

HOUSE BILL 625

J2, J1, J3

2lr0757
CF SB 440

By: **Delegate Kelly**

Introduced and read first time: January 31, 2022

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 10, 2022

CHAPTER _____

1 AN ACT concerning

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

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

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

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

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

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

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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



- 1 (3) the Secretary of Higher Education, or the Secretary's designee;
- 2 (4) the Secretary of Health, or the Secretary's designee;
- 3 (5) the State Superintendent of Schools, or the State Superintendent's
4 designee;
- 5 (6) the Secretary of Commerce, or the Secretary's designee;
- 6 (7) the Secretary of Labor, or the Secretary's designee;
- 7 (8) the Deputy Secretary of Behavioral Health, or the Deputy Secretary's
8 designee;
- 9 (9) the Deputy Secretary of Developmental Disabilities, or the Deputy
10 Secretary's designee;
- 11 ~~(8)~~ (10) the Deputy Secretary of Public Health, or the Deputy Secretary's
12 designee;
- 13 ~~(9)~~ (11) the Chairman of the Maryland Health Care Commission or the
14 Chairman's designee;
- 15 ~~(10)~~ (12) the Assistant Secretary for Workforce Development and Adult
16 Learning, or the Assistant Secretary's designee; ~~and~~
- 17 (13) the Executive Director of the Maryland Longitudinal Data System
18 Center; and
- 19 ~~(11)~~ (14) the executive director of each health occupations board
20 established under the Health Occupations Article, or the executive director's designee.
- 21 (c) The Secretary of Health shall designate the chair of the Commission.
- 22 (d) The State agencies represented on the Commission jointly shall provide staff
23 for the Commission.
- 24 (e) A member of the Commission or a member of an advisory committee or a
25 stakeholder workgroup established under subsection (g) of this section:
- 26 (1) may not receive compensation as a member of the Commission, an
27 advisory committee, or a stakeholder workgroup; but
- 28 (2) is entitled to reimbursement for expenses under the Standard State
29 Travel Regulations, as provided in the State budget.

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

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

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

6 2. a health care workforce representative; or

7 3. a representative of a community college; and

8 (ii) not a member of the Commission.

9 (g) The Commission shall:

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

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

16 (ii) different regions of the State;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (ii) establishing pathways for active duty and retired military
9 personnel to enter the civilian health care workforce; and

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

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

17 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
18 1, 2022. It shall remain effective for a period of 2 years and, at the end of June 30, 2024,
19 this Act, with no further action required by the General Assembly, shall be abrogated and
20 of no further force and effect.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.