

[1] MHA Workforce Survey – January 2023
[2] MHA Workforce Survey – January 2023

local hospitals[3]. This work group could explore what, if any, challenges these programs and others faced and what support may be needed to bring this model to scale statewide. Since there are vacancies across the health care workforce, it would be beneficial to expand the focus of the work group beyond nursing.

We appreciate the sponsor introducing this bill and look forward to collaborating to support, build, and diversify the workforce pipeline. Hospitals are often the economic engines of their communities. If we work together as a state, we can build pathways to stable careers with opportunities for upward movement. In doing so, we can grow our own health care workforce.

For these reasons, we ask for a ***favorable*** report on SB 669 with the recommended amendments.

For more information, please contact:
Jane Krienke, Senior Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

[3] Business Monthly. "HCC Partners with Hospitals on Apprenticeship Programs." (Dec. 1, 2022).

HFAM Testimony SB 669.pdf
Uploaded by: Joseph DeMattos
Position: FWA

Health Facilities Association of Maryland
Partners in Quality Care

TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE
March 14, 2023
Senate Bill 669: Registered Nurse Degree Apprenticeship Program Workgroup
Written Only Testimony

POSITION: FAVORABLE WITH AMENDMENT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendment for Senate Bill 669. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers.

Senate Bill 669 establishes the Registered Nurse Degree Apprenticeship Program Workgroup to study the feasibility of developing and implementing a registered nurse degree apprenticeship program in the State.

This legislation is important to finding solutions to staffing challenges and removing barriers to entry for those pursuing a career in nursing so that we can produce more licensed nursing professionals across the continuum. Together we have a tremendous opportunity to place resources that support nurses and alleviate the shortage of nursing professionals.

We respectfully request that SB 669 be amended to add the Health Facilities Association of Maryland (HFAM) to the Registered Nurse Degree Apprenticeship Program Workgroup. We believe that the expertise of leaders from our organization will add valuable insight from the lens of long-term and post-acute care providers.

Healthcare today, especially nursing across the continuum of care, faces the greatest shortage and the most tremendous opportunity in workforce development in a generation. To meet this opportunity and succeed, we must deploy new tools and create innovative public-private partnerships.

As we plan our long-term "new normal" in healthcare, we are placing considerable attention on how on-the-job training, apprenticeship programs, trade studies, and traditional post-secondary education can be overlapped to produce more licensed professionals across the care continuum. Just as there are incremental steps of professional development and job classification in traditional trade apprenticeship approaches, some of us in healthcare are looking at developing similar types of career ladders for our sector.

For these reasons, and with the proposed amendment, we request a favorable report from the Committee on Senate Bill 669.

Submitted by:
Joseph DeMattos, Jr.
President and CEO
(410) 290-513

2023 MNA SB 669 Senate Side FWA.pdf
Uploaded by: Robyn Elliott
Position: FWA

Senate Finance Committee
Senate Bill 669 - Registered Nurse Degree Apprenticeship Program Workgroup
Support with Amendments
March 14, 2023

The Maryland Nurses Association (MNA) supports *SB 669 – Registered Nurse Degree Apprenticeship Program Workgroup* with amendments. MNA supports this legislation because this workgroup would assist policy makers in determining if this model should be explored further in Maryland.

Apprenticeship Models and Nursing Educational Programs for Registered Nurses

There are common challenges when trying to align an apprenticeship model with an educational program for registered nurses (RNs) We suggest that the SB 669 Workgroup address these issues directly or they may continue to be stumbling blocks for further discussions:

- ***Clinical Educators****:* In nursing education, students learn from clinical educators whose focus is on supporting the student in learning both nursing skills and judgment. This is very different from apprenticeship models, where students typically learn from supervisors who must also focus on ensuring the employer's goals.

