

HOUSE No. 2889

The Commonwealth of Massachusetts

PRESENTED BY:

Denise C. Garlick

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 strengthening home care services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>
<i>Daniel Cullinane</i>	<i>12th Suffolk</i>
<i>Joseph W. McGonagle, Jr.</i>	<i>28th Middlesex</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>Claire D. Cronin</i>	<i>11th Plymouth</i>
<i>Gerard Cassidy</i>	<i>9th Plymouth</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Michael J. Finn</i>	<i>6th Hampden</i>
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>
<i>Carole A. Fiola</i>	<i>6th Bristol</i>
<i>Robert M. Koczera</i>	<i>11th Bristol</i>
<i>Edward F. Copping</i>	<i>10th Suffolk</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>

<i>Carmine L. Gentile</i>	<i>13th Middlesex</i>
<i>Bruce J. Ayers</i>	<i>1st Norfolk</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Mark J. Cusack</i>	<i>5th Norfolk</i>
<i>John H. Rogers</i>	<i>12th Norfolk</i>
<i>James Arciero</i>	<i>2nd Middlesex</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>
<i>Jerald A. Parisella</i>	<i>6th Essex</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>
<i>Solomon Goldstein-Rose</i>	<i>3rd Hampshire</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Daniel J. Ryan</i>	<i>2nd Suffolk</i>
<i>James R. Miceli</i>	<i>19th Middlesex</i>
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>David M. Nangle</i>	<i>17th Middlesex</i>
<i>Thomas M. Petrolati</i>	<i>7th Hampden</i>
<i>John C. Velis</i>	<i>4th Hampden</i>
<i>Lori A. Ehrlich</i>	<i>8th Essex</i>
<i>Thomas A. Golden, Jr.</i>	<i>16th Middlesex</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>
<i>Jay R. Kaufman</i>	<i>15th Middlesex</i>
<i>John J. Mahoney</i>	<i>13th Worcester</i>
<i>Carlos González</i>	<i>10th Hampden</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Jeffrey N. Roy</i>	<i>10th Norfolk</i>
<i>Aaron Vega</i>	<i>5th Hampden</i>
<i>Natalie Higgins</i>	<i>4th Worcester</i>

<i>Paul W. Mark</i>	<i>2nd Berkshire</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Michael S. Day</i>	<i>31st Middlesex</i>
<i>Jack Lewis</i>	<i>7th Middlesex</i>
<i>Jonathan D. Zlotnik</i>	<i>2nd Worcester</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>William M. Straus</i>	<i>10th Bristol</i>
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>
<i>Adrian Madaro</i>	<i>1st Suffolk</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>Christopher M. Markey</i>	<i>9th Bristol</i>
<i>José F. Tosado</i>	<i>9th Hampden</i>
<i>Dylan Fernandes</i>	<i>Barnstable, Dukes and Nantucket</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>
<i>Paul Tucker</i>	<i>7th Essex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>
<i>Smitty Pignatelli</i>	<i>4th Berkshire</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>
<i>Brian Murray</i>	<i>10th Worcester</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>
<i>Juana B. Matias</i>	<i>16th Essex</i>
<i>Nick Collins</i>	<i>4th Suffolk</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>William C. Galvin</i>	<i>6th Norfolk</i>
<i>David K. Muradian, Jr.</i>	<i>9th Worcester</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>

HOUSE No. 2889

By Ms. Garlick of Needham, a petition (accompanied by bill, House, No. 2889) of Denise C. Garlick and others relative to licensing home care and home health services. Elder Affairs.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act strengthening home care services.

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. The General Laws are hereby amended by inserting after chapter 19D the
2 following chapter:-

3 CHAPTER 19E.

4 HOME CARE AND HOME HEALTH SERVICES.

5 Section 1. The purpose of this chapter is to ensure consistent, high quality home care
6 services and home health services by licensing home care agencies; by professionalizing the care
7 workforce; and by providing information and assistance to clients and their caregivers who use
8 or could benefit from home care or home health services.

9 When used in this chapter, unless the context otherwise requires, the following terms
10 shall have the following meanings:

11 “Activities of daily living” or “ADLs”, fundamental personal care tasks that are
12 performed as part of an individual’s routine of self-care including, but not limited to, the ability
13 to bathe, dress, undress, eat, toilet, transfer in and out of a bed or chair, move while in bed, and
14 ambulate inside the home.

