

MARYLAND STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH CARE WORKFORCE

Mid-year Report 2007



Maryland Department of Health and Mental Hygiene

**Martin O'Malley
Governor of Maryland**

**Anthony G. Brown
Lieutenant Governor of Maryland**

**John M. Colmers
Secretary, Maryland Department of Health and Mental Hygiene**

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Maryland Statewide Commission on the Shortage in the Health Care Workforce Mid-year Report 2007

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Maryland Statewide Commission on the Shortage in the Health Care Workforce

Executive Summary

There is a nationally identified shortage of workers in many health care fields. A recent study by the Center for Health Workforce Development identified critical shortages in Maryland's current and future supply of professional health care workers including physicians, nurses, pharmacy, laboratory technicians, mental health specialists, radiological technicians, respiratory therapists, and physical therapists. Rural and underserved areas of Maryland are at increased risk due to these shortages.

The health care industry is one of the top economic engines of the state. Access to quality care and patient safety are dependent on the availability of an adequate supply of well-educated and trained health care professionals and workers. Demand for health services will only increase with the aging population, and shortages could threaten the physiological and economic well being of our state.

To better evaluate this situation and what can be done, the Legislature in 2006 created the Maryland Statewide Commission on the Shortage in the Healthcare Workforce (MSCSHW).

This Commission is charged to:

- Determine the current extent of the shortage;
- Review the existing mechanisms to enhance education, recruitment and retention of healthcare workers in the state;
- Determine what changes are needed to enhance institutional capacity;
- Provide incentives and funding to increase student entry into the healthcare workforce;
- Examine strategies to increase healthcare workforce retention;
- Enhance recruitment of minority and high school workers; and
- Review development and retention of the healthcare workforce in rural and underserved areas.

The first Commission meeting was held on January 18th. During that meeting the group identified an action plan to address issues legislated by House Bill 1127 (2006). The Commission drafted a summary of findings for the Mid-year Report 2007. Recommendations are to be provided to the legislature in two future reports, January 2008 and June 2008.

The 21 member Commission represents differing health occupations and health interests in the state of Maryland, including health care professionals, educational institutions, health care delivery systems, and others who are well-informed about the health care workforce shortages in Maryland.

The Commission developed a Web site to make all reference material available to group members and the public. The Web site includes health workforce shortage data, resources, and related organizations and agencies. The Web site address is <http://www.dhmf.state.md.us/mscshw/>.

The assessment of Maryland's health workforce shortages identified the top 25 demand healthcare occupations and gaps between supply and demand. The top 25 occupations range from health specialist teachers and nursing instructors to medical assistants. In addition, the ranking by demand for specific Maryland health occupational titles are listed from one to 51. The health occupations are also ranked by

estimated employment needed by 2014, growth openings, and total openings. In all these categories, registered nurses ranked first and nursing aides & home health aides ranked second. Maryland's postsecondary health care programs impact the supply of available trained graduates as educational requirements increase.

At the April 19th meeting, the group heard presenters including Judy Hendrickson, director of Academic Affairs for the Maryland Higher Education Commission (MHEC), who presented data regarding "Maryland's Top 25 Demand Healthcare Occupations" and Ronald M. Hearn, executive director of the Baltimore Alliance for Careers in Healthcare (BACH) (back up for both are now available on our Web site under "other publications".) Further discussion included the need for minority population data for various health careers.

At the Commission's April 25th meeting the group solicited volunteers for committees. The Commissioners volunteered and were divided into committees to address the three clear sub-areas in the legislation: education, recruitment and retention. The Commissioners voted to make the Web site public once all components were complete.

At the May 17th meeting the group heard a presentation from Art Taguding, director of the Center for Industry Initiatives, Governor's Workforce Investment Board (GWIB), Maryland Department of Labor, Licensing and Regulation. Discussion included the need for collaboration of all workforce groups to strengthen Maryland's workforce development system and the use of GWIB's established work with the Health Summit to help execute the Commission's efforts.

At the June 21st meeting, the Commission continued with committee workgroup activities. This meeting had the committees working towards recommendations and facilitating strategies to reverse the growing shortage of health care workers in Maryland.

The Commission will review accumulated information to better define issues and approaches to develop health workforce shortage recommendations.

We would like to acknowledge and thank the following people and agencies for their support and assistance:

Ronald M. Hearn, Executive Director
Baltimore Alliance for Careers in Healthcare

Judy Hendrickson, Director of Academic Affairs
Maryland Higher Education Commission

Paula Hollinger, Associate Director, Health Workforce
Maryland Department of Health and Mental Hygiene

Patricia Kennedy, Ed.D., R.N., Special Assistant
Maryland Board of Nursing, Maryland Nursing Workforce Commission

James E. Lyons, Sr., Secretary
Maryland Higher Education Commission

Andrea Mansfield, Assistant Secretary - Finance
Maryland Higher Education Commission

Ilana Mittman, Ph.D., Workforce Diversity Director
Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

Russell W. Moy, M.D., M.P.H., Director, Family Health Administration
Maryland Department of Health and Mental Hygiene

Janet S. Nugent, Director, Office of Human Resources
Maryland Department of Health and Mental Hygiene

Joan H. Salim, Deputy Director, Family Health Administration
Maryland Department of Health and Mental Hygiene

Art Taguding, Director, Center for Industry Initiatives
Governor's Workforce Investment Board
Maryland Department of Labor, Licensing and Regulation

Members

The Maryland Statewide Commission on the Shortage in the Health Care Workforce consists of 21 members appointed to represent various areas of health care workforce.

- 1) William Miles Cole, Represents Maryland Department of Business and Economic Development
- 2) Catherine Crowley, Ed.D, Represents the Maryland Hospital Association
- 3) R. Terrence Farrell, Represents Community Mental Health Programs
- 4) Suzanne Gilbert, Represents Student Health Care Workers
- 5) The Honorable Andrew P. Harris, Represents Maryland Senate
- 6) Barbara Heller, Ed. D., R.N., FAAN, Represents the Greater Baltimore Business Community
- 7) Judy Hendrickson, M.A., Represents Maryland Higher Education Commission
- 8) Carlessia Hussein, R.N., Dr. PH., Represents the Office of Minority Health and Health Disparities, DHMH
- 9) Robert Jepson, Represents the Greater Washington Regional Business Community
- 10) Malinda Orlin, Ph.D., Represents University of Maryland Baltimore
- 11) Miguel McInnis, MPH, Represents the Community-based Health Care Industry
- 12) Colleen Parrott, R.N., MSN, Represents the Rural Maryland Council
- 13) Deborah Rowe, M.S., R.N., PHR, CHCR, Represents the Long-term Care Industry
- 14) Mark Townend, Represents Secretary of Department of Health and Mental Hygiene
- 15) Rhonda Wallace, Represents Unions of Health Care Workers
- 16) Anne Walker, M.A., M.H.S., Represents Maryland Department of Education
- 17) Christine Walti, Represents Consumer of Health Care Services
- 18) Kathleen White, Ph.D., R.N., Represents Independent Colleges
- 19) Robert Young, Ed.D., Represents Community Colleges
- 20) The Honorable Karen Montgomery, Represents Maryland House of Delegates
- 21) Eileen Carreras-Arnold, Represents the Medical Laboratory

Committees

The Maryland Statewide Commission on the Shortage in the Health Care Workforce (MSCSHW) identified three focus areas to reverse the shortage in Maryland's health care workforce. These areas include the education of qualified applicants, recruitment of these individuals to careers in health care, and retention of trained personnel. Committees were created to determine the MSCSHW's recommendations of innovative and effective strategies to improve each focus area. Committees are open for participation from interested stakeholders with the approval of the designated chairperson. Members of each committee area are listed below.

Education Committee Members

Dr. Catherine Crowley
R. Terence Farrell
Dr. Barbara Heller
Judy Hendrickson
Gewreka L. Nobles
Dr. Malinda Orlin
Christine P. Walti
Dr. Kathleen White
Dr. Robert Young

Recruitment Committee Members

Suzanne Gilbert
Dr. Carlessia Hussein
Robert Jepson
Dr. Ilana Mittman
Deborah Rowe
Mark Townend
Robert Jepson

Retention Committee Members

Amy E. Clements
William Miles Cole
Miguel McInnis
Colleen Parrott
Anne E. Walker
Rhonda Wallace

Website

Visit our website: <http://www.dhmf.state.md.us/mcshw/>

Maryland Statewide Commission on the Shortage in the Health Care Workforce

MSCSHW
Maryland Statewide Commission on the Shortage in the Health Care Workforce

John M. Colmers
Secretary

Citizen Alerts Maryland.gov Online Services State Director

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

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Maryland Statewide Commission on the Shortage in the Health Care Workforce (MSCSHW)

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The Maryland Statewide Commission on the Shortage in the Health Care Workforce (MSCSHW) was established by the Maryland legislature July 1, 2006 under Chapter 379, Acts of 2006. The Commission is to remain effective for two (2) years with authorization to expire June 30, 2008. The 21 member Commission represents differing health occupations and health interest in the state of Maryland including, health care professionals, educational institutions, health care delivery systems, and others well-informed about the health care workforce shortages in Maryland.