- ***Clinical Rotations*****:** In registered nursing education, students must rotate through a wide range of clinical settings including acute care, long-term care, home care, and primary care. There may some logistical challenges in ensuring an apprenticeship model encompasses these settings. This requirement is in the Maryland Nurse Practice Act.

- ***Ensuring Licensure Portability by Meeting National Standards****:* Education for registered nurses is highly standardized across the country. As a result, RNs are able to transition between different health care settings. RNs are also able to work across most state lines, as the majority of states, including Maryland, are members of the Nursing Licensure Compact. Licensure portability is possible because most states require education program to meet the same national accreditation standards. This system is highly advantageous to the health care system – as nurses can transition to settings and locations where the demand is highest. It may be more challenging for educational

programs based on the apprenticeship model to meet national and state standards. These challenges should be explored.

The Apprenticeship Program Workgroup should examine the these issues, as they will need to be addressed if Maryland is to pursue apprenticeship models in nursing education for registered nurses.

MNA suggest the following amendments:

On page 2 in line 27 after "certifications" insert "*and address implementation questions, including:*

(1) Determining the circumstances where a clinical educator may also be the student's supervisory in a work setting;

(2) Evaluating how an apprenticeship model may provide the full range of supervised clinical education experiences; and

(3) Assessing how an apprenticeship model of education may meet national and state standards to ensure the portability of nursing licensure for Maryland RNs.

Applicability of Apprenticeship Models in Other Areas of Nursing Education

We recommend that there should be further evaluation of the applicability of the apprenticeship model in two other areas of nursing education:

- ***Licensed Practical Nursing:*** Educational programs for licensed practical nurses (LPNs) have a strong skills-based focus, which may fit more easily into an apprenticeship model. In Maryland, Howard County Community College offers an LPN apprenticeship program.[i]

- ***Post -Graduate Transition to Practice Programs:*** Transition to practice programs support newly licensed nurses integrating into health care settings. There are 126 transition to practice programs for registered nurses that are dually recognized by the U.S. Department of Labor and the American Nurses Credentialing Center as apprenticeship programs. Just last month, Howard County General Hospital's Nurse Residency Program became one of the dually recognized programs.[ii]

-

MNA recommends expanding the scope of the workgroup to include LPN and post-graduate transition to practice programs with the following amendments:

On page 2 in line 24 after "registered nurse" insert "*and licensed practical nurse"*

On page 2 in line 25 insert "*may*" after "and that". Also in line 28 after "and" insert "*(ii) the framework for post-graduate transition to practice programs that may benefit from dually recognition as an Industry-Recognized Apprenticeship Program by the U.S. Department of Labor and a Practice Transition Program by the American Nurses Credentialing Center."*

Composition of the Workgroup

MNA makes the following recommendations to the composition of the workgroup:

- The addition of representatives from nursing education programs at community colleges and four-year programs. Their perspectives will be needed in any decision about nursing education;
- The addition of a representative from the Maryland Nursing Workforce Center at the University of Maryland, Baltimore to provide critical data about the nursing shortage; and
- the deletion of the representative from MedChi as physicians are not involved in nursing education.

Conclusion

Thank you for your consideration of this testimony. If we can provide additional information, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://www.howardcc.edu/programs-courses/academics/apprenticeships/lpn-apprenticeship/

[ii] https://www.nursingworld.org/news/news-releases/2020/ancc-practice-transition-accreditation-program-announces-first-dually-recognized-industry-recognized-apprenticeship-programs-iraps-transition-to-practice-programs/

2023 SB669 Written Testimony.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB669
Registered Nurse Degree Apprenticeship Program Workgroup
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB669

On behalf of our 200,000 followers across the state, we respectfully object to SB669. While apprenticeships for individuals to become registered nurses is a positive in general, we oppose this bill being used to develop programs for use as a recruitment and/or training tool for the abortion industry workforce. We oppose any funds for this bill being used to develop programs for the abortion industry. We oppose this workgroup being used to promote the abortion industry via this program. Maryland Right to Life strongly recommends an amendment added with language that would exclude abortion purposes from this bill.