15 “Change in ownership”, shall include, but not be limited to, the transfers of interests
16 relative to (1) in the case of a for-profit entity, a change in the identity of the majority of the
17 owners of a home care agency, or of majority share ownership in the case of a corporation; or (2)
18 in the case of a non-profit entity, changes in the corporate membership or trustees as the
19 executive office determines will constitute a shift in control of a home care agency. A transfer of
20 ownership shall also be deemed to have occurred when foreclosure proceedings have been
21 instituted by a mortgagee in possession.

22 “Client”, the person who receives home care services or home health services at their
23 place of residence.

24 “Direct care agency”, “home care agency”, or “agency”, an entity, however organized,
25 whether conducted for profit or not for profit, which is owned, operated, maintained, or
26 advertised for the purpose of providing home care services or home health services to clients at
27 their place of residence. Entities that, for a fee, match clients with individuals who provide home
28 care services or home health services, including entities that provide that matching service
29 through an online platform, shall be considered direct care agencies for the purposes of this
30 chapter.

31 “Direct care services”, home care services or home health services as defined in this
32 chapter. These services do not include services provided by a personal care attendant in the

33 commonwealth’s personal care attendant program as defined in 130 CMR 422.000 or services
34 provided under the MassHealth adult foster care program as defined in 101 CMR 351.00.

35 “Home care worker and home health aide registry” or “registry”, the registry established
36 in section 4 of this chapter.

37 “Direct care worker”, a home care worker or home health aide as defined in this chapter.

38 “Executive office”, the executive office of health and human services.

39 “Home care services”, shall include, but are not limited to, assistance with activities of
40 daily living, housekeeping, personal laundry, companionship and chore services provided to a
41 client at their place of residence. Home care services do not include services provided by a
42 personal care attendant in the commonwealth’s personal care attendant program as defined in
43 130 CMR 422.000 or services provided under the MassHealth adult foster care program as
44 defined in 101 CMR 351.00.

45 “Home care worker”, a person who provides home care services at a client’s place of
46 residence and who has met the training requirements of the homemaker and personal care
47 standards issued by the executive office of elder affairs.

48 “Home health aide”, a person who provides home health services at a client’s place of
49 residence and who has met the home health aide training requirements set forth in the federal
50 Medicare conditions of participation for home health agencies at 42 CFR Part 484.80.

51 “Home health services”, shall include, but are not limited to, services provided to a client
52 at their place of residence according to a plan of treatment for illness or infirmity prescribed by a
53 physician licensed to practice medicine, a licensed advanced practice nurse, or a licensed

54 physician assistant. Such services include part time and intermittent nursing services and other
55 therapeutic services such as physical therapy, occupational therapy, speech therapy, medical
56 social services, or support of such services as provided by a home health aide. Home health
57 services do not include services provided by a personal care attendant in the commonwealth's
58 personal care attendant program as defined in 130 CMR 422.000 or services provided under the
59 MassHealth adult foster care program as defined in 101 CMR 351.00.

60 "PHCAST" or "Personal and Home Care Aide State Training", a grant awarded to
61 Massachusetts by the Health Resources and Services Administration (HRSA) under Section
62 5507 of the federal Patient Protection and Affordable Care Act.

63 "Secretary", the secretary of the executive office of health and human services and their
64 designees.

65 Section 2. (a) No person or entity shall own, operate, maintain, or advertise a direct care
66 agency in the commonwealth without a license obtained under this chapter. The executive office
67 shall promulgate regulations for the licensure of direct care agencies, and shall issue a license to
68 any person or entity that it determines to meet the requirements established in this chapter and
69 those regulations. Two years after the effective date of this chapter, all direct care agencies
70 operating in the commonwealth shall hold a license or a provisional license obtained under this
71 chapter.

72 Upon applying for a license, license renewal, or provisional license, an applicant shall
73 pay the executive office a fee. Fees for license, license renewal, and provisional license
74 applications shall be determined by the secretary of administration under section 3B of chapter 7.

75 Fees collected under this section shall be credited to the Home Care Improvement Trust
76 established by section 2WWW of chapter 29.

77 A license obtained under this section shall not be transferable or assignable and shall be
78 issued only to the person or the entity named in the application. The license shall be posted in a
79 conspicuous place on the agency's premises and on its print materials, advertising, and online
80 publications. The secretary shall design and make available a seal that may be used by the
81 agency with, or in place of, the license on print materials, advertising, and online publications.