The purpose of the MSCSHW is to determine the extent of the shortage of health care workers in Maryland to include an evaluation of mechanisms to enhance the education, recruitment, and retention of health care workers affected by shortages. The Commission will consider ways to enhance institutional capacity to increase student enrollment and graduation rates at institutions of higher education that offer educational programs in the fields of health care. Incentives to enter the health professions and retain health care workers also will be considered. Also, the Commission is to identify methods by which to recruit minorities, high school students, and those committed to working in rural and underserved areas to be retained long-term. The Commission will function to develop recommendations and facilitate implementation of strategies to reverse the growing shortage of health care workers in Maryland.

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Extent of Health Care Workforce Shortages in Maryland

Maryland's Top 25 Demand Healthcare Occupations

Maryland's Top 25 Demand Healthcare Occupations was prepared by the Maryland Higher Education Commission (MHEC) in collaboration with the Department of Labor, Licensing, and Regulation (DLLR) and the Maryland Statewide Commission on the Shortage in the Healthcare Workforce (MSCSHW). This report identifies: (1) Maryland's top 25 demand healthcare occupations and (2) any gaps between the supply and demand for these 25 healthcare occupations. In combination, these 25 occupations represent over 90 percent of the projected employment for all healthcare occupations in Maryland by 2014. (See **Figure 1** for a list of all healthcare occupations.)

A comparison is made between the projected demand for qualified healthcare workers in Maryland and the supply provided by Maryland higher education institutions. Included are data for 200+ healthcare programs offered by 18 colleges/universities, 16 community colleges, and 25 private career schools. The supply/demand analysis compares: (1) the projected total annual openings from 2004 – 2014; and (2) the annual graduates of Maryland's postsecondary healthcare programs in FY 2006. (See **Figures 2 and 3** for the Gap Analysis.) The following findings are identified in the report:

- A gap between the projected demand and the reported supply is identified for 18 of the top 25 demand healthcare occupations. Substantial gaps of more than 40 percent are identified for seven of the top 25 demand occupations. In other words, the reported supply of graduates from Maryland postsecondary healthcare programs met less than 60 percent of the occupational demand projected in FY 2006.
- Although these existing gaps represent a substantial challenge to the effective delivery of healthcare services in Maryland, demonstrable improvements have been made since this same gap analysis was conducted three years ago, in large part, because of a commitment by Maryland higher education institutions to meet the State's healthcare workforce needs. In the May 2004 report (*Maryland's Top 25 Demand Healthcare Occupations*), gaps were identified for 23 of the top 25 healthcare occupations with substantial gaps of more than 40 percent identified for 19 of these occupations.
- In the future, gaps may narrow for occupations with increased program enrollments and graduates at Maryland higher education institutions. This is particularly true for occupations with new and/or expanded programs such as pharmacy, pharmacy technician, surgical technology, licensed practical nurse, and rehabilitation counseling. Furthermore, the current gap may be less than reported for nine of the top demand occupations due to the under-reporting of students completing short-term healthcare training. Especially for short-term training, it is important to monitor enrollment levels. In 2006, there were seven healthcare occupations that were near or at saturation including medical assisting for which there were over 1,000 more graduates than projected job openings.

- Nonetheless, there will be significant implications if there is not a supply of trained graduates for Maryland's top demand healthcare occupations. These occupations span all healthcare fields including the important areas of: (1) medicine, (2) nursing, (3) dentistry, (4) pharmacy, (5) therapy, (6) counseling, (7) emergency medical technology, (8) teaching, (9) health technology, (10) medical lab technology, (11) medical assisting, and (12) medical records. Maryland may successfully import trained practitioners (physicians/surgeons and dentists) because of the attraction of Maryland's world-renowned hospitals and medical institutions. However, alternative sources of trained workers may be less available for other occupations.
- In this report, information is provided to assist in developing strategies to bridge the gaps between supply and demand for Maryland's top 25 demand healthcare occupations. Strategies to close these gaps need to be tailored to specific occupations. As described in the report, the 25 occupations require substantially different lengths and levels of training and perform a wide array of critical healthcare functions ranging from therapeutic and diagnostic healthcare services to informatics. There is not necessarily one strategy that fits all.

GAP ANALYSIS -- COMPARISON OF PROJECTED DEMAND FOR MARYLAND'S TOP HEALTHCARE OCCUPATIONS AND REPORTED SUPPLY FROM MARYLAND HIGHER EDUCATION INSTITUTIONS

Figure 3 provides a comparison of supply and demand for the top demand healthcare occupations. It compares: (1) the projected total annual openings from 2004 – 2014 and (2) the annual graduates of Maryland's postsecondary healthcare programs in FY 2006. The occupations are listed according to the gap between projected total annual openings and FY 2006 graduates.

- In total, a gap between the supply and demand is reported for 18 of the top 25 demand healthcare occupations. Substantial gaps of more than 40 percent are identified for seven of the demand occupations. In other words, the reported supply of graduates from Maryland postsecondary healthcare programs was less than 60 percent of the occupational demand projected in FY 2006.
- Although these existing gaps represent a substantial challenge to the effective delivery of healthcare services in Maryland, demonstrable improvements have been made since this same gap analysis was conducted three years ago, in large part, because of a commitment by Maryland higher education institutions to meet the State's healthcare workforce needs. In the previous May 2004 report (*Maryland's Top 25 Demand Healthcare Occupations*), gaps were identified for 23 of the top 25 healthcare occupations with substantial gaps of more than 40 percent identified for 19 of these occupations.

Ranked by Demand	Figure 1 - Occupational Title	Estimated Employment 2004	Estimated Employment 2014	Ranked by 2014 Employment	Growth Openings	Ranked by Growth Openings	Total Openings	Ranked by Total Openings	Composite Score
1	Registered Nurses	48,595	62,510	1	13,915	1	24,080	1	3
2	Nursing Aides & Home Health Aides	36,870	49,465	2	12,600	2	17,430	2	6
3	Medical Assistants	7,510	10,635	5	3,125	3	4,510	3	11
4	Physician and Surgeons, ALL	9,615	14,470	3	2,070	4	3,730	5	12
5	Licensed Practical and Licensed Vocational Nurses	8,930	10,905	4	1,975	5	3,920	4	13
6	Dental Assistants	4,345	6,025	6	1,685	6	2,895	6	18
7	Health Specialties Teachers, Postsecondary & Nursing Instructors	4,885	5,970	7	1,085	8	2,185	7	22
8	Pharmacy Technicians	4,515	5,765	8	1,245	7	1,835	9	24
9	Pharmacists	4,440	5,420	9	980	11	1,840	8	28
10	Emergency Medical Technicians and Paramedics	4,340	5,390	10	1,050	10	1,545	12	32
11	Medical and Clinical Laboratory Technicians	3,595	4,325	11	730	17	1,700	10	38
12	Physical Therapists	3,130	4,205	13	1,075	9	1,385	16	38
13	Radiologic Technologists and Techs.	3,445	4,260	12	815	14	1,460	15	41
14	Mental Health Counselors & Substance Abuse and Behavior Disorder Counselors	3,195	3,965	15	780	16	1,505	13	44
15	Medical and Clinical Laboratory Technologists	3,580	4,180	14	600	20	1,565	11	45
16	Rehabilitation Counselors	2,970	3,770	16	800	15	1,480	14	45
17	Dental Hygienists	2,310	3,205	18	900	12	1,095	18	48
18	Physician Assistants	2,155	3,005	20	855	13	1,185	17	50
19	Medical Records and Health Information Technicians	2,440	3,070	19	630	18	975	20	57
20	Occupational Therapists	2,005	2,630	22	625	19	895	21	62
21	Speech-Language Pathologists & Audiologists	2,465	2,870	21	405	23	1,015	19	63
22	Dentists, General	3,235	3,545	17	310	25	855	23	65
23	Respiratory Therapists & Techs	1,875	2,235	23	355	24	885	22	69
24	Surgical Technologists	1,710	2,155	24	445	21	670	24	69
25	Physical Therapist Aides	1,150	1,565	28	420	22	610	26	76