Maryland Right to Life opposes the further erosion of medical care for the women and girls of Maryland. Surgical and medical abortions carry a risk of injury up to and including death. Surgical abortions are invasive and the woman or girl risks injuries including a punctured uterus, incomplete abortion, lacerations to the vagina and cervix, sepsis, and death. The risks for a woman or girl taking the abortion pill include hemorrhage, sepsis, incomplete abortion, menstrual abnormalities and death. The women and girls of Maryland deserve the care of trained, licensed physicians. The Abortion Care Access Act of 2022 removed the physician requirement for women and girls seeking abortion.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 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. To increase the number of abortions thereby increasing revenue, the abortion industry seeks legislation to (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

The abortion industry could easily use this bill to develop programs for creating a pipeline of participants for the abortion industry workforce.

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Opposition Statement SB669
Registered Nurse Degree Apprenticeship Program Workgroup
Deborah Brocato, Legislative Consultant
Maryland Right to Life

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers should not be forced to subsidize the recruitment and training of workers for the abortion industry, especially workers that put the health of women and girls in jeopardy. The state of Maryland must not continue to sponsor the abortion industry in its taxpayer funded programs.

Americans oppose taxpayer funding of abortion. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

For these reasons, we ask for an unfavorable report on **SB669.**

Botched Abortion (Markeisha Hemsley) by Operation

Uploaded by: Deborah Brocato

Position: UNF

TERRIFYING BOTCHED ABORTION BY NURSE RESULTS IN MULTI-MILLION-DOLLAR SUIT AGAINST BRIGHAM-CONNECTED LATE-TERM FACILITY

Posted by Cheryl Sullenger | Oct 14, 2021 | Abortion Malpractice Cases, Criminal Abortion Enterprises, Operation Rescue, Special Investigative Reports | 0 |

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.

An Operation Rescue Special Investigative Report

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.

Operation Rescue received a tip from a whistleblower that the discredited New Jersey abortionist Steven Chase Brigham was involved with that facility. Our whistleblower also tipped us to the fact that an elderly Brigham employee, Myron Rose, was conducting surgical and chemical abortions at Capital Women's Services.

While the facility tried to deny its association with Brigham, Operation Rescue successfully documented that connection. This was important to do because Brigham's practices are well-documented to be deceptive and harmful. Those practices include hiring incompetent abortionists and dangerously cutting corners on abortion protocols.

A copy of a leaked e-mail from the Operations Manager of Brigham's American Women's Services, a multi-state abortion chain operated by Brigham, was obtained by Operation Rescue. It discussed Rose's schedule in D.C. and at two known Brigham-operated chemical abortion facilities operating in Maryland at that time. This information was further confirmed by Capital Women's Services' own website that listed Rose as its Medical Director. (Rose has since passed away.)

Operation Rescue also spoke to the property manager at the building that leased to the abortion business. He confirmed that Steven Brigham had negotiated the lease for Capital Women's Services at the Georgia Avenue address.

We later documented one other important point, with the help of pro-life activist Lauren Handy. Brigham was operating the facility under the auspices of United Health Group, LLC, a shady company whose mailing address is a postal box at a UPS Store in Cherry Hill, New Jersey.

With the loss of his New Jersey medical license in 2014, (which will be touched on later), Brigham was ordered to divest from American Women's Services in New Jersey. Even that simple order was evaded through a series of sham business dealings that left him in control – something far more important to him than ownership.

Brigham has operated more businesses entities than one can shake a stick at. They go by misleading names such as Grace Medical, Integrity Medical Care, Kindness Corp., Clearlight Management Services, American Healthcare Services, Advanced Professional Services, Alpha Real Estate, and American Wellness Services – to name a few. But all seem to be related to his flagship abortion business, American Women's Services, in some way. Most were obviously meant to conceal his control or limit any liability from the many lawsuits he has faced.