82 Licenses shall be valid for a term of 2 years, but shall be subject to revocation for cause
83 as defined by the executive office in regulations. The executive office shall promulgate
84 regulations for the renewal of direct care agency licenses, provided that the standards and
85 requirements for renewal of a direct care agency license shall be the same as those for initial
86 licensure.

87 The secretary may issue a provisional license to a direct care agency for a term of 1 year
88 from the date on which regulations for this chapter are promulgated, provided that agencies
89 eligible for provisional licensure shall be limited to i) direct care agencies providing home care
90 services that held a current approval from the executive office of elder affairs to participate in the
91 commonwealth's home care program on the effective date of this chapter; and ii) direct care
92 agencies providing home health services that held valid certification from the federal Centers for
93 Medicare and Medicaid Services under 42 CFR Part 484.80 on the effective date of this chapter.
94 Provisional licenses shall not be renewed, and may be revoked by the secretary for cause. An
95 agency operating under a provisional license shall not provide direct care services beyond the

96 expiration date of the provisional license unless that agency has obtained a full license under this
97 chapter.

98 (b) An applicant for an initial license shall file an application with the secretary which
99 shall include, but not be limited to, the following requirements:

100 (1) documentation that the agency meets the requirements and standards for certification
101 by the federal Centers for Medicare and Medicaid Services as defined in 42 CFR Part 484.80,
102 provided that the agency is applying for a license to provide home health services;

103 (2) documentation that the agency meets the requirements and standards to participate in
104 the commonwealth's home care program as issued by the executive office of elder affairs under
105 section 4B of chapter 19A, provided that the agency is applying to provide home care services;

106 (3) the legal name of the entity and all other names used by it;

107 (4) contact information for the entity, including proposed name, address, telephone, email
108 address, and federal employer identification number, the type of license or licenses applied for,
109 and the proposed opening date;

110 (5) articles of incorporation, articles of organization, any partnership agreements, and
111 other organizing documents required by the secretary of the commonwealth to conduct business
112 in Massachusetts, and by-laws or equivalent documents that govern the rights, duties and capital
113 contributions of the business entity;

114 (6) a copy of any management or franchise agreements that set forth the financial,
115 administrative, and other responsibilities of each party;

116 (7) the names and addresses of the chief executive, officers, directors, and trustees, and
117 the names and addresses of limited partners or shareholders with more than a ten percent interest
118 in the agency. For each individual, the applicant shall list: name, contact information, all direct
119 care agencies, nursing homes or health care facilities or providers in the commonwealth or in
120 other states in which that person has been or is a chief executive, officer, director, trustee, or
121 general partner. The applicant shall disclose whether any such individual has ever been found in
122 violation of any local, state or federal statute, regulation, ordinance, or other law by reason of
123 that individual's relationship to a direct care agency;

124 (8) a description of the agency's payroll process which shall include reporting of
125 employment wages to the appropriate government agency, the collection and payment of state
126 and federal withholding payroll taxes and all other state and federal payroll taxes to the
127 appropriate government agencies;

128 (9) the agency's proposed geographical service area, including the names of
129 municipalities it plans to serve;

130 (10) the services to be offered and arrangements for providing such services;

131 (11) the fee schedule for services;

132 (12) the number of staff to be employed by job title, the pay range for each job title, and
133 the benefit package for employees;

134 (13) the agency's written policy and procedure to accept, investigate, and respond to
135 client complaints;

136 (14) proof of a surety bond, or other insurance establishing third party liability, that
137 provides protection for clients, covers potential wage theft claims, litigation expenses, and other
138 potential liabilities that may be incurred by direct care agencies, and meets or exceeds minimum
139 standards established by the secretary;

140 (15) proof of a workers' compensation policy that covers the agency's employees;

141 (16) proof that the agency requires independent contractors it uses for the provision of
142 home care services or home health services to carry their own liability and workers'
143 compensation insurance.