Ranked by Demand	Figure 1 Continuation - Occupational Title	Estimated Employment 2004	Estimated Employment 2014	Ranked by 2014 Employment	Growth Openings	Ranked by Growth Openings	Total Openings	Ranked by Total Openings	Composite Score
26	Massage Therapists	1,750	2,025	25	275	28	615	25	78
27	Medical Transcriptionists	1,380	1,670	26	290	27	545	28	81
28	Marriage and Family Therapists	1,365	1,625	27	255	29	570	27	83
29	Physical Therapist Assistants	680	995	34	310	26	425	29	89
30	Diagnostic Medical Sonographers	885	1,140	31	255	30	420	30	91
31	Dietetic Technicians	1,285	1,480	29	200	31	365	32	92
32	Dietitians and Nutritionists	930	1,075	32	145	35	385	31	98
33	Occupational Health and Safety Specialists	855	1,010	33	155	33	340	33	99
34	Cardiovascular Technologists and Technicians	775	950	35	175	32	320	34	104
35	Opticians, Dispensing	1,145	1,245	30	100	37	300	36	106
36	Chiropractors	785	940	36	155	34	305	35	108
37	Pharmacy Aides	680	790	38	130	36	235	38	112
38	Optometrists	590	685	39	95	38	260	37	114
39	Nuclear Medicine Technologists	425	500	41	75	39	155	40	123
40	Recreational Therapists	520	590	40	70	42	195	39	121
41	Radiation Therapists	280	355	44	75	40	135	41	125
42	Psychiatric Aides	805	830	37	25	46	130	42	125
43	Occupational Therapist Assistants	245	320	46	75	41	105	44	131
44	Athletic Trainers	245	300	47	60	43	110	43	133
45	Podiatrists	300	335	45	35	45	105	45	135
46	Psychiatric Technicians	365	375	42	15	47	60	47	136
47	Occupational Therapist Aides	120	170	48	45	44	60	46	138
48	Orthodontists	135	145	49	10	48	35	48	145
49	Occupational Health and Safety Technicians	290	375	43	0	51	0	51	145
50	Oral and Maxillofacial Surgeons	85	95	50	10	49	25	49	148
51	Orthotists and Prosthetists	30	35	51	5	50	25	50	151

Source: Department of Labor, Licensing, and Regulation.

The reader is cautioned in interpreting this comparative data to consider the notes provided on pages 1-2 of this report.

Source: (1) Maryland Higher Education Commission - Degree Information System, Private Career School Annual Reports, WIA Data Collections, (2) Department of Labor, Licensing, and Regulation.

Figure 2 - Top Healthcare Occupations	Projected Total Annual Openings (2004 – 2014)	Graduates in FY 2006	Difference Between Projected Total Annual Openings & Graduates in 2006 (Gap)	
			#	%
Health Specialties Teachers & Nursing Instructors *	219	18	92%	201
Licensed Practical Nurses	392	194	51%	198
Registered Nurses	2,408	2,251	7%	157
Physicians & Surgeons	373	248	34%	125
Rehabilitation Counselors	148	23	84%	125
Medical & Clinical Laboratory Technologists	157	38	76%	119
Mental Health Counselors & Substance Abuse & Behavioral Disorder Counselors	151	79	48%	72
Dental Assistants *	289	226	22%	63
Medical & Clinical Laboratory Technicians *	170	108	36%	62
Physical Therapist Aides *	61	0	100%	61
Emergency Medical Technicians/Paramedics *	154	94	39%	60
Physical Therapists	138	82	41%	56
Pharmacy Technicians *	183	138	25%	45
Physician Assistants	119	87	27%	32
Occupational Therapists	90	59	34%	31
Pharmacists	184	158	14%	26
Surgical Technologists *	67	42	37%	25
Dental Hygienists	110	97	12%	13
Nursing Aides & Home Health Aides *	1,742	1,749	-.4%	-7
Respiratory Therapists & Technicians	89	97	-9%	-8
Speech-Language Pathologists & Audiologists	100	113	-13%	-13
Dentists, General	86	106	-23%	-20
Medical Records & Health Information Technicians *	98	147	-50%	-49
Radiologic Technologists & Technicians	146	213	-46%	-67
Medical Assistants *	451	1,481	-228%	-1,030

*Under-reported are graduates of short-term training and teacher preparation programs.

The reader is cautioned in interpreting this comparative data to consider the notes provided on pages 1-2 of this report.
Source: Maryland Higher Education Commission – (1) Degree Information System, Private Career School Annual Reports.
WIA Data Collections and (2) Department of Labor, Licensing and Regulation.

- **Figure 3** compares: (1) the projected total annual openings from 2004 – 2014 for Maryland’s top demand healthcare occupations and (2) reported FY 2006 graduates of Maryland’s related postsecondary healthcare programs. The healthcare occupations are listed according to the total annual openings projected from 2004 – 2014.
- There may be significant implications if the production of graduates is not increased or alternative sources of trained workers are unavailable for the occupations identified below. Maryland may successfully import trained practitioners (physicians/surgeons), because of the attraction of Maryland’s world renowned hospitals and medical institutions. However, alternative sources of trained workers may be less available for other occupations. Critical to meeting the demand for nurses, pharmacists, and other top demand occupations is an increased supply of instructors to allow institutions to deliver new and expanded healthcare programs.

Health Specialties & Nursing Instructors	Registered Nurses	Physicians & Surgeons
Pharmacists	Physical Therapists	Occupational Therapists
Physician Assistants	Physician Assistants	Dental Hygienists
Mental Health Counselors & Substance Abuse & Behavioral Disorder Counselors	Rehabilitation Counselors	Licensed Practical Nurses
Medical & Clinical Lab Technologists		

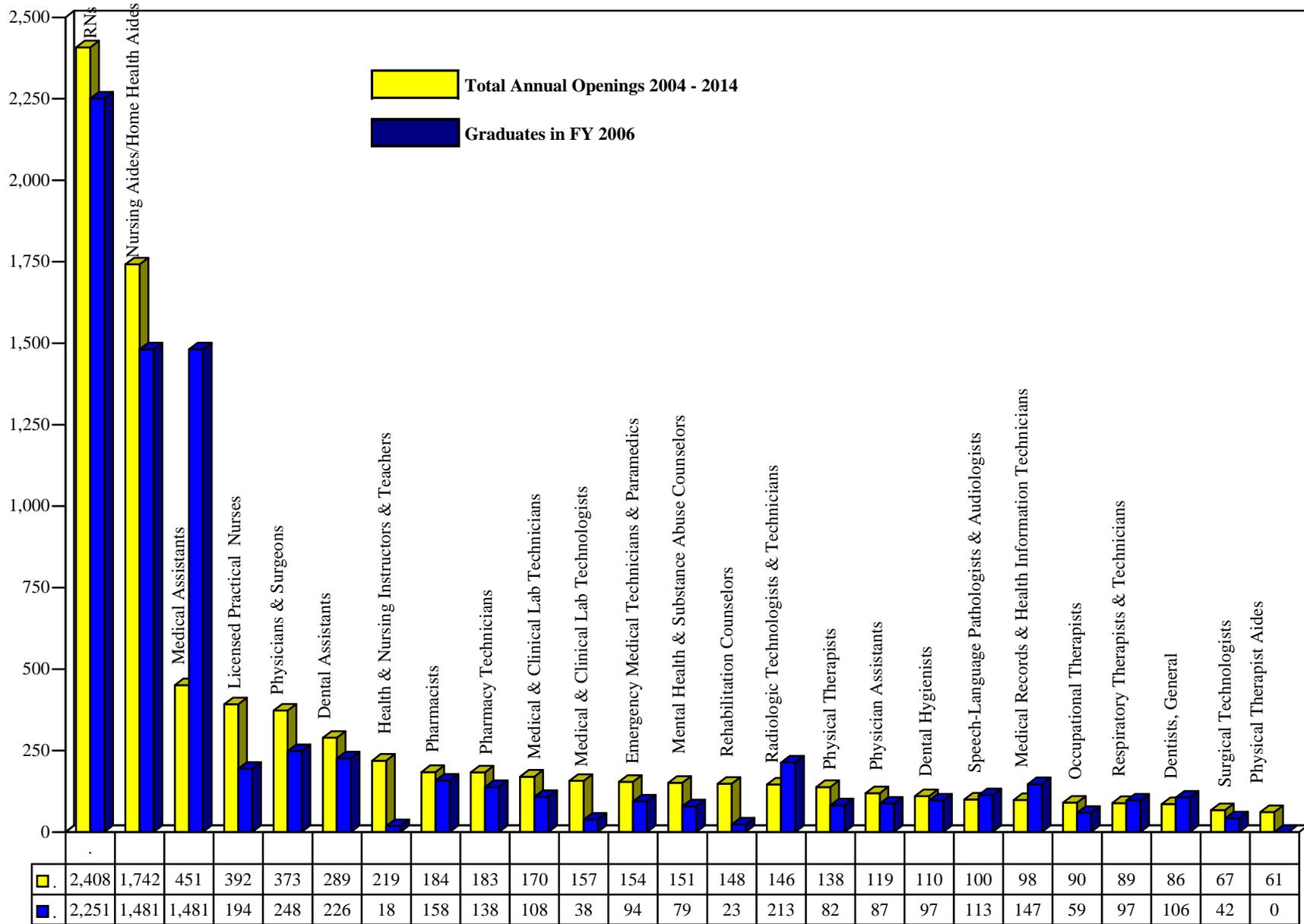
- In the future, the gap may decrease as a result of new and/or expanded healthcare programs. Especially for short-term training, it is important to monitor enrollment and graduate levels to avoid an over-production of graduates. In 2006, there were 8 healthcare occupations that were near or at saturation, with the supply well exceeding the projected demand for 4 of these occupations. This included medical assistants for which there were over 1,000 more graduates in 2006 than projected job openings.