A record of Brigham's nefarious conduct could fill a book. Every one of his medical licenses in six states has been revoked or surrendered under threat of discipline. An illegal bi-state abortion business and other schemes were cooked up to exploit loopholes and avoid state laws. He was once even arrested and jailed on murder charges, from which he was able to weasel his way out.

[Read more about Steven Brigham here, here, and here.]

Multi-million-dollar malpractice suit

So why is it a big deal that Brigham is involved with the Capital Women's Services?

It is because a major multi-million-dollar medical malpractice suit was filed in the District of Columbia on September 23, 2021, naming United Health Group, LLC, doing business as Capital Women's Services, as defendants. While Brigham himself is unnamed in that suit, he really should be due to his documented control over Capital Women's Services, which he has tried to keep secret from the public.

This malpractice suit comes as Brigham is attempting to evade a $6.5 million judgment in a 2014 Maryland case involving a failed chemical abortion using the outdated chemotherapy drug Methotrexate, which left the child with serious health issues. As a result, Brigham shut down his three Maryland abortion facilities in November 2019, in what is believed to be an attempt to keep assets from being seized.

If this latest lawsuit proves successful, it has the potential to shutter his dangerous D.C. abortion facility and further hamstring Brigham's ability to secretly profit from abortion.

[Read Yelp reviews for Capital Women's Services]

"The fact that Brigham still controls abortion businesses in several states is a minor wonder of the world," said Operation Rescue President Troy Newman. "Now we see his fingerprints all over the atrocities that took place at Capital Women's Services. There needs to be accountability for that."

Understanding Brigham's involvement with Capital Women's Services sheds light on why things happened the way they did to one woman who was lucky to survive her abortion.

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.

Khalilah Q. Jefferson, CRNP, as shown on the Moore OBGYN website.

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.

Screen capture from Capital Women's Services website.

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.

Laminaria cervical dilators (left) slowly expand to open the cervix over night. Metal mechanical dilators (right) force the cervix open quickly, which can cause injury.

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?

Moore OBGYN, where Jefferson illegally attempted to finish Hemsley's abortion, is located in this multi-office building. This Google Map screen capture shows it is a bit of a walk to the curb, especially for someone suffering from internal injuries.

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.

George Washington University Hospital, where Hemsley was finally taken for life-saving care.

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."

Maryland is a mecca for bi-state abortions

Beginning an abortion in one state only to complete it in another is a hallmark of Steven Chase Brigham's sub-standard abortion practices. In 2010, Brigham was involved in a scheme in which he began late-term abortions at his Voorhees office in New Jersey and completed them at a clandestine office in Elkton, Maryland, where there is no set gestational limit on when abortions can be done.

Because New Jersey only allows abortions to 14 weeks in unlicensed facilities like Brigham's, he would insert laminaria and administer Misoprostol in New Jersey. The next day, he would give an additional dose of Misoprostol to induce labor, caravan the laboring women down to the Elkton, Maryland, office, where he would oversee and often assist in the completion of the late-term abortions.

The catch in this nefarious scheme is that Brigham was never licensed to practice in Maryland. Eventually, a woman was severely injured and required emergency surgery and hospitalization. This incident resulted in the revocation of his New Jersey medical license in 2014.

[Read more about this outrageous incident.]

The fact that Jefferson decided to transport Hemsley from Washington, D.C. to Maryland to complete the abortion is too much like Brigham's practices to call it a coincidence. Did she call Brigham for advice when things went wrong with Hemsley's abortion at the Capital Women's Services facility? That's a question that needs to be answered.

Speaking of "Coincidence". . .

Jefferson transported Hemsley to one of Moore OBGYN's seven offices in Maryland. Owner Javaka Moore also operates a location in Forestville, Maryland. Moore once shared that Forestville office with an abortionist named Harold O. Alexander. Although the office, the receptionist, and even the copy machine was shared by the two practices, they claimed their businesses were separate.