144 (c) Each licensed direct care agency shall be subject to the following conditions:

145 (1) the agency shall only hire or employ, on a paid, unpaid, temporary or permanent
146 basis, a direct care worker whose name appears in the registry established by this chapter, but
147 may hire or employ a worker whose name does not appear in the registry if the agency intends on
148 training that worker to the standards that would permit them to register in the registry, and the
149 agency does not permit that worker to provide direct care services to clients until that worker is
150 registered;

151 (2) the agency shall operate an office at a physical location in the commonwealth;

152 (3) the agency shall conduct criminal offender record information (CORI) checks in
153 compliance with sections 172 and 172C of chapter 6, and 101 CMR 15.00. The agency shall only
154 employ direct care workers who have been subject to a background check that includes
155 fingerprint-based checks of the state and national criminal history databases. The secretary shall
156 promulgate rules and regulations for the implementation of this paragraph, including, but not

157 limited to, policies and procedures for the approval or denial of applicants based upon
158 information obtained through background checks, notification of agencies and prospective
159 employees of background check results, and appeals of background check results by prospective
160 employees;

161 (4) the agency shall verify each employee's eligibility to work in the United States;

162 (5) the agency shall verify that all employees who transport clients have auto insurance
163 and a driving license; and shall check the employee's driving record for a minimum of the
164 previous five years;

165 (6) the agency shall ensure that each direct care worker fulfills training requirements as
166 determined by the executive office, which shall include, for home care workers, the homemaker
167 and personal care standards issued by the executive office of elder affairs; and, for home health
168 aides, the home health aide training requirements set forth in the federal Medicare conditions of
169 participation for home health agencies at 42 CFR Part 484.80. The agency shall provide its
170 employees with training that is culturally and linguistically competent for the employee and for
171 the provision of services to the client. The employee shall receive full compensation for the
172 training time. Agencies shall notify the registry, in a form to be prescribed by the secretary, of
173 training completed by a direct care worker for the purposes of complying with this paragraph.
174 Such training shall be valid for the purposes of employment at any direct care agency in the
175 commonwealth;

176 (7) the agency shall submit an annual cost report to the executive office that includes, but
177 is not limited to, a full accounting of annual costs for supplies, labor, administration and other
178 operations. The executive office shall issue a standardized form for cost reporting;

179 (8) the agency shall submit an annual data report to the executive office that includes, but
180 is not limited to, aggregate information about its employees, clients, and services. The executive
181 office shall issue a standardized form for this report; and

182 (9) the agency shall comply with and distribute to its employees and clients the
183 Massachusetts home care clients' bill of rights, as follows:

184 Each client shall be entitled to the following rights, none of which shall be abridged or
185 violated by an agency or its employees:

186 (i) the right to treatment and services without discrimination based on race, age, religion,
187 national origin, sex, gender identity, sexual orientation, disability, diagnosis or source of
188 payment;

189 (ii) the right to be given a written notice, prior to the initiation of services, of these client
190 rights and any related policies and procedures established by the agency;

191 (iii) the right to be informed in writing of services available from the agency; the names
192 and professional status of personnel providing and responsible for care; the frequency of home
193 visits to be provided; and the agency's daytime and emergency telephone numbers;

194 (iv) the right to receive the services of a translator or interpreter to facilitate
195 communication between the client and home care workers or home health aides;

196 (v) the right to participate in the planning of the services to be provided to the client;

197 (vi) the right to refuse services that an agency provides and to be informed of available
198 options, including the option of no services and of the possible benefits and risks of each option;

199 (vii) the right to complete information about the financial arrangements among the client,
200 the agency and any third parties;

201 (viii) the right to express grievances to an agency's staff and governing authority
202 regarding care and services without fear of reprisal, and to receive an answer to those grievances
203 within a reasonable time;

204 (ix) the right to privacy, including maintaining the confidentiality of the client's health
205 and service plan records; and the right to approve or refuse, in writing, the release of any records
206 to any individual outside the agency, except as required by law or third-party payment contract;

207 (x) the right to be assured of respect for the client's personal property; and,

208 (xi) the right to join with other clients or individuals to work for improvements in client
209 care.

210 (d) A direct care agency shall notify the executive office 45 days prior to a material
211 change in information provided in its most license, license renewal, or provisional license
212 application. If a material change is not reasonably foreseeable, the agency shall notify the
213 executive office of the change within 2 business days.

214 (e) Upon sale, assignment, lease, change of ownership or other transfer of control of a
215 direct care agency, the new owner of the agency shall obtain a license from the secretary prior to
216 operating, maintaining, or advertising the agency; or offering or providing home care services or
217 home health services.