	Difference Between Projected Total Annual Openings & Graduates in 2006	
	%	#
Dentists	-23%	-20
Medical Records & Health Information Technicians	-50%	-49
Radiologic Technologists & Technicians	-46%	-67
Medical Assistants	-228%	-1,030

- Furthermore, the current gap for 10 of the demand healthcare occupations may be less than reported. Students that are under-counted are those completing teacher education programs and short-term training including: (1) postsecondary courses that are not part of formal certificate programs, (2) high school programs, and (3) training provided by employers to their employees.

Health Specialties Teachers & Nursing Instructors	Dental Assistants	EMTs & Paramedics
Medical Assistants	Medical & Clinical Laboratory Technicians	Medical Records/Health Information Technicians
Nursing Aides & Home Health Aides	Pharmacy Technicians	Physical Therapists Aides
Surgical Technicians		

Figure 3



Maryland's Reported Postsecondary Healthcare Programs by Educational Level

- **Figure 4** identifies the educational level of Maryland's postsecondary healthcare programs included in this report. Listed are the education levels of programs that prepare graduates for the top demand healthcare occupations.

- Eight levels of postsecondary education are identified on **Figure 4**.

Credit or Non-Credit Courses	Private Career School Certificate	College Certificate	Associate Degree
Bachelor's Degree	Master's Degree	Doctoral Degree	1 st Professional Degree

- When multiple levels of postsecondary education are offered, the healthcare program type is listed according to the lowest level reported.
- Note that education requirements in Maryland are increasing for practitioners, therapists, and nurses while decreasing for technicians and aides. Evidence of these trends is summarized below and reported on **Figure 4**.
 - The level of training increased for physical therapists and respiratory therapists in Maryland.¹
 - Maryland discontinued hospital-based diploma programs for licensed practical nurses (LPNs) in the mid-1990's. Currently, LPNs must complete approved certificate programs offered by colleges.
 - By contrast, dental assisting certificate and associate degree programs were discontinued by Maryland community colleges and replaced by community college non-credit/credit courses and private career school certificate programs.
 - Only short-term training is required for new and emerging healthcare aide occupations (e.g. home health aides, physical therapist aides.)
 - Many healthcare technician occupations require completion of certificate or associate degree programs only.
- Changes in the educational requirements for an occupation significantly impact the supply of available trained graduates. The number of graduates dropped significantly after the requirement for physical therapists and pharmacists increased from a bachelor's degree to an advanced degree.

¹ In Maryland, doctoral degree programs in physical therapy are replacing bachelor and master degree programs. For respiratory therapists, associate and bachelor degree programs replaced certificate programs.

Figure 4 - Maryland's Reported Postsecondary Healthcare Programs by Educational Level
(Programs Grouped by Lowest Educational Level Reported)

Healthcare Programs	Credit or Non-Credit Courses	PCS Certificate	College Certificate	Associate Degree	Bachelor's Degree	Master's Degree	Doctoral Degree	1st Professional Degree
1st Professional Degree								
Dental (Dentists)								X
Medicine (Physicians/Surgeons)								X
Pharmacy (Pharmacists)								X
Physical Therapy					X	X		X
Graduate Degree								
Speech Pathology & Audiology						X	X	
Mental Health & Substance Abuse Counseling						X		
Occupational Therapy						X		
Rehabilitation Counseling						X		
Health & Nursing Education						X	X	X
Bachelor's Degree								
Medical Laboratory Technology					X	X	X	
Physician Assistants			X **		X	X	X	
Associate Degree								
Registered Nurse				X	X	X	X	

Figure 4 - Maryland's Reported Postsecondary Healthcare Programs by Educational Level
(Programs Grouped by Lowest Educational Level Reported)

Healthcare Programs	Credit or Non-Credit Courses	PCS Certificate	College Certificate	Associate Degree	Bachelor's Degree	Master's Degree	Doctoral Degree	1 st Professional Degree
Dental Hygiene				X	X	X		
Respiratory Therapy			X	X	X			
Certificate								
Radiologic Technology		X		X	X			
Licensed Practical Nursing		X	X					
Surgical Technology								
Credit or Non-Credit Courses			X	X				
EMT/Paramedic	*	X	X	X	X	X		
Medical Assistant	*	X	X	X				
Medical Records Technology	X	X	X	X				
Medical Lab Technician	X	X	X	X				
Dental Assistant	X	X	X	X				
Nursing Assistant/Home Health Aide	X	X	X					
Pharmacy Technician	X	X	X					
Physical Therapist Aides	X							

~~X~~ Strike-outs indicate levels of education that were discontinued during the period of FY 1997 – FY 2006.

** Admissions prerequisites of a bachelor's degree for physician assistant certificate programs.

Attachments

January 18, 2007 Meeting Minutes

MARYLAND STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH CARE WORKFORCE (MSCSHW)

Minutes for Thursday, January 18, 2007

9:00 AM to 12:00 PM

- 1. Place:** Maryland Department of Health and Mental Hygiene's (DHMH) Headquarters, Lobby-level Conference Room
- 2. Presiding:** G. Mark Townend, DHMH, Office of Human Resources
- 3. Status of Minutes:** Approved Thursday, April 19, 2007
- 4. Commission Members Present**
 - 1) Sharlene P. Blum, Represents the Medical Laboratory
 - 2) William Miles Cole, Represents Maryland Department of Business and Economic Development
 - 3) Catherine Crowley, Ed.D, Represents the Maryland Hospital Association
 - 4) R. Terrence Farrell, Represents Community Mental Health Programs
 - 5) Suzanne Gilbert, Represents Student Health Care Workers
 - 6) The Honorable Andrew P. Harris, Represents Maryland Senate
 - 7) Barbara Heller, Ed. D., R.N., FAAN, Represents the Greater Baltimore Business Community
 - 8) Carlessia Hussein, R.N., Dr. PH., Represents the Office of Minority Health and Health Disparities, DHMH
 - 9) Robert Jepson, Represents the Greater Washington Regional Business Community
 - 10) Malinda Orlin, Ph.D., Represents University of Maryland Baltimore
 - 11) Deborah Rowe, M.S., R.N., PHR, CHCR, Represents the Long-term Care Industry
 - 12) Mark Townend, Represents Secretary of Department of Health and Mental Hygiene
 - 13) Rhonda Wallace, Represents Unions of Health Care Workers
 - 14) Anne Walker, M.A., M.H.S., Represents Maryland Department of Education
 - 15) Christine Walti, Represents Consumer of Health Care Services
 - 16) Kathleen White, Ph.D., R.N., Represents Independent Colleges
- 5. Absent Commission Members**
 - 1) Steven Benko, ECT, Represents Student Health Care Workers
 - 2) Delegate (To Be Assigned)
 - 3) Judy Hendrickson, M.A., Represents Maryland Higher Education Commission
 - 4) Miguel McInnis, MPH, Represents the Community-based Health Care Industry
 - 5) Ms. Colleen Parrott, R.N., MSN, Represents the Rural Maryland Council
 - 6) Robert Young, Ed.D., Represents Community Colleges

6. Guest Present

- 1) Lorenzo Bellamy, Alexander & Clever, Attorneys At Law
- 2) Tom Dolan, Med Chi
- 3) Deborah Green, Maryland Drug and Alcohol Abuse (ADAA)
- 4) Patricia Kennedy, Ed.D., Maryland Board of Nursing, Nursing Workforce Commission
- 5) John Lupo, Kaiser Permanente
- 6) Ilana Mittman, Ph.D., DHMH, Office of Minority Health and Health Disparities
- 7) Gewreka Nobles, Maryland Nurses Association (MNA)
- 8) Brian Quinn, Quest Laboratory
- 9) Suzan Swanton, Maryland Drug and Alcohol Abuse

7. Welcome and Introductions

Mark Townend greeted commissioners and guests. Each commissioner and guest introduced themselves. Commissioners shared information about their background and their involvement with health workforce issues.