Pictured from left are Maryland's Javaka Moore and Harold O. Alexander, and Florida's James Scott Pendergraft, IV. All were connected to a bi-state late-term abortion scheme that was operated out of a Forestville, Maryland office that Moore shared with Alexander.

At the time, around 2011-2012, Alexander was in business with Florida late-term abortionist James Scott Pendergraft, IV. Pendergraft's Florida medical license was under suspension at the time. He sought ways to continue producing income from the lucrative late-term abortions he could not do in Florida. Instead, Pendergraft solicited late-term abortions customers over the Internet. Customers would first wire money to his Florida bank to pay for the abortions which could cost over $10,000. The pregnant women would then fly to Maryland where Pendergraft would meet them in a random parking lot then usher them to Alexander and Moore's Forestville office where Pendergraft — who, like Brigham, was never licensed in Maryland — would assist Alexander in completing the abortions.

Once the scheme was documented and publicized by Operation Rescue, Moore denied having anything to do with Pendergraft and Alexander's scheme, much less any abortions.

But the fact that Moore shared an office with a full-time abortionist was an indicator that Moore was comfortable around the dubious abortion practices. That comfort level with abortion was reinforced when Khaliah Jefferson needed to use his office to finish up Hemsley's botched abortion.

In the end, Moore escaped the Alexander-Pendergraft scandal without consequence.

Alexander's medical license was suspended over the scheme and later revoked in 2016, when it became apparent that he illegally destroyed medical records related to those late-term abortions to keep them out of the hands of the Maryland Board of Physicians. In 2021, the Board thankfully denied Alexander's application for license reinstatement.

Maryland's Board of Physicians did nothing to Pendergraft over his part in the illegal bi-state abortion racket. However, he was ever in need of more money than his Florida abortion businesses could supply. In October 2015, Pendergraft was arrested and jailed in South Carolina for operating an illegal home abortion business out of the back of his van. After Operation Rescue made the Florida Medical Board aware of his criminal conviction in South Carolina, it revoked his Florida medical license in December 2018.

Shut them down

Markeisha Hemsley unwittingly stepped into the shadowy world of unregulated abortion where the inept likes of Brigham, Alexander, Pendergraft, and Jefferson — enabled by people like Javaka Moore — can operate with impunity on the tattered edges of the law.

Like with so many other women who went before her, Hemsley did not survive her encounter unscathed.

When Democrat-run states trash accountability and safety standards under the euphemistic guise of expanding "women's rights," they are, in reality, creating conditions that expose women to exploitation and life-threatening harm.

This is the lie of abortion on demand.

Those who support true rights for women should be appalled at the left's thin veneer of Orwellian "newspeak" that obfuscates their gross disregard for the lives and health of women and their children, especially if they are poor people of color.

As for the Hemsley case, there is hope that some tragedy can be avoided with what is expected to be a massive judgment against Jefferson, Capital Women's Services, and Moore OBGYN – and hopefully Steven Chase Brigham, who appears to be at the center of it all.

"They should all be shut down for good, but Brigham honestly need to be in jail for his often illegal and always dangerous abortion practices," said Operation Rescue's Newman. "Moore's name comes up far too often when we are investigating abortion abuses. He seems to be involved, apparently as an enabler, yet denies it every time. As long as Brigham, Jefferson, and Moore are still allowed to engage in their dangerous schemes, women and their late-term babies will remain at risk."

Lifenews Abortion Pill deaths.pdf
Uploaded by: Deborah Brocato
Position: UNF

The Abortion Pill Has Killed 26 Women That We Know Of, But They Keep Claiming It's "Safe"

https://www.lifenews.com/2022/02/21/the-abortion-pill-has-killed-26-women-that-we-know-of-but-they-keep-claiming-its-safe/

Opinion | Dave Andrusko | Feb 21, 2022 | 11:47AM | Washington, DC

The beauty, for lack of a better word, of the abortion industry's strategy is how studies supporting whatever it is they want promoted just happen to come out at the right time.

