

SENATE No. 2126

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

An Act relative to the health care work force center.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by striking out
2 sections 25L through 25N, inclusive, as appearing in the 2012 Official Edition, and inserting in
3 place thereof the following 3 sections:—

4 Section 25L. a) There shall be in the department a health care workforce center to
5 improve access to health and behavioral, substance use disorder and mental health care services.
6 The center, in consultation with the health care workforce advisory council established by
7 section 25M and the secretary of labor and workforce development, shall: (1) coordinate the
8 department's health care workforce activities with other state agencies and public and private
9 entities involved in health care workforce training, recruitment and retention, including with the
10 activities of the Health Care Workforce Transformation Fund; (2) monitor trends in access to
11 primary care providers, and nurse practitioners and physician assistants practicing as primary
12 care providers, behavioral, substance use disorder and mental health providers, oral health care
13 providers including dentists, dental hygienists, community health workers, and other physician
14 and nursing providers, through activities including (i) reviewing existing data and collection of
15 new data as needed to assess the capacity of the health care and behavioral, substance use
16 disorder and mental health care workforce to serve patients, including patients with disabilities
17 whose disabilities may include but are not limited to intellectual and developmental disabilities,
18 including patient access and regional disparities in access to physicians, nurses, physician
19 assistants, and behavioral, substance use disorder and mental health care professionals, dentists,
20 dental hygienists, and community health workers and to examine physician, nursing and
21 physician assistant, behavioral, substance use disorder and mental health professionals, dentist,
22 dental hygienist, and community health worker satisfaction; (ii) reviewing existing laws,
23 regulations, policies, contracting or reimbursement practices, and other factors that influence
24 recruitment and retention of physicians, nurses, physician assistants, behavioral, substance use

25 disorder and mental health professionals, dentists, dental hygienists, and community health
26 workers; (iii) projecting the ability of the workforce to meet the needs of patients over time; (iv)
27 identifying strategies currently being employed to address workforce needs, shortages,
28 recruitment and retention; (v) studying the capacity of public and private medical, nursing,
29 physician assistant, behavioral, substance use disorder and mental health professional, dental and
30 dental hygienist schools in the commonwealth to expand the supply of primary care physicians
31 and nurse practitioners and physician assistants practicing as primary care providers and licensed
32 behavioral, substance use disorder and mental health professionals, as well as dentists and dental
33 hygienists practicing as primary and oral health care providers, and the capacity of community
34 health worker training education programs; (3) establish criteria to identify underserved areas in
35 the commonwealth for administering the loan repayment program established under section 25N
36 and for determining statewide target areas for health care provider placement based on the level
37 of access; and (4) address health care workforce shortages through the following activities,
38 including: (i) coordinating state and federal loan repayment and incentive programs for health
39 care providers; (ii) providing assistance and support to communities, physician and oral health
40 care groups, community health centers and community hospitals in developing cost-effective and
41 comprehensive recruitment initiatives; (iii) maximizing all sources of public and private funds
42 for recruitment initiatives; (iv) designing pilot programs and making regulatory and legislative
43 proposals to address workforce needs, shortages, recruitment and retention; and (v) making
44 short-term and long-term programmatic and policy recommendations to improve workforce
45 performance, address identified workforce shortages and recruit and retain physicians, nurses,
46 physician assistants, behavioral, substance use disorder and mental health professionals, dentists,
47 dental hygienists, and community health workers.

48 (b) The center shall maintain ongoing communication and coordination with the health
49 disparities council, established by section 16O of chapter 6A.

50 (c) The center shall annually submit a report, not later than March 1, to the governor, the
51 health disparities council, established by section 16O of chapter 6A; and the general court, by
52 filing the same with the clerk of the house of representatives, the clerk of the senate, the joint
53 committee on labor and workforce development, the joint committee on health care financing,
54 and the joint committee on public health. The report shall include: (1) data on patient access and
55 regional disparities in access to physicians and dentists, by specialty and sub-specialty, and
56 nurses, physician assistants, behavioral, substance use disorder and mental health professionals,
57 dental hygienists and community health workers; (2) data on factors influencing recruitment and
58 retention of physicians, nurses, physician assistants, behavioral, substance use disorder and
59 mental health professionals, dentists, dental hygienists, and appropriate licensed dental providers
60 as they become identified in the workforce, and community health workers; (3) short and long-
61 term projections of physician, nurse, physician assistant and behavioral, substance use disorder
62 and mental health professionals supply and demand; (4) strategies being employed by the council
63 or other entities to address workforce needs, shortages, recruitment and retention; (5)

64 recommendations for designing, implementing and improving programs or policies to address
65 workforce needs, shortages, recruitment and retention; and (6) proposals for statutory or
66 regulatory changes to address workforce needs, shortages, recruitment and retention.

67 Section 25M. (a) There shall be a healthcare workforce advisory council within, but not
68 subject to the control of, the health care provider workforce center established by section 25L.
69 The council shall advise the center on the capacity of the healthcare workforce to provide timely,
70 effective, culturally competent, quality physician, dental, nursing, physician assistant, behavioral,
71 substance use disorder and mental health services, and community health worker services.