8. Review of the Commission charge and Commission representatives: House Bill 1127, Statewide Commission on the Shortage in the Health Care Workforce (MSCSHW) (2006)

- 1) Commissioners are to:
 - a. Develop recommendations.
 - b. Facilitate implementation of strategies to reverse the growing shortage of health care workers in Maryland.
- 2) The consensus was that the legislation was not intended to institute another study.
- 3) Some groups and agencies that work on health care workforce issues in Maryland are not listed in the legislation. The Commission may invite these groups to participate in the work with the Commission and to be available for consultation as necessary.

9. Identification of ongoing work and comparisons with the legislated tasks for HB1127 (2006)

- Share information on relevant activities/entities regarding health care workforce issues.
 - 1) Maryland Board of the Nursing, Maryland Nursing Workforce Commission
 - 2) Maryland Higher Education Commission (MHEC) in conjunction with the Governor's Workforce Investment Board (GWIB), Maryland Department of Labor, Licensing and Regulation (DLLR)
 - 3) The Baltimore Alliance of Careers in Healthcare
 - 4) National information and data for agencies and organizations
 - 5) Maryland Health Professional Boards
 - 6) Minority and diversity population information and data
 - 7) Rural and urban information and data
 - 8) The Maryland Health Care Commission (MHCC)
 - 9) Area Health Education Centers
 - 10) Maryland State Department of Education

10. Action Plan: Baseline data on health care workforce for education, recruitment and retention in Maryland should be obtained as a starting point.

11. Commission tasks:

- 1) The Chair requested that available information be submitted to the Commission and that the private sector may be a resource for comparisons.
- 2) The Commission can develop a Website to post baseline information and internet links. If only paper copies of the literature are available, the information can be scanned onto the Commission's Website.
- 3) The Commission staff will draft a letter for the Secretary of Health's signature that will solicit health workforce data and information from Maryland entities. The letter will describe what we are doing and allow a time period to receive information. Board analysis of the information is to be conducted after an initial sorting of existing materials.

12. Decisions regarding committees/subcommittees & breakout to discuss objectives and timelines

- 1) It appears that recruitment, retention, and education are three main subgroups of the legislation.
- 2) Minority issues are also to be addressed.
- 3) Rather than breakout groups, the decision was to remain as a full Commission to first determine all of the issues and health disciplines to be addressed. The challenge of using existing data to identify the direction of the health care workforce shortages in Maryland would best be addressed by the group as a total Commission.

13. Timeline and tasks

- 1) At the next meeting, the agenda will include fact finding reports on existing information.
- 2) The task for mid-May 2007 is to draft the summary of the Commissions' findings in preparation for the Mid-year Report 2007.
- 3) The Commission will hold a public meeting in May 2007 to hear public comments and testimonies on the draft report. The follow-up will incorporate factual information learned for the report to be submitted according to the established timeline. There will be an internal timeline for December 2007 and December 2008 to complete tasks by January 2008 and 2009, respectively. This will ensure sufficient time for legislature consideration of action on the Commission's recommendations. The legislature may want to take action no later than December 2009.
- 4) The second Commission Meeting will include determining the extent of shortage problems, demands, and presentation of tentative recommendations. The agenda will outline an approach to summarize and discuss data collected. The Commission will make a decision on the direction for the Mid-year Report 2007 to the Legislature.

14. Adjournment: The next meeting will be the third week of March 2007.

March 2007 Meeting Minutes

The March meeting was not held due to the continuation of gathering health care workforce data and information resources.

April 19, 2007 Meeting Minutes

MARYLAND STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH CARE WORKFORCE (MSCSHW)

**Minutes for Thursday, April 19, 2007
9:00 AM to 12:00 PM**

- 1. Place:** Maryland State Government Fifth Regiment Armory, Baltimore, Maryland
- 2. Presiding:** G. Mark Townend, DHMH, Office of Human Resources
- 3. Status of Minutes:** Approved minutes from the January 18, 2007 Maryland Statewide Commission on the Shortage in the Health Care Workforce (MSCSHW) meeting
- 4. Commission Members Present**
 - 1) R. Terrence Farrell, Represents Community Mental Health Programs
 - 2) Suzanne Gilbert, Represents Student Health Care Workers
 - 3) The Honorable Andrew P. Harris, Represents Maryland Senate
 - 4) Barbara Heller, Ed. D., R.N., FAAN, Represents the Greater Baltimore Business Community
 - 5) Judy Hendrickson, M.A., Represents Maryland Higher Education Commission
 - 6) Carlessia Hussein, R.N., Dr. PH., Represents the Office of Minority Health and Health Disparities, DHMH
 - 7) Robert Jepson, Represents the Greater Washington Regional Business Community
 - 8) Malinda Orlin, Ph.D., Represents University of Maryland Baltimore
 - 9) Miguel McInnis, MPH, Represents the Community-based Health Care Industry
 - 10) Ms. Colleen Parrott, R.N., MSN, Represents the Rural Maryland Council
 - 11) Deborah Rowe, M.S., R.N., PHR, CHCR, Represents the Long-term Care Industry
 - 12) Mark Townend, Represents Secretary of Department of Health and Mental Hygiene
 - 13) Christine Walti, Represents Consumer of Health Care Services
 - 14) Robert Young, Ed.D., Represents Community Colleges
- 5. Absent Commission Members**
 - 1) Steven Benko, ECT, Represents Student Health Care Workers
 - 2) Delegate (To Be Assigned)
 - 3) Sharlene P. Blum, Represents the Medical Laboratory
 - 4) William Miles Cole, Represents Maryland Department of Business and Economic Development
 - 5) Catherine Crowley, Ed.D, Represents the Maryland Hospital Association
 - 6) Rhonda Wallace, Represents Unions of Health Care Workers
 - 7) Anne Walker, M.A., M.H.S., Represents Maryland Department of Education
 - 8) Kathleen White, Ph.D., R.N., Represents Independent Colleges

6. Guest Present

- 1) Deborah Green, Maryland Drug and Alcohol Abuse (ADAA)
- 2) The Honorable Paula Hollinger, DHMH, Associate Director, Health Workforce
- 3) John Iyan, Office of Minority Health and Health Disparities, DHMH
- 4) Patricia Kennedy, Ed.D., Maryland Board of Nursing, Nursing Workforce Commission
- 5) Ilana Mittman, Ph.D., DHMH, Office of Minority Health and Health Disparities
- 6) Suzan Swanton, Maryland Drug and Alcohol Abuse

7. Welcome and Introductions

Mark Townend greeted commissioners and guests. Each commissioner and guest introduced themselves. The Honorable Paula Hollinger (now Associate Director of Health Workforce, DHMH) was present and shared information about her involvement with health workforce issues.

8. Administrative Overview and Approval of minutes

- 1) Six (6) stakeholder responses to the Commission's solicitation letter (signed by the Maryland Health Secretary) for health care workforce data and resource:
 - i. Maryland Higher Education Commission
 - ii. Governor's Workforce Investment Board (GWIB), Maryland Department of Labor, Licensing and Regulation
 - iii. Maryland Board of Nursing
 - iv. Maryland Department of Education (MSDE)
 - v. Board of Physical Therapy Examiners referral to MSDE
 - vi. Community Behavioral Health Association of Maryland
- 2) Approval of minutes

9. Presenters on Workforce Data and Resources

- 1) Maryland Higher Education Commission (MHEC), Judy Hendrickson, Director of Academic Affairs

Ms. Judy Hendrickson presented data and information on "Maryland's Top 25 Demand Healthcare Occupations" to the Statewide Commission on the Shortage in the Health Care Workforce (MSCSHW). Ms. Hendrickson spoke on the 2004 initial study (for 2000-2010) that was developed by the Maryland Higher Education Commission (MHEC) and the Department of Labor, Licensing and Regulation (DLLR). She then spoke on the current 2007 updating of the report based on Maryland Occupational Projections from 2004-2014. Before publishing the revised report, MHEC provided the MSCSHW an opportunity to comment on the preliminary data. Each Commissioner received the 2004 published report and updated charts for the updated 2004-2014 document that is under development.

The electronic copy of the 2004 report -- "Maryland's Top 25 Demand Healthcare Occupations: A Demand and Supply Analysis" is available on our website under "other publications".

<http://www.mhec.state.md.us/publications/whatsnew.asp>

The Commissioners were to provide MSCSHW staff with any additional questions to the data provided by Judy Hendrickson.

