

COMMISSION TO STUDY THE HEALTH CARE WORKFORCE CRISIS

INTERIM REPORT

JANUARY 31, 2023

SECTION I: LEGISLATIVE MANDATE

During the 2022 session of the Maryland General Assembly, legislation was enacted creating the Commission to Study the Health Care Workforce Crisis (the “Commission”) (SB440/Ch0708). The Commission was established to examine certain areas related to health care workforce shortages, short-term solutions to the workforce shortage, future health care workforce needs, and the relationship between the Maryland Department of Health (MDH) and the health occupations boards.

Pursuant to SB440/Ch708 (2022), §(g)(1), the Commission shall:

- (1) determine the extent of the health care workforce shortage in the State, including the extent of shortages in:
 - (i) different settings including in-home care, hospitals, private practice, nursing homes; and other long term care settings, primary and secondary schools, community health centers, community-based behavioral health treatment programs, and hospice care;
 - (ii) different regions of the State;
 - (iii) care provided in different languages spoken in the State;
 - (iv) environmental services in hospitals and nursing homes; and
 - (v) different levels of care for health occupations including entry level direct care positions, director support professionals, professional extenders, primary care providers, and specialists;
- (2) examine turnover rates and average length of tenure for shortages identified in item (1) of this subsection and identify strategies to reduce turnover in the professions that are experiencing shortages, including wage increases and opportunities for career advancement;
- (3) examine short- term solutions to address immediate needs for the shortages identified in item (1) of this subsection while ensuring the safety of Maryland patients by:

(i) determining which health occupations boards have backlogs of applicants for licensure and certification;

(ii) determining whether expediting or streamlining the licensing or certification process for specific health occupations is a viable option;

(iii) determining whether implementing additional temporary licensure or certification for specific health occupations is a viable option; and

(iv) determining whether the State has adequate State educational institutions and training programs, including by:

1. examining the capacity of State educational institutions to meet the demand for health occupations, including alternative degree models, access, cost, eligibility, length of time necessary to complete a program, and barriers posed by clinical requirements;

2. examining the cost of training programs, how the programs are paid for, and the role the State has or could have in paying for the programs, including the role the Maryland Department of Labor has in the process and whether it would be feasible to reimburse employees for training costs if they maintain employment for a certain number of years; and

3. comparing training programs for the direct health care workforce in nursing compared to programs in traditionally male industries;

(4) examine future health care workforce needs as populations age including by region and spoken language;

(5) examine what changes are needed to enhance incentives for individuals to enter and stay in the health care workforce in the State, including changes to high school curricula, mid-career transition programs, State tax incentives, grant programs, enhanced benefits, tuition subsidies, and potential rate increases;

(6) examine ways to facilitate career advancement and retention by identifying and elevating career ladders and programs for on-the-job advancement, particularly for low-wage employees;

- (7) examine the special needs of the rural health care system in the State and methods for recruiting and retaining workers in rural areas;
- (8) examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid reimbursement;
- (9) examine the relationship between the health occupations boards and the Maryland Department of Health and determine:
 - (i) what authority the Secretary should have over the boards; and
 - (ii) what additional support the Department could provide the boards to assist with workloads, overhead, staffing technology improvement, and other areas identified by the Commission;
- (10) in consultation with the Department of Veterans Affairs, examine methods for:
 - (i) improving the transition of active duty and retired military to the civilian health care workforce; and
 - (ii) establishing pathways for active duty and retired military personnel to enter the civilian health care workforce as recommended by the Maryland Department of Veterans Affairs Final report submitted in accordance with Chapters 511 and 512 of 2010; and
- (11) examine barriers confronting the foreign-born health professionals and identify career and licensure pathways for refugees and immigrants with education, training, and experience from other nations.

In accordance with SB440/Ch708, the Commission has authored this interim report of its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee.

SECTION II: COMMISSION MEMBERS AND MEETINGS

As required by SB440, the Commission consists of the following members:

Two members of the Senate of Maryland:	Senator Pamela Beidle Senator Clarence Lam
Two members of the House of Delegates:	Delegate Ariana Kelly Delegate Kenneth Kerr

