

# SENATE BILL 440

J2, J1, J3

EMERGENCY BILL

2lr2261  
CF HB 625

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By: **Senator Beidle**

Introduced and read first time: January 26, 2022

Assigned to: Finance

Reassigned: Education, Health, and Environmental Affairs, January 28, 2022

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: February 23, 2022

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## 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;

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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)~~ (3) 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)~~ (4) the Secretary of Commerce, or the Secretary's designee;
- 6           (5) the Secretary of Labor, or the Secretary's designee;
- 7           (6) the Deputy Secretary of Behavioral Health, or the Deputy Secretary's
- 8 designee;
- 9           (7) the Deputy Secretary of Developmental Disabilities, or the Deputy
- 10 Secretary's designee;
- 11           (8) the Deputy Secretary of Public Health, or the Deputy Secretary's
- 12 designee;
- 13           (9) the Chairman of the Maryland Health Care Commission or the
- 14 Chairman's designee;
- 15           ~~(10) the Assistant Secretary for Workforce Development and Adult~~
- 16 ~~Learning, or the Assistant Secretary's designee; and~~
- 17           ~~(11) the executive director of each health occupations board established~~
- 18 ~~under the Health Occupations Article, or the executive director's designee.~~
- 19           (10) the Executive Director of the Board of Nursing, or the Executive
- 20 Director's designee;
- 21           (11) the Executive Director of the Board of Pharmacy, or the Executive
- 22 Director's designee;
- 23           (12) the Executive Director of the Board of Physicians, or the Executive
- 24 Director's designee;
- 25           (13) the Executive Director of the Board of Professional Counselors and
- 26 Therapists, or the Executive Director's designee;
- 27           (14) the Director of the State Office of Rural Health, or the Director's
- 28 designee;
- 29           (15) the Director of the Office of Minority Health and Health Disparities, or
- 30 the Director's designee;

1           (16) the Director of the Office of Health Care Quality, or the Director's  
2 designee;

3           (17) the Provost of the Graduate School of the University of Maryland,  
4 Baltimore Campus, or the Provost's designee;

5           (18) the Chair of the Maryland Higher Education Commission Private  
6 Advisory Council, or the Chair's designee; and

7           (19) one representative from the Department of Veterans Affairs,  
8 designated by the Secretary of Veterans Affairs.

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

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

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

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

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

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

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

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

23                   2. a health care workforce representative; or

24                   3. a representative of a community college; and

25           (ii) not a member of the Commission.

26          (g) The Commission shall:

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

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

3 (ii) different regions of the State;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (ii) establishing pathways for active duty and retired military  
25 personnel to enter the civilian health care workforce.

26 (h) (1) On or before ~~December 31 each year~~ December 31, 2022, the  
27 Commission shall submit ~~a~~ an interim report of its findings and recommendations to the  
28 Senate Education, Health, and Environmental Affairs Committee and the House Health  
29 and Government Operations Committee in accordance with § 2-1257 of the State  
30 Government Article.

31 (2) On or before December 31, 2023, the Commission shall submit a final  
32 report of its findings and recommendations to the Senate Education, Health, and  
33 Environmental Affairs Committee and the House Health and Government Operations  
34 Committee in accordance with § 2-1257 of the State Government Article.

1 SECTION 2. AND BE IT FURTHER ENACTED, ~~That this Act shall take effect July~~  
2 ~~1, 2022. It shall remain effective for a period of 2 years and, at the end of June 30, 2024,~~  
3 ~~this Act, with no further action required by the General Assembly, shall be abrogated and~~  
4 ~~of no further force and effect.~~ That this Act is an emergency measure, is necessary for the  
5 immediate preservation of the public health or safety, has been passed by a yea and nay  
6 vote supported by three-fifths of all the members elected to each of the two Houses of the  
7 General Assembly, and shall take effect from the date it is enacted. It shall remain effective  
8 through December 31, 2023, and, at the end of December 31, 2023, this Act, with no further  
9 action required by the General Assembly, shall be abrogated and of no further force and  
10 effect.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.