- 2) Baltimore Alliance for Careers in Healthcare (BACH), Ronald M. Hearn, Executive Director

Mr. Ronald M. Hearn, Executive Director, Baltimore Alliance for Careers in Healthcare (BACH), presented to the Commissioners on their model: building workers' knowledge and skills; and enhancing organizational and workforce system capacities. BACH uses hourly wage and educational requirements for entry level and technician jobs. Coaching is incorporated to reduce turnover and vacancy in entry level jobs across eight (8) Baltimore hospitals. Educational attainment of Baltimore City residents is a method to improve retention and advancement of entry-level hospital workers. BACH implements training, recruitment, and retention people into the health occupations.

10. Discussion for Other Data Resources

- 1) Minority population data is needed for various health careers
- 2) The Executive Director of GWIB is to speak at the next meeting
- 3) National Health Council has a resource book entitled, "270 Ways To Put Your Talent to Work in the Health Field"
- 4) The MSCSHW concluded that data on the extent of the health care shortage was available. We now needed to complete data compilation, analysis, grouping, and recommendations.

11. Unfinished Business: Delegate Appointment

- 1) The MSCSHW will revisit the appointment of a delegate to serve on the Commission.

12. Committee Meeting- April 25, 2007 (regarding report to the legislature)

- 1) Working meeting of commissioners only to outline the Mid-year Report 2007 to the Governor and General Assembly.

13. Adjournment (The next full Commission Meeting is on Thursday May 17, 2007.)

April 25, 2007 Working Meeting Synopsis

MARYLAND STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH CARE WORKFORCE (MSCSHW) Committee Working Meeting Minutes for Wednesday, April 25, 2007 10:00 AM to 12:00 PM

- 1. Place:** Maryland Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, Maryland, 21201
- 2. Presiding:** G. Mark Townend, DHMH, Office of Human Resources
- 3. Commission Members Present**
 - 1) William Miles Cole, Represents Maryland Department of Business and Economic Development
 - 2) R. Terrence Farrell, Represents Community Mental Health Programs
 - 3) Suzanne Gilbert, Represents Student Health Care Workers
 - 4) Judy Hendrickson, M.A., Represents Maryland Higher Education Commission
 - 5) Carlessia Hussein, R.N., Dr. PH., Represents the Office of Minority Health and Health Disparities, along with her alternate, DHMH Ilana Mittman, Ph.D., DHMH, Office of Minority Health and Health Disparities
 - 6) Robert Jepson, Represents the Greater Washington Regional Business Community
 - 7) Miguel McInnis, MPH, Represents the Community-based Health Care Industry
 - 8) Deborah Rowe, M.S., R.N., PHR, CHCR, Represents the Long-term Care Industry
 - 9) Mark Townend, Represents Secretary of Department of Health and Mental Hygiene
 - 10) Rhonda Wallace, Represents Unions of Health Care Workers
 - 11) Christine Walti, Represents Consumer of Health Care Services
 - 12) Kathleen White, Ph.D., R.N., Represents Independent College
- 4. Absent Commission Members**
 - 1) Steven Benko, ECT, Represents Student Health Care Workers
 - 2) Delegate (To Be Assigned)
 - 3) Sharlene P. Blum, Represents the Medical Laboratory
 - 4) Catherine Crowley, Ed.D, Represents the Maryland Hospital Association
 - 5) The Honorable Andrew P. Harris, Represents Maryland Senate
 - 6) Barbara Heller, Ed. D., R.N., FAAN, Represents the Greater Baltimore Business Community
 - 7) Malinda Orlin, Ph.D., Represents University of Maryland Baltimore
 - 8) Colleen Parrott, R.N., MSN, Represents the Rural Maryland Council
 - 9) Anne Walker, M.A., M.H.S., Represents Maryland Department of Education
 - 10) Robert Young, Ed.D., Represents Community Colleges
- 5. Welcome and Introductions**

Mark Townend greeted commissioners and had each commissioner introduce themselves.

6. Review of matrix/outline to incorporate new information

- 1) Determine the current extent of the health care workforce shortage in Maryland including:
 - i. Education
 - ii. Recruitment
 - iii. Retention
- 2) What changes are needed:
 - iv. Enhance institute capacity to increase student enrollment and graduate rates
 - v. Enhance existing educational programs, scholarship programs, and funding mechanism to provide incentives to individuals to enter the health care workforce
 - vi. Examine what changes are needed within the health care environment to retain health care workers
- 3) Identify methods:
 - vii. Recruit minorities
 - viii. Recruit high school students
 - ix. Recruit and facilitate long-term retention of rural and underserved areas
 - x. Facilitate career advancement and retention of health care workers
- 4) Develop recommendations on, and facilitate implementation of strategies to reverse the growing shortage of health care workers in the Maryland.
 - xi. Recommendations
 - xii. Facilitate implementation
 - xiii. Strategies
 - xiv. Facilitate career advancement and retention of health care workers
- 5) Report its finding and recommendations to the Governor and the General Assembly on or before January 1 of each year.

In-depth discussion was held about populating the matrix/outline for reporting.

7. Resources to Close Data Gaps

- 1) The Chairperson decided to solicit volunteers for committees. The Commission came to the consensus that three clear sub-areas are in the legislation: Education, Recruitment, and Retention. The Commissioners divided the issues affecting workforce shortage into these three sub-areas.

8. Outline Report to Legislature

- 1) Global Problem: health workforce shortage in Maryland
- 2) Show search. Compare national data to Maryland data by using the National Bureau of Health Professionals, etc.
- 3) Summarize MSCSHW meetings
- 4) Website development
- 5) MSCSHW Committee/Committees: Education, Recruitment, Retention
- 6) What we plan to do

Judy Hendrickson, Director of Academic Affairs, Maryland Higher Education Commission, distributed recommendation of several entities that developed recommendations on health workforce to enhance the early presentation for the health shortage occupations in Maryland.

The Commission staff distributed recommendation for Alcohol and Drug Abuse, Maryland Commission on the Crisis in Nursing, mental health, and GWIB to the Commission to consider. Minority, cultural competence and diversity information was also distributed.

Health care workforce shortage data will create a self-selection of the number of health professional occupations to be included in the MSCSHW report.

9. Volunteer for Tasks and Timelines

- i. Committee/Committees are to work on the specific areas of education, recruitment and retention for presentation at the May 17, 2007 meeting. Some commissioners were concerned about time to work development. After the full meetings, time will be given to work on developing portion of reports that require more time.
- ii. Commission staff will e-mail a list of the Committee/Committees to enable work sessions. The Commissioners that were not present will have an opportunity to select their committee of interest.
- iii. Commissioner provided approval to make the website live to public view.
- iv. Public Hearing to collect information on issues to be address that are of concern to stakeholders. September may be a month to have the hearing.

10. On-going meetings

- 1) On-going meetings are now established for the third Thursday of each month at the 201 West Preston Street, Baltimore, MD 21201 in the lobby level conference rooms.

11. Adjournment

May 17, 2007 Meeting Minutes

MARYLAND STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH CARE WORKFORCE (MSCSHW)

Minutes for Thursday, May 17, 2007

10:00 AM to 12:00 PM

- 1. Place:** Maryland Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, Maryland, 21201
- 2. Presiding:** G. Mark Townend, DHMH, Office of Human Resources
- 3. Commission Members Present**
 - 1) William Miles Cole, Represents Maryland Department of Business and Economic Development
 - 2) Catherine Crowley, Ed.D, Represents the Maryland Hospital Association
 - 3) Suzanne Gilbert, Represents Student Health Care Workers
 - 4) Judy Hendrickson, M.A., Represents Maryland Higher Education Commission
 - 5) Carlessia Hussein, R.N., Dr. PH., Represents the Office of Minority Health and Health Disparities, along with her alternate, DHMH Ilana Mittman, Ph.D., DHMH, Office of Minority Health and Health Disparities
 - 6) Colleen Parrott, R.N., MSN, Represents the Rural Maryland Council
 - 7) Deborah Rowe, M.S., R.N., PHR, CHCR, Represents the Long-term Care Industry
 - 8) Mark Townend, Represents Secretary of Department of Health and Mental Hygiene
 - 9) Rhonda Wallace, Represents Unions of Health Care Workers
 - 10) Robert Young, Ed.D., Represents Community Colleges
- 4. Absent Commission Members**
 - 1) Steven Benko, ECT, Represents Student Health Care Workers (Resignation)
 - 2) Delegate (To Be Assigned)
 - 3) Sharlene P. Blum, Represents the Medical Laboratory (New Assignment Pending)
 - 4) R. Terrence Farrell, Represents Community Mental Health Programs
 - 5) The Honorable Andrew P. Harris, Represents Maryland Senate
 - 6) Barbara Heller, Ed. D., R.N., FAAN, Represents the Greater Baltimore Business Community
 - 7) Robert Jepson, Represents the Greater Washington Regional Business Community
 - 8) Miguel McInnis, MPH, Represents the Community-based Health Care Industry
 - 9) Malinda Orlin, Ph.D., Represents University of Maryland Baltimore
 - 10) Anne Walker, M.A., M.H.S., Represents Maryland Department of Education
 - 11) Christine Walti, Represents Consumer of Health Care Services
 - 12) Kathleen White, Ph.D., R.N., Represents Independent College
- 5. Guest Present**
 - 1) Amy Clements, Alexander & Clever, Attorneys At Law
 - 2) The Honorable Senator Paula Hollinger, DHMH, Associate Director, Health Workforce
 - 3) Patricia Kennedy, Ed.D., Maryland Board of Nursing, Nursing Workforce Commission
 - 4) Gewreka Nobles, Maryland Nurses Association (MNA)
 - 5) Susan Sweitzer, Baltimore Area Health Education Center

6. Welcome and Introductions

Mark Townend greeted commissioners and guests. All individuals present introduced themselves.