Secretary of Health:	Dwain Shaw, Designee
Secretary of Commerce:	Sarah Sheppard, Designee
Secretary of Labor:	Casey Tiefenwerth, Designee
Deputy Secretary of Behavioral Health:	Michelle Darling, Designee
Deputy Secretary of Developmental Disabilities:	Adrienne Hollimon, Designee
Deputy Secretary of Public Health:	Katherine Feldman, DVM, Designee
Maryland Health Care Commission:	Arun Bhandari, MD, Designee
Board of Nursing:	Karen E. B. Evans, Executive Director
Board of Pharmacy	Deena Speights-Napata, Executive Director
Board of Physicians	Christine Farrelly, Executive Director
Board of Dental Examiners:	Murray Sherman, Designee
Other Health Occ. Board Representative:	Sharon J. Oliver, Executive Director
MDH Liaison to Boards/Commissions:	Kimberly B. Link
Director of State Office of Rural Health:	Sara A. Seitz, Designee
Director of Office of Minority Health and Health Disparities:	Mark A. Martin, PhD., Director
Director of Office of Health Care Quality:	Shalieq Maxwell West, Designee
Provost of Graduate School of University of Maryland, Baltimore Campus:	Jane Kirschling, PhD., Dean, UMD School of Nursing
Maryland Higher Education Commission:	Glenda Abney, Designee
Department of Veteran Affairs:	Michelle Carioso, Designee
Maryland Longitudinal Data System Center:	Ross Goldstein, Director

Shortly after the enactment of SB440, MDH contacted each of the departmental-level State agencies and institutions identified in the legislation requesting that they assign staff designees to serve on the Commission. The Secretary of Health at the time of enactment of the legislation, Dennis Schrader, appointed Kimberly Link to serve as the Commission Chairperson. Commission and Advisory Group meetings were held virtually and in compliance with the Open Meetings Act. Meeting dates, agenda, minutes, and presentations are posted on the Commission's webpage: <https://health.maryland.gov/Pages/Workforce-Commission.aspx>.

The Commission held its first meeting on June 29, 2022. Given the scope and breadth of work to be completed by the Commission, three advisory groups were created: the Workforce Data Advisory Group; the Education and Pathways Advisory Group, and the State Efficiencies and Cooperation Advisory Group. Casey Tiefenwerth, Maryland Department of Labor, was designated as the Chair of the Workforce Data Advisory Group. Jane Kirschling, PhD., RN, was designated as the Chair of the Education and Pathways Advisory Group. Kimberly Link was

designated as the facilitator of the State Efficiencies and Cooperation Advisory Group. Commission members were assigned to one or more advisory groups. Stakeholders from the health care industry, organizations involved in health care workforce issues, community colleges, and others were invited to join and participate in each Advisory Group.

The Commission held its second meeting on November 16, 2022. The Chairs of each Advisory Group presented each group’s work performed to date and its goals for the Commission’s final report to be submitted on or before December 31, 2023. The Commission met again on January 23, 2023, to review and approve the interim report.

SECTION III: WORKFORCE DATA ADVISORY GROUP- BACKGROUND

Since the Workforce Data Advisory Group’s initial meeting in August 2022, considerable progress has been made to better understand the extent of the health care workforce crisis through data collection and analysis. The charge of the Advisory Group- to examine worker shortages across multiple, different settings, occupations, regions, and levels of care- highlighted the degree to which the workforce crisis extends to every corner of the health care system. The Advisory Group established five workgroups based on health care setting, to collect current data about worker shortages, and determine the average length of tenure and turnover rates. Each workgroup was led by an Advisory Group member with subject matter expertise in one or more of the settings represented by their group.

Figure 1- Summary Table: Workforce Data Advisory Group Workgroups and Workgroup Leads

Workgroup	Workgroup Lead & Title
Hospitals	Dr. Arun Bhandari, Commissioner, Maryland Health Care Commission
In-Home Care and Long-Term Care Facilities	Adrienne Hollimon, Director of Nursing, Maryland Developmental Disabilities Administration
Community Health Centers, School-Based Health Centers, and School Health	Dr. Katherine Feldman, Chief Public Health Scientist, Maryland Department of Health Public Health Services
Primary Care and Rural Health	Sara Seitz, Director, State Office of Rural Health
Behavioral Health	Michelle Darling, Director, Behavioral Health Administration Office of Workforce Development

The workgroup leads served as a single point of contact for their group, while collecting and reviewing data submitted by workgroup members. Advisory Group members and members of

the public were asked to submit responses to a list of questions about their access to publicly available data about the health care workforce to their workgroup lead (see Attachment A). Stakeholder presentations were held during Advisory Group meetings to supplement data collection efforts and build a comprehensive understanding of the extent of health care worker shortages across occupations and settings for the entire Advisory Group (see Figure 2). The culmination of data submitted by Advisory Group members and members of the public, as well as the information from the presentations, resulted in the recommendations found in Section VI of this report.

