

SENATE No. 993

The Commonwealth of Massachusetts

PRESENTED BY:

Harriette L. Chandler

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to the health care work force center.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Harriette L. Chandler</i>	<i>First Worcester</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>Gale D. Candaras</i>	<i>First Hampden and Hampshire</i>

SENATE No. 993

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 993) of Harriette L. Chandler, John W. Scibak and Gale D. Candaras for legislation relative to health care work force centers. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

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 8 Said chapter 111 is hereby further amended by inserting after section 25K
2 the following 3 sections:—

3 Section 25L. (a) There shall be in the department a health care workforce center to
4 improve access to health care services. The center, in consultation with the health care workforce
5 advisory council established by section 25M and the commissioner of labor and workforce
6 development, shall: (i) coordinate the department’s health care workforce activities with other
7 state agencies and public and private entities involved in health care workforce training,
8 recruitment and retention; (ii) monitor trends in access to primary care and oral health care
9 providers, including dentists, dental hygienists, community health workers, nurse practitioners
10 practicing as primary care providers, and other physician and nursing providers, through
11 activities including: (1) review of existing data and collection of new data as needed to assess the
12 capacity of the health care workforce to serve patients, including patient access and regional
13 disparities in access to physicians or nurses, dentists, dental hygienists, and community health
14 workers, and to examine physician, nursing, dentist, dental hygienist, and community health
15 worker satisfaction; (2) review existing laws, regulations, policies, contracting or reimbursement
16 practices, and other factors that influence recruitment and retention of physicians and nurses,
17 dentists, dental hygienists, and community health workers; (3) making projections on the ability
18 of the workforce to meet the needs of patients over time; (4) identifying strategies currently
19 being employed to address workforce needs, shortages, recruitment and retention; (5) studying
20 the capacity of public and private medical, nursing, dental and dental hygienist schools in the
21 commonwealth to expand the supply of primary care physicians and nurse practitioners as well
22 as dentists, dental hygienists, practicing as primary and oral health care providers; and the

23 capacity of community health worker training and education programs; (iii) establish criteria to
24 identify underserved areas in the commonwealth for administering the loan repayment program
25 established under section 25N and for determining statewide target areas for health care provider
26 placement based on the level of access; and (iv) address health care workforce shortages through
27 the following activities, including: (1) coordinating state and federal loan repayment and
28 incentive programs for health care providers; (2) providing assistance and support to
29 communities, physician and oral health care groups, community health centers and community
30 hospitals in developing cost-effective and comprehensive recruitment initiatives; (3) maximizing
31 all sources of public and private funds for recruitment initiatives; (4) designing pilot programs
32 and make regulatory and legislative proposals to address workforce needs, shortages, recruitment
33 and retention; and (5) making short-term and long-term programmatic and policy
34 recommendations to improve workforce performance, address identified workforce shortages
35 and recruit and retain physicians, nurses, dentists, dental hygienists, and community health
36 workers;

37 (c) The center shall maintain ongoing communication and coordination with the health
38 care quality and cost council, established by section 16K of chapter 6A, and the health disparities
39 council, established by section 16O of said chapter 6A.

40 (d) The center shall annually submit a report, not later than March 1, to the governor; the
41 health care quality and cost council established by section 16K of chapter 6A, the health
42 disparities council established by section 16O of chapter 6A; and the general court, by filing the
43 report with the clerk of the house of representatives, the clerk of the senate, the joint committee
44 on labor and workforce development, the joint committee on health care financing, and the joint
45 committee on public health. The report shall include: (i) data on patient access and regional
46 disparities in access to physicians and dentists, by specialty and sub-specialty, and nurses, dental
47 hygienists, and community health workers; (ii) data on factors influencing recruitment and
48 retention of physicians, nurses, dentists, dental hygienists, and appropriate licensed dental
49 providers as they become identified in the workforce, and community health workers; (iii) short
50 and long-term projections of physician, nurse, dentist, dental hygienist, and community health
51 worker supply and demand; (iv) strategies being employed by the council or other entities to
52 address workforce needs, shortages, recruitment and retention; (v) recommendations for
53 designing, implementing and improving programs or policies to address workforce needs,
54 shortages, recruitment and retention; and (vi) proposals for statutory or regulatory changes to
55 address workforce needs, shortages, recruitment and retention.

56 Section 25M. (a) There shall be a healthcare workforce advisory council within, but not
57 subject to the control of, the health care workforce center established by section 25L. The
58 council shall advise the center on the capacity of the healthcare workforce to provide timely,
59 effective, culturally competent, quality physician, dental, nursing and community health worker
60 services.

61 (b) The council shall consist of 19 members who shall be appointed by the governor: 1 of
62 whom shall be a representative of the Massachusetts Extended Care Federation; 1 of whom shall
63 be a physician with a primary care specialty designation who practices in a rural area; 1 of whom
64 shall be a physician with a primary care specialty who practices in an urban area; 1 of whom
65 shall be a physician with a medical subspecialty; 1 of whom shall be an advanced practice nurse,
66 authorized under section 80B of said chapter 112, who practices in a rural area; 1 of whom shall
67 be an advanced practice nurse, authorized under section said 80B of said chapter 112, who
68 practices in an urban area; 1 of whom shall be a representative of the Massachusetts
69 Organization of Nurse Executives; 1 of whom shall be a representative of the Massachusetts
70 Academy of Family Physicians; 1 of whom shall be a representative of the Massachusetts
71 Workforce Board Association; 1 of whom shall be a representative of the Massachusetts League

72 of Community Health Centers, Inc.; 1 of whom shall be a representative of the
73 Massachusetts Medical Society; 1 of whom shall be a representative of the Massachusetts Center
74 for Nursing, Inc.; 1 of whom shall be a representative of the Massachusetts Nurses Association;
75 1 of whom shall be a representative of the Massachusetts Association of Registered Nurses; 1 of
76 whom shall be a representative of the Massachusetts Hospital Association, Inc.; 1 of whom shall
77 be a representative of Health Care For All, Inc; 1 of whom shall be dentist with a public health
78 education and/or experience in public health; 1 of whom shall be a dental hygienist with a public
79 health education and/or experience in public health; , and 1 of whom shall be a representative of
80 the Massachusetts Association of Community Health Workers. Members of the council shall be
81 appointed for terms of 3 years or until a successor is appointed. Members shall be eligible to be
82 reappointed and shall serve without compensation, but may be reimbursed for actual and
83 necessary expenses reasonably incurred in the performance of their duties. Vacancies of
84 unexpired terms shall be filled within 60 days by the appropriate appointing authority.

85 The members of the council shall annually elect a chair, vice chair and secretary and may
86 adopt by-laws governing the affairs of the council.

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

89 (c) The council shall advise the center on: (i) trends in access to primary and oral health
90 care and physician and dentist subspecialties and nursing, dental hygiene and community health
91 worker services; (ii) the development and administration of the loan repayment program,
92 established under section 25N, including criteria to identify underserved areas in the
93 commonwealth; (iii) solutions to address identified health care workforces shortages; and (iv) the
94 center's annual report to the general court.

95 Section 25N. (a) There shall be a health care workforce loan repayment program,
96 administered by the health care workforce center established by section 25L. The program shall
97 provide repayment assistance for medical and accredited dental school loans to participants who:

98 (i) are graduates of medical, dental, nursing, or dental hygiene schools; (ii) specialize in family
99 health or medicine, internal medicine, pediatrics, psychiatry, public health dentistry, or
100 obstetrics/gynecology; (iii) demonstrate competency in health information technology, including
101 use of electronic medical records, computerized physician order entry and e-prescribing; and (iv)
102 meet other eligibility criteria, including service requirements, established by the board. Each
103 recipient shall be required to enter into a contract with the commonwealth which shall obligate
104 the recipient to perform a term of service of no less than 2 years in medically underserved areas
105 as determined by the center.

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

109 The center shall, in consultation with the health care workforce advisory council and the
110 public health council, establish criteria to identify medically underserved areas within the
111 commonwealth. These criteria shall consist of quantifiable measures, which may include the
112 availability of primary care medical and dental services within reasonable traveling distance,
113 poverty levels, and disparities in health care access or health outcomes.

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

117 (d) The center shall, not later than July 1, file an annual report with the governor, the
118 clerk of the house of representatives, the clerk of the senate, the house committee on ways and
119 means, the senate committee ways and means, the joint committee on health care financing, the
120 joint committee on mental health and substance abuse and the joint committee on public health.
121 The report shall include annual data and historical trends of: (i) the number of applicants, the
122 number accepted, and the number of participants by race, gender, medical, dental or nursing
123 specialty, medical, accredited dental, nursing, or dental hygiene school, residence prior to
124 medical, dental, nursing, or dental hygiene school, and where they plan to practice after
125 program completion; (ii) the service placement locations and length of service commitments by
126 participants; (iii) the number of participants who fail to fulfill the program requirements and the
127 reason for the failures; (iv) the number of former participants who continue to serve in
128 underserved areas; and (v) program expenditures.