Take "Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study" which was published yesterday in The Lancet.

Here's the "Background":

As access to clinical abortion care becomes increasingly restricted in the United States, the need for self-managed abortions (i.e. abortions taking place outside of the formal healthcare setting) may increase. We examine the safety, effectiveness, and acceptability of self-managed medication abortion provided using online telemedicine.

Get it? As more protections are passed in more states, the need for "self-managed" abortions grows and grows. This study is intended to assure everyone that "Do It Yourself" abortions performed by the woman is safe, safe, safe.

According to Politico Pulse, "The peer-reviewed study, led by University of Texas at Austin professor Abigail Aiken, comes on the heels of the FDA's decision to permanently loosen restrictions on abortion pills and allow people to obtain them via telemedicine and by mail and as a wave of GOP states advance bills to limit their access or ban them entirely."

So, naturally, of the 3,000 "self-managed" abortions in 2018 and 2019

96.4 percent reported successfully ending their pregnancy without follow-up surgery.

Of the 1 percent that reported treatment of a serious adverse event, 0.6 percent reported receiving a blood transfusion, while 0.5 percent reported receiving intravenous antibiotics.

No deaths were reported.

What to say? **For starters, we know of 26 death associated with the use of mifepristone and misoprostol. And things are much more dangerous now.**

These figures—the 26 deaths and the thousands of adverse events such as hemorrhage, infection, and ectopic pregnancy–were obtained under the old REMS [Risk Evaluation and Mitigation Strategy] regulations. Those required the woman to go to the office visit to pick up the pills.

What about "adverse events reports"? There are thousands of them.

I asked Dr. Randall K. O'Bannon, director of Education & Research, about the study which demonstrated that chemical abortions in general are dangerous, but that telemedical chemical abortions are even worse.

You only need to look at the last name on the author list to know that this is hardly some objective scientific study. Rebecca Gomperts is the queen of abortion pill publicity stunts, responsible for the abortion ship, the abortion train, the abortion bus, the abortion drone, multiple abortion hotlines, and the infamous "I need an abortion" website where women all over the world can order abortion pills online and from their smartphones.

This is only her latest stunt where Gomperts, in direct defiance to the U.S. Food and Drug Administration (FDA), has formed a group called “Aid Access” and has been shipping abortion pills to women in the United States. Though the sale and use of abortion pills are already legal in all fifty states, with a few minor safeguards, Gomperts decided in 2018 to bring her online sales operation to the U.S. because “access to abortion in the clinic setting is moving further out of reach due to restrictive state legislation.”

If this were truly her driving concern, one would have expected Gomperts to concentrate her sales campaign on those states with the most or the strongest restrictions. But Gomperts is proud to note that Aid Access “offers self-managed abortion, operating outside the formal U.S. healthcare setting in all 50 states.” That includes many states where telemedical abortion was already legally available.

Gomperts’ concern for women’s health is also questionable. Though she claims that she had “success” rates of over 96% with only 1% reporting treatment for a “serious adverse event,” she obtains these rates only by ignoring the outcomes of the 30% of patients of whom her study lost track.

The high numbers lost to follow-up are of great concern not just because they potentially compromise the safety and efficacy numbers, making these ‘self-managed’ abortions seem safer or more “effective” than they actually are, but also because this is the fundamental worry about mail-box abortions. That is, that women will get these, have problems, and get lost in the medical system. They will suffer infections, hemorrhages, ruptured ectopic pregnancies, or worse, without anyone ever knowing that the abortion pill was responsible. (Groups like Aid Access have even gone so far as to advise women seeking help at the local emergency room that they do not need to tell the doctors they are having a chemical abortion, that it is indistinguishable from a miscarriage.)