7. Meeting Issues

1) Administrative Issues

- Resignation of Steven Benko, ECT, alternate student representative: Due to unforeseen circumstances
- Resignation of Sharlene Blum, Medical Laboratory representative: Due to promotional opportunities within her organization
- Based on legislation the term “workgroup” has been replaced with the term “committee”

2) Tasks and Action Specific Issues

- Presenter: Governor’s Workforce Investment Board
 - i. Collaboration of all workforce groups to strength Maryland’s workforce development system.
 - ii. Use of five-years of GWIB’s efforts with the Health Summit to help execute the Commission’s efforts.
- Review June 1, 2007 Draft Report:
 - a. Discussed report content and made revisions as agreed upon.
 - b. Total 53 Health Occupations in Maryland, as defined by DLLR. With the combination of two categories, MSCSHW will use 52 health occupations. The top 25 health occupations with shortages have complete data. MHEC will provide gap data (supply and demand) calculations for the remaining 27 health occupations for the Mid-year 2007 Report.
 - c. Federal grants and school loan repayment is driving the attendance in medical schools.
 - d. Life expectance should be driving the need for additional health care workers.
 - e. Action – Incorporate edits, comments, and ideas into the report and forward to Commissioners for approval. Next, the report is to be submitted to the DHMH Office of Governmental Affairs for approval and then to be released as the final report.

8. Outlines to Steer Committee Tracking

- Arrange for conference calls for Committees.
- Proceed with next steps to continue implementation of the legislation.

9. New Business

- Suggested speakers for future meetings:
 - a. Maryland State Department of Education
 - b. Community College of Baltimore: Grant for EMTs with Nurses
- Wrap-up
 - iii. Action - Follow-up with the House of Delegates regarding the existing vacancy.
 - iv. Action - Follow-up to fill other Commission vacancies

10. Adjournment (The next Commission Meeting is on Thursday June 21, 2007.)

June 21, 2007 Working Meeting Synopsis

MARYLAND STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH CARE WORKFORCE (MSCSHW) Committee Working Meeting

Minutes for Thursday, June 21, 2007

9:00 AM to 12:00 PM

- 1. Place:** Maryland Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, Maryland, 21201
- 2. Presiding:** G. Mark Townend, DHMH, Office of Human Resources
- 3. Commission Members Present**
 - 1) Eileen Carreras-Arnold, Represents the Medical Laboratory
 - 2) William Miles Cole, Represents Maryland Department of Business and Economic Development
 - 3) Catherine Crowley, Ed.D, Represents the Maryland Hospital Association
 - 4) The Honorable Andrew P. Harris, Represents Maryland Senate
 - 5) Barbara Heller, Ed. D., R.N., FAAN, Represents the Greater Baltimore Business Community
 - 6) Carlessia Hussein, R.N., Dr. PH., Represents the Office of Minority Health and Health Disparities (Alternate, Ilana Mittman, Ph.D., DHMH, Office of Minority Health and Health Disparities)
 - 7) Malinda Orlin, Ph.D., Represents University of Maryland Baltimore
 - 8) Colleen Parrott, R.N., MSN, Represents the Rural Maryland Council
 - 9) Mark Townend, Represents Secretary of Department of Health and Mental Hygiene
 - 10) Anne Walker, M.A., M.H.S., Represents Maryland Department of Education
 - 11) Christine Walti, Represents Consumer of Health Care Services
 - 12) Robert Young, Ed.D., Represents Community Colleges
- 4. Absent Commission Members**
 - 1) Delegate (To Be Assigned)
 - 2) R. Terrence Farrell, Represents Community Mental Health Programs
 - 3) Suzanne Gilbert, Represents Student Health Care Workers
 - 4) Robert Jepson, Represents the Greater Washington Regional Business Community
 - 5) Miguel McInnis, MPH, Represents the Community-based Health Care Industry
 - 6) Deborah Rowe, M.S., R.N., PHR, CHCR, Represents the Long-term Care Industry
 - 7) Rhonda Wallace, Represents Unions of Health Care Workers
 - 8) Kathleen White, Ph.D., R.N., Represents Independent College
- 5. Present Committee Members**
 - 1) Amy Clements, Alexander & Clever Attorneys at Law, Professional Association
 - 2) The Honorable Paula Hollinger, DHMH, Associate Director, Health Workforce
 - 3) Gewreka Nobles, Maryland Nurses Association (MNA)

6. Welcome and Introductions

Mark Townend greeted commissioners and committee members. All individuals present introduced themselves.

7. Meeting Issues

1) Administrative Issues

- Reasons for Commissioner absences
- New Commission Members
 - i. Eileen Carreras-Arnold is the new Commissioner to represent Medical Laboratories.
 - ii. The Honorable Karen Montgomery has been appointed to represent Maryland House of Delegates.
- Status of the MSCSHW First Mid-year Report 2007
 - i. The report was reviewed by the DHMH Office of Public Relations and Governmental Affairs.
 - ii. Final review from the DHMH Secretary is pending.

2) Tasks and Action Specific Issues

- Working Meeting
 - i. Requested literature and materials from the Maryland State Department of Education (MSDE) were distributed. The information was about MSDE's Health and Bioscience Career Cluster Program: Project Lead the Way and Academy of Health Professions.
 - ii. Requested literature and Annual Reports from Maryland Area Health Education Centers were distributed.
 - iii. The Commissioners divided into their Committees and began discussions to address the next steps to this process. The Committees are Education, Recruitment, and Retention.
 - iv. Colleen Parrott, Commissioner, provided information entitled "Five Characteristics of Successful Recruitment and Retention Programs", source: The Nursing Organizations Alliance.
 - v. All literature and materials were used during the Committee breakout sessions. Each Committee reported to the full Commission their progress for their topic areas.
 - vi. Each Committee Chairperson will submit a brief summary of their work.

8. Wrap-up

- i. Each Committee will continue with their activities and address the Maryland health care workforce data compiled in the Draft MSCSHW First Mid-year Report 2007.

9. Adjournment (The next Commission Meeting is on Thursday July 19, 2007.)

Legislation

UNOFFICIAL COPY OF HOUSE BILL 1127

J2

(6lr1042)

ENROLLED BILL

-- Health and Government Operations/Education, Health, and Environmental Affairs --

Introduced by **Delegates Mandel, Bronrott, Frush, Goldwater, Gutierrez, Hammen, Howard, Jameson, Kaiser, Lawton, Lee, Madaleno, McDonough, Morhaim, Parker, and Sophocleus**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Statewide Commission on the Shortage in the Health Care Workforce**

3 FOR the purpose of establishing the Statewide Commission on the Shortage in the
4 Health Care Workforce; providing for the membership of the Commission;
5 authorizing the Commission to consult with certain individuals and entities in
6 performing the duties of the Commission; requiring the Secretary of Health and
7 Mental Hygiene to chair the Commission, make certain appointments to the
8 Commission, and establish certain subcommittees; providing for the duties of
9 the Commission; requiring the Commission to make certain recommendations;
10 requiring the Department of Health and Mental Hygiene to provide staff
11 support to the Commission; requiring the Commission to make a certain annual
12 report to the Governor and General Assembly on a certain date; providing that
13 members of the Commission are entitled to a certain reimbursement; providing
14 for the termination of this Act; and generally relating to the Statewide
15 Commission on the Shortage in the Health Care Workforce.