SECTION IV: WORKFORCE DATA ADVISORY GROUP MEETING SCHEDULE AND PRESENTATIONS

The Workforce Data Advisory Group convened bi-weekly using a virtual format. The meeting frequency and duration was voted on by Advisory Group members. The virtual format allowed for greater accessibility by Advisory Group members and members of the public. Meeting agendas, minutes, and other relevant documents were uploaded to a public, shared drive.

Figure 2- Summary Table: Workforce Data Advisory Group Meeting Dates and Descriptions

Meeting Date/Time	Description of Meeting
08/19/22 11:00AM-12:00PM	The Advisory Group reviewed SB440 and items the Advisory Group was responsible for addressing. Advisory Group members voted on meeting frequency and duration.
09/02/22 1:00PM-2:00PM	Advisory Group members were introduced to the shared drive that serves as a repository for data, presentations, and other Advisory Group documents. Initial workgroups were proposed.
09/16/22 11:00AM-12:00PM	<i>Public Policy Partners</i> gave a presentation, “Health Care Professionals in Schools: An Overview of Roles, Data, and Impact of Shortages”. The Advisory Group reviewed and finalized workgroups.
9/30/22 11:00AM-12:00PM	A presentation from the Maryland Longitudinal Data System Center outlined the types of data they collect, their sources, and how the Advisory Group could request specific datasets. Workgroups met for brief introductions.
10/14/22 11:00AM-12:00PM	The <i>Maryland Hospital Association</i> and a representative from <i>GlobalData</i> gave a presentation about the Maryland Nursing Workforce Study that included projections for Maryland’s nursing workforce

	through 2035 and subsequent recommendations. Workgroups met briefly.
10/28/22 11:00AM-12:00PM	A representative from the <i>Maryland Regional Direct Services Collaborative</i> gave a presentation about their forthcoming report regarding direct service workers in Baltimore City. Workgroup leads provided an update about the status of their data collection and review.
<i>The Advisory Group did not meet in the month of November due to multiple state holidays. Members were encouraged to use the month to collect and submit data to workgroup leads in preparation for a presentation in December.</i>	
12/09/22 11:00am-12:00pm	Workgroup leads gave presentations about health care worker shortages in their respective setting(s).

SECTION V: WORKFORCE DATA ADVISORY GROUP PRELIMINARY FINDINGS

The Workforce Data Advisory Group acknowledges that the findings presented in this report offer only a portion of the totality of information and subsequent solutions that could be forthcoming as the Advisory Group continues to meet. For convenience of review, the granular data collected by the Advisory Group has been omitted in favor of outlining several key themes that emerged across workgroups. These themes are the basis of the recommendations found in Section VI of this report.

- 1) **Workforce shortages are difficult to determine with the currently available data.**
SB440 requires that the Commission shall *determine the extent of health care workforce shortage(s)*; however, when asked to provide data that detailed worker shortages, most members responded that they could only provide data that, when taken collectively, could infer shortages for a particular occupation. For example, the Maryland Board of Physicians publishes rosters that include information such as business addresses and specialty type, which could be useful in determining the number of license-holders in different regions of the state but does not have any data regarding worker shortages.

- 2) **The health care workforce has experienced, or was projected to experience, shortages in several key occupations well before the COVID-19 pandemic.**
For nurses, a pre-pandemic study¹ by the U.S. Department of Health and Human Services showed that a gap already existed between the supply of registered nurses and demand projected through 2030. Similarly, a 2019 survey of the behavioral health workforce conducted by Maryland’s Behavioral Health Administration (BHA) found that

¹
<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nchwa-hrsa-nursing-report.pdf>

respondents experienced turnover in occupations such as Social Workers, Case/Care Managers, and Rehabilitation Specialists at rates of 25-50%².

3) Nursing, of all levels, is a priority health care occupation that is experiencing significant shortages across all health care settings.

Almost all health care settings identified in SB440 incorporate nursing care at some level, from direct care occupations such as Certified Nursing Assistants (CNA) to Advanced Practice Registered Nurses. According to the Maryland Nursing Workforce Study conducted by the Maryland Hospital Association and GlobalData, the demand for Registered Nurses (RN) and Licensed Practical Nurses (LPN) will see a 38%, 50%, and 57% demand in growth in home health, nursing homes, and residential care, respectively, by 2035³.

4) Health care worker shortages are most pronounced in rural parts of the state.