218 Section 3. A direct care agency shall notify the executive office at least 45 days prior to
219 the closing of the agency or the discontinuance of any essential service it provides. The executive

220 office shall, by regulation, define “essential service” for the purposes of this section. The direct
221 care agency shall notify its clients, employees and referral sources of the closing or
222 discontinuation and shall publish a legal notice of the closing in local media. The direct care
223 agency’s notice to clients shall include the names and contact information of other direct care
224 agencies in the area.

225 Section 4. (a) The executive office shall establish and maintain a registry of individuals
226 employed as direct care workers by direct care agencies, to be known as the Massachusetts home
227 care worker and home health aide registry. Each person employed as a direct care worker by a
228 direct care agency shall be registered in the registry as soon as practicable, but no later than 2
229 years after the effective date of this chapter.

230 The registry shall include, but not be limited to, the following information concerning
231 each direct care worker: (1) full legal name; (2) an assigned unique identification number; (3)
232 date of birth; (4) gender; (5) current home address; (6) language abilities; (7) the full legal name
233 of each employer for whom the direct care worker works; (8) direct care employment history and
234 job titles; (9) direct care worker training level; (10) a list of direct care trainings and
235 certifications completed by the direct care worker; and, (11) any findings of abuse, neglect, or
236 misappropriation of property by the direct care worker and related documentation as entered in
237 the state’s registry for certified nurse aides under section 72J of chapter 111.

238 The executive office shall make information in the registry available on a public website,
239 provided that the secretary shall determine the categories of information that are publicly
240 displayed on the website.

241 Each direct care agency shall submit and update the registry information at least once per
242 month for each direct care worker it employs. No charges shall be imposed on any direct care
243 worker for costs related to the registry.

244 Upon request, the information in the registry, including personal contact information,
245 shall be available to the public. The executive office shall maintain a record of persons who
246 access or obtain information from the registry by request.

247 (b) The executive office shall facilitate and promote a public education program to
248 promote the registry, the value of hiring registered direct care workers through licensed agencies,
249 and recommended best practices for individuals seeking and using home care and home health
250 services.

251 Section 5. The executive office shall publish an annual report on the home care and home
252 health industry in Massachusetts which shall include, but not be limited to, aggregate data from
253 the annual cost reports and the annual data reports required in subsection (c) of section 2 of this
254 chapter.

255 Section 6. The office of the attorney general may investigate any home care agency; and
256 may require that any such agency produce documents, answer interrogatories and provide
257 testimony under oath. Nothing in this section shall limit the authority of the attorney general to
258 regulate home care agencies or to protect consumers under any other law.

259 Section 7. The executive office shall promulgate regulations, rules, forms, and
260 notifications as are necessary to implement the provisions of this chapter, provided that the
261 executive office shall minimize any duplication of information reporting that may be required of
262 home care agencies.

263 SECTION 2. Chapter 29 of the General Laws is hereby amended by inserting after
264 section 2VVVV the following section:-

265 Section 2WWWW. There shall be a Home Care Improvement Trust Fund. The secretary
266 of health and human services shall administer the fund and shall make expenditures from the
267 fund for costs associated with (i) licensing direct care agencies under Chapter 19E; (ii)
268 establishing and operating the registry under said chapter; (iii) conducting the public education
269 program established by said chapter; and (iv) workforce training for home care workers and
270 home health aides. There shall be credited to the fund all fees received by the secretary under
271 section 2 of said chapter, and any appropriations, bond proceeds or other monies authorized by
272 the general court and specifically designated to be credited thereto, and additional funds,
273 including federal grants or loans or private donations made available to the secretary for this
274 purpose. Amounts credited to the fund shall not be subject to further appropriation and money
275 remaining in the fund at the close of a fiscal year shall not revert to the General Fund and shall
276 be available for expenditure in subsequent fiscal years.

277 SECTION 3. Section 72J of chapter 111, as appearing in the 2014 official edition, is
278 hereby amended by inserting after the first paragraph the following paragraph:-

279 For the purposes of this section, the meaning of homemaker shall include home care
280 worker as defined in chapter 19E.