1 BY adding to

2 Article - Health Occupations

3 Section 1-601 to be under the new subtitle "Subtitle 6. Statewide Commission

4 on the Shortage in the Health Care Workforce"

5 Annotated Code of Maryland

6 (2005 Replacement Volume)

7 Preamble

8 WHEREAS, The health care industry is one of the top economic engines of the
9 State; and

10 WHEREAS, There is a nationally identified shortage of workers in many health
11 care fields; and

12 ~~WHEREAS, A recent study by the Center for Health Workforce Development~~

13 WHEREAS, Recent studies have identified critical shortages in Maryland of
14 health care professionals and workers, including laboratory technicians and mental
15 health specialists, radiologic technicians, respiratory therapists, and physical
16 therapists, in many important health care fields including nursing and pharmacy;

17 and

18 WHEREAS, Individuals in rural and underserved areas of Maryland are at risk
19 due to a shortage in Maryland of physicians, nurses, and other health care
20 professionals and workers; and

21 WHEREAS, Access to care, the delivery of quality care, and patient safety are
22 dependent on the availability of an adequate supply of well-educated and trained
23 health care professionals and workers, the backbone of the health care delivery
24 system; now, therefore

25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
26 MARYLAND, That the Laws of Maryland read as follows:

27 **Article - Health Occupations**

28 SUBTITLE 6. STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH CARE
29 WORKFORCE.

30 1-601.

31 (A) THERE IS A STATEWIDE COMMISSION ON THE SHORTAGE IN THE HEALTH
32 CARE WORKFORCE.

33 (B) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:

34 (1) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE
35 SPEAKER OF THE HOUSE;

1 (2) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE
2 PRESIDENT OF THE SENATE;

3 (3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE;

4 (4) THE SECRETARY OF BUSINESS AND ECONOMIC DEVELOPMENT;

5 (5) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE
6 SUPERINTENDENT'S DESIGNEE;

7 (6) THE SECRETARY OF HIGHER EDUCATION, OR THE SECRETARY'S
8 DESIGNEE;

9 (7) A REPRESENTATIVE FROM THE UNIVERSITY SYSTEM OF MARYLAND
10 WITH KNOWLEDGE OF HEALTH CARE WORKFORCE ISSUES, APPOINTED BY THE
11 CHANCELLOR OF THE UNIVERSITY SYSTEM OF MARYLAND;

12 (8) A REPRESENTATIVE FROM A COMMUNITY COLLEGE THAT OFFERS
13 DEGREES TO HEALTH CARE WORKERS, APPOINTED BY THE MARYLAND ASSOCIATION
14 OF COMMUNITY COLLEGES;

15 (9) A REPRESENTATIVE FROM AN INDEPENDENT COLLEGE THAT
16 OFFERS DEGREES TO HEALTH CARE WORKERS, APPOINTED BY THE MARYLAND
17 INDEPENDENT COLLEGE AND UNIVERSITY ASSOCIATION;

18 (10) THE EXECUTIVE DIRECTOR OF THE OFFICE OF MINORITY HEALTH
19 AND HEALTH DISPARITIES OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

20 (11) ~~THE EXECUTIVE DIRECTOR OF THE CENTER FOR HEALTH~~
21 ~~WORKFORCE DEVELOPMENT THE PRESIDENT~~ EXECUTIVE DIRECTOR OF THE RURAL
22 MARYLAND COUNCIL OR THE PRESIDENT'S EXECUTIVE DIRECTOR'S DESIGNEE;

23 (12) A REPRESENTATIVE FROM THE GREATER BALTIMORE REGIONAL
24 BUSINESS COMMUNITY WITH KNOWLEDGE OF HEALTH CARE WORKFORCE ISSUES,
25 APPOINTED BY THE GREATER BALTIMORE COMMITTEE;

26 (13) A REPRESENTATIVE FROM THE GREATER WASHINGTON REGIONAL
27 BUSINESS COMMUNITY WITH KNOWLEDGE OF HEALTH CARE WORKFORCE ISSUES,
28 APPOINTED BY THE COMMITTEE FOR MONTGOMERY;

29 (14) A UNION REPRESENTATIVE WHO IS A HEALTH CARE WORKER,
30 CHOSEN FROM A LIST SUBMITTED BY UNIONS THAT REPRESENT HEALTH CARE
31 WORKERS;

32 (15) A STUDENT HEALTH CARE WORKER REPRESENTATIVE, CHOSEN
33 FROM A LIST SUBMITTED BY INSTITUTIONS OF HIGHER EDUCATION THAT EDUCATE
34 HEALTH CARE WORKERS;

35 (16) ~~THE EXECUTIVE DIRECTOR~~ PRESIDENT OF THE MARYLAND
36 HOSPITAL ASSOCIATION OR THE PRESIDENT'S DESIGNEE;

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1 (17) A REPRESENTATIVE FROM THE LONG-TERM CARE INDUSTRY;

2 (18) A REPRESENTATIVE FROM THE COMMUNITY-BASED HEALTH CARE
3 INDUSTRY; ~~AND~~

4 (19) A REPRESENTATIVE FROM A COMMUNITY MENTAL HEALTH
5 PROGRAM OPERATING IN THE PUBLIC MENTAL HEALTH SYSTEM;

6 (20) A REPRESENTATIVE FROM A MEDICAL LABORATORY; AND

7 ~~(19)~~ ~~(20)~~ (21) A CONSUMER OF HEALTH CARE SERVICES.

8 (C) IN PERFORMING ITS DUTIES, THE COMMISSION MAY CONSULT WITH
9 INDIVIDUALS AND ENTITIES THAT THE SECRETARY DEEMS APPROPRIATE.

10 (D) (1) THE SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL:

11 (I) CHAIR THE COMMISSION;

12 (II) APPOINT THE NONDESIGNATED MEMBERSHIP OF THE
13 COMMISSION; AND

14 (III) ESTABLISH SUBCOMMITTEES AND APPOINT SUBCOMMITTEE
15 CHAIRS AS NECESSARY TO FACILITATE THE WORK OF THE COMMISSION.

16 (2) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE
17 COMMISSION SHALL REASONABLY REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC,
18 CULTURAL, AND GENDER DIVERSITY OF THIS STATE.

19 (E) THE COMMISSION SHALL:

20 (1) DETERMINE THE CURRENT EXTENT OF THE HEALTH CARE
21 WORKFORCE SHORTAGE IN THE STATE INCLUDING AN EVALUATION OF
22 MECHANISMS CURRENTLY AVAILABLE IN THE STATE AND ELSEWHERE INTENDED
23 TO ENHANCE EDUCATION, RECRUITMENT, AND RETENTION OF HEALTH CARE
24 WORKERS;

25 (2) EXAMINE WHAT CHANGES ARE NEEDED:

26 (I) TO ENHANCE INSTITUTIONAL CAPACITY TO INCREASE
27 STUDENT ENROLLMENT AND GRADUATION RATES; AND

28 (II) TO ENHANCE EXISTING EDUCATIONAL PROGRAMS,
29 SCHOLARSHIP PROGRAMS, AND FUNDING MECHANISMS TO PROVIDE INCENTIVES TO
30 INDIVIDUALS TO ENTER THE HEALTH CARE WORKFORCE;

31 (3) EXAMINE WHAT CHANGES ARE NEEDED WITHIN THE HEALTH CARE
32 ENVIRONMENT TO RETAIN HEALTH CARE WORKERS;

33 (4) IDENTIFY METHODS TO:

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1 (I) RECRUIT MINORITIES INTO THE HEALTH CARE WORKFORCE;

2 (II) RECRUIT HIGH SCHOOL STUDENTS INTO THE HEALTH CARE
3 WORKFORCE; ~~AND~~

4 (III) RECRUIT AND FACILITATE THE LONG-TERM RETENTION OF
5 HEALTH CARE WORKERS IN RURAL AND UNDERSERVED AREAS IN THE STATE; AND

6 ~~(III)~~ (IV) FACILITATE CAREER ADVANCEMENT AND RETENTION OF
7 HEALTH CARE WORKERS; AND

8 (5) DEVELOP RECOMMENDATIONS ON, AND FACILITATE
9 IMPLEMENTATION OF, STRATEGIES TO REVERSE THE GROWING SHORTAGE OF
10 HEALTH CARE WORKERS IN THE STATE.

11 (F) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT TO THE COMMISSION.

12 (G) THE COMMISSION SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS
13 TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE,
14 TO THE GENERAL ASSEMBLY ON OR BEFORE JANUARY 1 OF EACH YEAR.

15 (H) A MEMBER OF THE COMMISSION MAY NOT RECEIVE COMPENSATION BUT
16 IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE
17 TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
19 July 1, 2006. It shall remain effective for a period of 2 years and, at the end of June
20 30, 2008, with no further action required by the General Assembly, this Act shall be
21 abrogated and of no further force and effect.

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