As of November 2022, the U.S. Health Resources and Services Administration (HRSA) has designated 11 Maryland counties as Health Professional Shortage Areas (HPSAs) for primary care, all of which are considered rural. The counties include Garrett, Frederick, Carroll, Cecil, Caroline, Dorchester, Wicomico, Worcester, Somerset, Calvert, and Charles. Counties with this designation experience significant physician shortages across their entire geographic region. The supply and demand of RNs and LPNs show similar shortages in rural counties where there are less hospitals, older populations, and lower average household incomes. Although the above-mentioned counties have been designated as having the most acute shortages, it is important to note that virtually every county in Maryland has pockets that are experiencing significant shortages (see Figure 3).

²

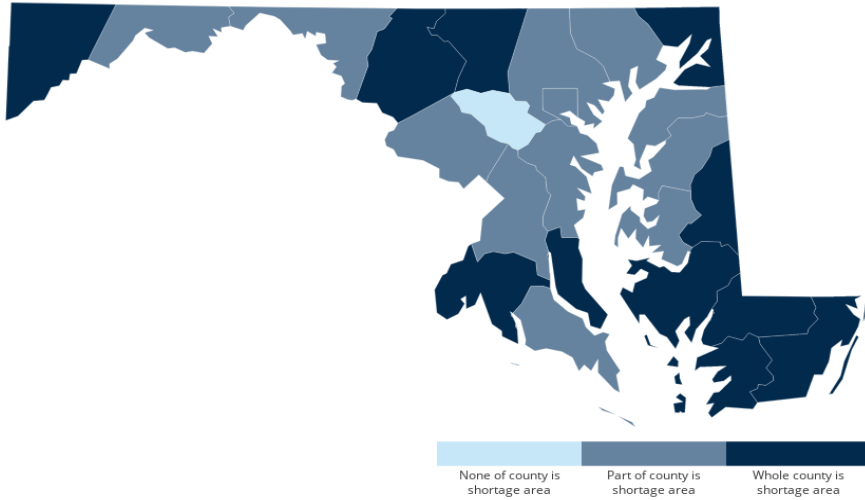
[https://health.maryland.gov/bha/Documents/Workforce%20Survey%20Summary%20distribution9.4.20%20\(2\)%20\(2\).pdf](https://health.maryland.gov/bha/Documents/Workforce%20Survey%20Summary%20distribution9.4.20%20(2)%20(2).pdf)

³

<https://www.mhaonline.org/docs/default-source/default-document-library/maryland-nurse-workforce-projections-globaldata.pdf>

Figure 3- HRSA Health Professional Shortage Areas: Primary Care, November 2022

Health Professional Shortage Areas: Primary Care, by County, 2022 - Maryland



Source: data.HRSA.gov, November 2022.

Source: data.HRSA.gov, November 2022

SECTION VI: WORKFORCE DATA ADVISORY GROUP RECOMMENDATIONS

The Workforce Data Advisory Group identified preliminary recommendations to improve the quality and availability of health care worker data. These recommendations represent both short-term and long-term opportunities to improve Maryland’s ability to provide current, accessible data for the purpose of addressing health care worker shortages.

Short-Term Recommendations:

1) Narrow the focus of the Commission to a set of critical occupation shortage areas.

The Commission’s charge to determine the extent of health care workforce shortages for multiple occupations and settings highlights the severity of the entire health care workforce’s capacity to withstand current and future demand. However, the large scope of the Commission’s legislative mandate may inadvertently affect the ability of its members to work cohesively toward the goal of making recommendations to address the health care workforce crisis for the most significantly impacted occupations.

Based on data collected thus far, the Advisory Group recommends that the Commission narrow its focus to the following occupational areas:

- Nursing (LPN, RN)
- Direct Care Occupations (CNA, Geriatric Nursing Assistant, Home Health Aide, Personal Aide, Psychiatric Aide, Certified Medical Technician)
- Behavioral Health Occupations (Social Worker, Case Manager or Care Coordinator, Rehabilitation Specialist, Counselor or Therapist)
- Primary Care and Special Occupations (Physicians, Physician’s Assistants, Nurse Practitioners⁴)

2) Define “shortage” for each of the above stated critical health care occupations that is specific to Maryland.

Maryland largely relies on federally defined provider ratios to determine health care occupation shortages. For instance, HRSA states that for primary medical care, the population to provider ratio must be at least 3,500 to 1 (3,000 to 1 if there are unusually high needs in the community)⁵. HRSA’s formula for designating HPSAs is limited by the exclusion of advanced care practitioners and may not adequately portray the need across Maryland.

3) Look to work that is already being done across the state to quantify health care workforce shortages and make recommendations to address the causes.