281 SECTION 4. The executive office shall determine the feasibility of creating a single
282 registry that combines all entries from the certified nurse aide registry established under section
283 72J of chapter 111 of the General Laws, and the registry established in section 4 of chapter 19E
284 of the General Laws. The executive office shall report its findings to the clerks of the house of

285 representatives and the senate, and the house and senate chairs of the joint committee on elder
286 affairs within 1 year after the effective date of this Act.

287 SECTION 5. Said chapter 111, as so appearing, is hereby further amended by striking out
288 sections 25L and 25M, and inserting in place thereof the following sections:-

289 Section 25L. (a) There shall be in the department a health care workforce center to
290 improve access to health and behavioral, substance use disorder and mental health care services,
291 and home care and home health services. The center, in consultation with the health care
292 workforce advisory council established by section 25M and the secretary of labor and workforce
293 development, shall: (1) coordinate the department's health care workforce activities with other
294 state agencies and public and private entities involved in health care workforce training,
295 recruitment and retention, including with the activities of the Health Care Workforce
296 Transformation Fund; (2) monitor trends in access to primary care providers, and nurse
297 practitioners and physician assistants practicing as primary care providers, behavioral, substance
298 use disorder and mental health providers, other physician and nursing providers, and home care
299 and home health services, through activities including (i) reviewing existing data and collection
300 of new data as needed to assess the capacity of the health care and behavioral, substance use
301 disorder and mental health care, and home care and home health workforce to serve patients,
302 including patients with disabilities whose disabilities may include but are not limited to
303 intellectual and developmental disabilities and dementia, including patient access and regional
304 disparities in access to physicians, nurses, physician assistants, and behavioral, substance use
305 disorder and mental health care professionals, and home care and home health professionals, and
306 to examine physician, nursing and physician assistant, behavioral, substance use disorder and
307 mental health professionals', and home care and home health professionals' satisfaction; (ii)

308 reviewing existing laws, regulations, policies, contracting or reimbursement practices, and other
309 factors that influence recruitment and retention of physicians, nurses, physician assistants,
310 behavioral, substance use disorder and mental health professionals, and home care and home
311 health professionals; (iii) projecting the ability of the workforce to meet the needs of patients
312 over time; (iv) identifying strategies currently being employed to address workforce needs,
313 shortages, recruitment and retention; (v) studying the capacity of public and private medical,
314 nursing, physician assistant, behavioral, substance use disorder and mental health professional
315 schools, and home care worker and home health aide training programs in the commonwealth to
316 expand the supply of primary care physicians and nurse practitioners and physician assistants
317 practicing as primary care providers and licensed behavioral, substance use disorder and mental
318 health professionals, and home care and home health professionals; (3) establish criteria to
319 identify underserved areas in the commonwealth for administering the loan repayment program
320 established under section 25N and for determining statewide target areas for health care provider
321 placement based on the level of access; and (4) address health care workforce shortages,
322 including shortages in home care and home health services, through the following activities,
323 including: (i) coordinating state and federal loan repayment and incentive programs for health
324 care providers; (ii) providing assistance and support to communities, physician groups,
325 community health centers, community hospitals, and home care and home health training entities
326 in developing cost-effective and comprehensive recruitment and retention initiatives; (iii)
327 maximizing all sources of public and private funds for recruitment initiatives; (iv) designing pilot
328 programs and making regulatory and legislative proposals to address workforce needs, shortages,
329 recruitment and retention; and (v) making short-term and long-term programmatic and policy
330 recommendations to improve workforce performance, address identified workforce shortages

331 and recruit and retain physicians, nurses, physician assistants and behavioral, substance use
332 disorder and mental health professionals, and home care and home health professionals.

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

335 (c) The center shall establish a home care worker and home health aide training and
336 workforce improvement program. The program shall (i) develop and implement strategies to
337 increase the number of individuals who are employed as home care workers and home health
338 aides; (ii) develop and implement innovative curricula, courses, programs, and modes of
339 delivering training and education to home care workers and home health aides; (iii) develop and
340 implement strategies for increasing the availability of training for home care workers and home
341 health aides in community-based organizations, including, but not limited to, community
342 development corporations, regional workforce agencies, faith-based organizations, labor-
343 management partnerships, and other partnerships among eligible applicants in community-based
344 settings; (iv) establish guidelines and standards for stackable module training credentials for
345 home care and home health workers that may be earned by workers as a part of a direct care
346 worker career pathway; and (v) develop and implement training for individuals that will assist
347 them in meeting the prerequisites for participating in Personal and Home Care Aide State
348 Training, as defined in section 1 of chapter 19E.