Politics and publicity are at the heart of everything Gomperts does, not science, and certainly not women’s health and safety. This study is just the latest stunt in Gomperts campaign to make abortion pills broadly available, no matter what the practical consequences might be for women and their unborn babies.

LifeNews.com Note: Dave Andrusko is the editor of National Right to Life News and an author and editor of several books on abortion topics. This post originally appeared in at National Right to Life News Today —- an online column on pro-life issues.

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Maryland

Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 669 – Registered Nurse Degree Apprenticeship Program Workgroup – Letter of Information with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of information with amendments for Senate Bill 669 – Registered Nurse Degree Apprenticeship Program Workgroup. This bill establishes the Registered Nurse Degree Apprenticeship Program Workgroup to study the feasibility of developing and implementing an apprenticeship program in the state of Maryland.

The Board believes representation from educational and healthcare institutions will further aid the Registered Nurse Apprenticeship Program Workgroup in studying the feasibility of developing and implementing a nurse apprenticeship program in the state and reviewing existing models of nurse apprenticeship programs in other jurisdictions and countries. The Deans and Directors would provide extensive information on nursing school enrollment and the requirements to successfully pass the National Council Licensure Examination. The Chief Nursing Officers would provide data on nursing workforce shortages and current programs for students to gain clinical experience. The Board respectfully submits the following amendments to include additional nursing entities in the Registered Nurse Degree Apprenticeship Program Workgroup.

On page 2. Lines 5 – 6. Remove "AND"

(9) one representative of the Governor's Workforce Development Board, designated by the Chair of the Board; **[**and**]**

On page 2. After Line 9. Insert Additional Members.

(11) ONE REPRESENTATIVE OF THE COUNCIL OF DEANS AND DIRECTORS OF MARYLAND SCHOOL OF NURSING PROGRAMS, DESIGNATED BY THE CHAIR OF THE COUNCIL; AND

(12) ONE REPRESENTATIVE OF THE CHIEF NURSING OFFICERS, DESIGNATED BY THE PRESIDENT OF THE MARYLAND HOSPITAL ASSOCIATION.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of information with amendments for SB 669.

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

Sincerely,

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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Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2023

The Honorable Melony Griffith
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 669 – Registered Nurse Degree Apprenticeship Program Workgroup – Letter of Information

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 669 - Registered Nurse Degree Apprenticeship Program Workgroup. SB 669 establishes the Registered Nurse Degree Apprenticeship Program Workgroup to study the feasibility of developing and implementing a registered nurse degree apprenticeship program in the State and recommend sustainable funding models. MDH and the Maryland Department of Labor (DoL) are required to jointly staff the Workgroup.

Creating a pathway to RN licensure is needed to support the state's healthcare needs. However, MDH is not the appropriate state agency for programs that focus on career development. The requirements of this bill are more appropriate for DoL. Notably, DoL prepared a foundational study similar to the areas outlined in SB 669 under House Bill 1208 of the Acts of 2022 which tasked DoL with "establishing a workgroup to study expanding the State apprenticeship programs to the healthcare workforce." Furthermore, DoL also oversaw the Healthcare Apprenticeship Workgroup, as required by the 2022 Joint Chairmen's Report (p. 153-155). This Workgroup met during the 2022 interim and submitted an interim report.[1] This report is a preliminary assessment of Maryland's healthcare workforce and discussion of Registered Apprenticeship programs. The workgroup will continue to meet in the coming year and will submit a final report of its activities by June 30, 2023.

If enacted as drafted, this bill will have a fiscal and operational impact on MDH. MDH will need to hire at least one full-time staff to fulfill the requirements of this legislation. The staff member will support the Workgroup in its feasibility study and prepare required reports.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

[1] Interim Report on Apprenticeships in Healthcare Workgroup, 2022 Joint Chairmen's Report (p. 153-155), December 1, 2022. https://dlslibrary.state.md.us/publications/JCR/2022/2022_153-155(a)(HC)_2022.pdf

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary