

**SENATE . . . . . No. 993**

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The Commonwealth of Massachusetts

PRESENTED BY:

*Harriette L. Chandler*

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

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

An Act relative to the health care work force center.

PETITION OF:

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

**SENATE . . . . . No. 993**

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

**The Commonwealth of Massachusetts**

**In the Year Two Thousand Thirteen**

An Act relative to the health care work force center.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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