349 (d) The center shall annually submit a report, not later than March 1, to the governor, the
350 health disparities council, established by section 16O of chapter 6A; and the general court, by
351 filing the same with the clerk of the house of representatives, the clerk of the senate, the joint
352 committee on labor and workforce development, the joint committee on health care financing,

353 the joint committee on public health, and the joint committee on elder affairs. The report shall
354 include: (1) data on patient access and regional disparities in access to physicians, by specialty
355 and sub-specialty, and nurses, physician assistants, behavioral, substance use disorder and mental
356 health professionals, and home care and home health professionals; (2) data on factors
357 influencing recruitment and retention of physicians, nurses, physician assistants, and behavioral,
358 substance use disorder and mental health professionals, and home care and home health
359 professionals; (3) short and long-term projections of physician, nurse, physician assistant and
360 behavioral, substance use disorder and mental health professionals, and home care and home
361 health professionals supply and demand; (4) strategies being employed by the council or other
362 entities to address workforce needs, shortages, recruitment and retention; (5) recommendations
363 for designing, implementing and improving programs or policies to address workforce needs,
364 shortages, recruitment and retention; and (6) proposals for statutory or regulatory changes to
365 address workforce needs, shortages, recruitment and retention.

366 Section 25M. (a) There shall be a healthcare workforce advisory council within, but not
367 subject to the control of, the health care provider workforce center established by section 25L.
368 The council shall advise the center on the capacity of the healthcare workforce to provide timely,
369 effective, culturally competent, quality physician, nursing, physician assistant, behavioral,
370 substance use disorder and mental health services, and home care and home health services.

371 (b) The council shall consist of: 22 members to be appointed by the governor: 1 of whom
372 shall be a representative of the Massachusetts Extended Care Federation; 1 of whom shall be a
373 physician with a primary care specialty designation who practices in a rural area; 1 of whom
374 shall be a physician with a primary care specialty who practices in an urban area; 1 of whom
375 shall be a physician with a medical subspecialty; 1 of whom shall be an advanced practice nurse,

376 authorized under section 80B of said chapter 112, who practices in a rural area; 1 of whom shall
377 be an advanced practice nurse, authorized under said section BOB of said chapter 112, who
378 practices in an urban area; 1 of whom shall be a representative of the Massachusetts
379 Organization of Nurse Executives; 1 of whom shall be a representative of the Massachusetts
380 Academy of Family Physicians; 1 of whom shall be a representative of the Massachusetts
381 Workforce Board Association; 1 of whom shall be a representative of the Massachusetts League
382 of Community Health Centers, Inc.; 1 of whom shall be a representative of the Massachusetts
383 Medical Society; 1 of whom shall be a representative of the Massachusetts Nurses Association; 1
384 of whom shall be a representative of the Massachusetts Association of Registered Nurses; 1 of
385 whom shall be a representative of the Massachusetts Hospital Association, Inc.; 1 of whom shall
386 be a representative from the Massachusetts Association of Physician Assistants; 1 of whom shall
387 be a representative of the Massachusetts Chiropractic Society; 1 of whom shall be a
388 representative of Health Care For All, Inc.; 1 of whom shall be a behavioral, substance use
389 disorder and mental health professional; 1 of whom shall be a representative of the Home Care
390 Aide Council; 1 of whom shall be a representative of the Home Care Alliance of Massachusetts;
391 1 of whom shall be a representative of the Service Employees International Union Local 1199;
392 and 1 of whom shall be appointed by the governor at the governor's discretion. Members of the
393 council shall be appointed for terms of 3 years or until a successor is appointed. Members shall
394 be eligible to be reappointed and shall serve without compensation, but may be reimbursed for
395 actual and necessary expenses reasonably incurred in the performance of their duties. Vacancies
396 of unexpired terms shall be filled within 60 days by the appropriate appointing authority.

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

399 (c) The council shall advise the center on: (1) trends in access to primary care and
400 physician subspecialties, nursing, physician assistant and behavioral, substance use disorder and
401 mental health services, and home care and home health services; (2) the development and
402 administration of the loan repayment program, established under section 25N, including criteria
403 to identify underserved areas in the commonwealth; and (3) solutions to address identified health
404 care workforces shortages; and (iv) the center's annual report to the general court.