72 (b) The council shall consist of: 21 members to be appointed by the governor: 1 of whom
73 shall be a representative of the Massachusetts Extended Care Federation; 1 of whom shall be a
74 physician with a primary care specialty designation who practices in a rural area; 1 of whom
75 shall be a physician with a primary care specialty who practices in an urban area; 1 of whom
76 shall be a physician with a medical subspecialty; 1 of whom shall be an advanced practice nurse,
77 authorized under section 80B of said chapter 112, who practices in a rural area; 1 of whom shall
78 be an advanced practice nurse, authorized under said section 80B of said chapter 112, who
79 practices in an urban area; 1 of whom shall be a representative of the Massachusetts
80 Organization of Nurse Executives; 1 of whom shall be a representative of the Massachusetts
81 Academy of Family Physicians; 1 of whom shall be a representative of the Massachusetts
82 Workforce Board Association; 1 of whom shall be a representative of the Massachusetts League
83 of Community Health Centers, Inc.; 1 of whom shall be a representative of the Massachusetts
84 Medical Society; 1 of whom shall be a representative of the Massachusetts Center for Nursing,
85 Inc.; 1 of whom shall be a representative of the Massachusetts Nurses Association; 1 of whom
86 shall be a representative of the Massachusetts Association of Registered Nurses; 1 of whom shall
87 be a representative of the Massachusetts Hospital Association, Inc.; 1 of whom shall be a
88 representative from the Massachusetts Association of Physician Assistants; 1 of whom shall be a
89 representative of the Massachusetts Chiropractic Society; 1 of whom shall be a representative of
90 Health Care For All, Inc.; 1 of whom shall be a behavioral, substance use disorder and mental
91 health professional; 1 of whom shall be a dentist with a public health education or experience in
92 public health; 1 of whom shall be a dental hygienist with a public health education or experience
93 in public health; and 1 of whom shall be a representative of the Massachusetts Association of
94 Community Health Workers. Members of the council shall be appointed for terms of 3 years or
95 until a successor is appointed. Members shall be eligible to be reappointed and shall serve
96 without compensation, but may be reimbursed for actual and necessary expenses reasonably
97 incurred in the performance of their duties. Vacancies of unexpired terms shall be filled within
98 60 days by the appropriate appointing authority.

99 The council shall meet at least bimonthly, at other times as determined by its rules and
100 when requested by any 8 members.

101 (c) The council shall advise the center on: (1) trends in access to primary care and oral
102 health care and physician and dentist subspecialties, and nursing, dental hygiene, physician
103 assistant, behavioral, substance use disorder and mental health services, and community health
104 worker services; (2) the development and administration of the loan repayment program,
105 established under section 25N, including criteria to identify underserved areas in the
106 commonwealth; and (3) solutions to address identified health care workforces shortages; and (iv)
107 the center's annual report to the general court.

108 Section 25N. (a) There shall be a health care workforce loan repayment program,
109 administered by the health care workforce center established by section 25L. The program shall
110 provide repayment assistance for graduate, medical, and accredited dental school loans to
111 participants who: (1) are graduates of medical, dental, nursing, physician assistant, or dental
112 hygiene schools or accredited graduate schools; (2) specialize in family health or medicine,
113 internal medicine, pediatrics, obstetrics/gynecology, psychiatry, public health dentistry,
114 behavioral health, mental health or substance use disorder treatment; (3) demonstrate
115 competency in health information technology, at least equivalent to federal meaningful use
116 standards as set forth in 45 C.F.R. Part 170, including use of electronic medical records,
117 computerized physician order entry and e-prescribing; and (4) meet other eligibility criteria,
118 including service requirements, established by the board.

119 Each recipient shall be required to enter into a contract with the commonwealth which
120 shall obligate the recipient to perform a term of service of not less than 2 years in medically
121 underserved areas as determined by the center.

122 (b) The center shall promulgate regulations for the administration and enforcement of this
123 section which shall include penalties and repayment procedures if a participant fails to comply
124 with the service contract.

125 The center shall, in consultation with the health care workforce advisory council and the
126 public health council, establish criteria to identify medically underserved areas within the
127 commonwealth. These criteria shall consist of quantifiable measures, which may include the
128 availability of primary care medical services, dental services, or behavioral, substance use
129 disorder and mental health services within reasonable traveling distance, poverty levels and
130 disparities in health care access or health outcomes.

131 (c) The center shall evaluate the program annually, including exit interviews of
132 participants to determine their post-program service plans and to solicit program improvement
133 recommendations.

134 (d) The center shall file an annual report, not later than July 1, with the governor, the
135 clerks of the house of representatives and the senate, the house and senate committees on ways
136 and means, the joint committee on health care financing, the joint committee on mental health
137 and substance abuse and the joint committee on public health. The report shall include annual

138 data and historical trends of: (1) the number of applicants, the number accepted and the number
139 of participants by race, gender, medical, nursing, physician assistant, behavioral health,
140 substance use, mental health, dental specialty, graduate, physician assistant, medical, accredited
141 dental, dental hygiene or nursing school, residence prior to graduate, medical, dental, nursing,
142 physician assistant, or dental hygiene school and where they plan to practice after program
143 completion; (2) the service placement locations and length of service commitments by
144 participants; (3) the number of participants who fail to fulfill the program requirements and the
145 reason for the failures; (4) the number of former participants who continue to serve in
146 underserved areas; and (5) program expenditures.