There are several active workgroups, advisory councils, and state agencies that are examining the health care workforce crisis as it relates to their specific area of expertise. Some have already made recommendations or are in the process of executing strategies to address the causes of health care worker shortages.

- The Maryland BHA contracted with the University of Maryland Baltimore Systems Evaluation Center to conduct a survey of the behavioral health workforce, which resulted in the findings included in Section V of this report. An outgrowth of those findings is the creation of scholarship and specialized training programs for bachelor and master's degrees in the behavioral health field at multiple higher education institutions across Maryland. In the Danya Institute implemented Recruitment and Retention Learning Collaboratives in Behavioral

⁴ The inclusion of Special Occupations, as they relate to primary care, reflect that many medical and surgical specialties have Physician’s Assistants and Nurse Practitioners in their practice for patient care

⁵ <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Health in Maryland, spearheaded by Dr. Michael Hoge of the [Annapolis Coalition](#).

- The State Office of Rural Health has contracted with a vendor that will provide recommendations for the Maryland Health Care Workforce Clearinghouse Blueprint. Recommendations are expected in January 2023.
- In August 2022, the Maryland Department of Labor began convening a Health Care Workgroup in response to a recommendation by the Senate Budget and Taxation Advisory Group and House Appropriations Committees to assemble Apprenticeship Workgroups for Targeted Occupations, as outlined in the 2023 State Operating Budget and the State Capital Budget.
- The Maryland Department of Health, Office of School Health has contracted with a vendor to conduct a Statewide Public School Health Workforce Assessment in Maryland. The survey is currently on hold but there may be opportunity to influence its scope when it is resumed.
- A 2020 report produced by the Maryland Department of Health-convened Maryland Loan Assistance Repayment Program (MLARP) workgroup (SB501) recommended the establishment of a centralized data collection repository to regularly assess Maryland’s health care workforce supply and demand issues.⁶

Long-Term Recommendations:

1) Increase the amount and quality of primary data collected by Maryland’s professional licensure boards.

Surveys conducted by Maryland’s professional licensure boards at the time a license is issued or renewed can provide a more accurate and nuanced understanding of current and future health care workforce trends. In Ohio, the Board of Nursing implemented the collection of a RN Minimum Data Set utilizing core questions developed by the HRSA National Center for Health Workforce Analysis and the joint surveys conducted by the National Forum of State Nursing Workforce Centers and the National Council of State Boards of Nursing. Respondents were asked questions about their plans to obtain a Bachelor of Science in Nursing (BSN), reasons for not obtaining a BSN, employer changes in the last year, reasons for unemployment, and primary practice information.

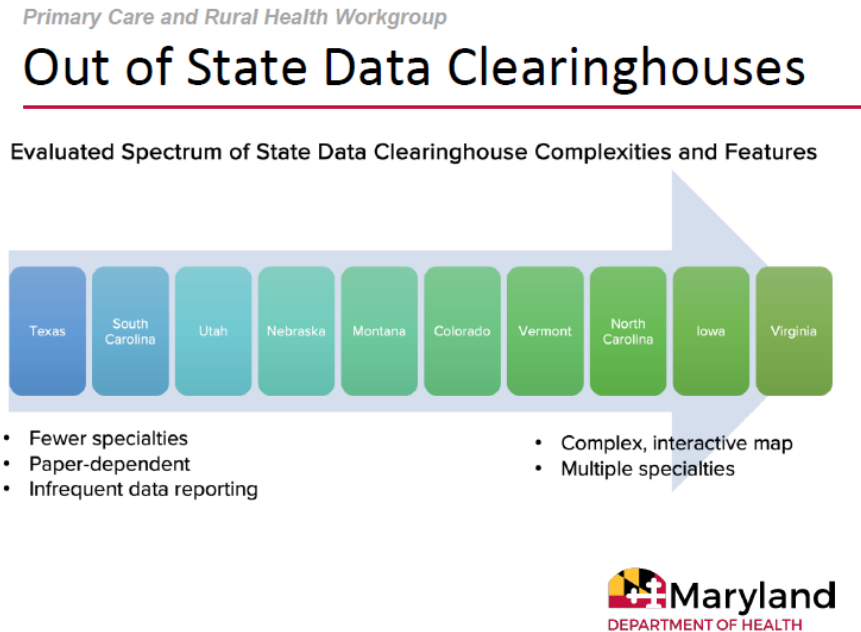
2) Build a centralized repository of health care workforce data that regularly collects and analyzes data and reports.

Several states have developed data clearinghouses that collect, analyze, and disseminate data regarding supply and demand trends, geographic distribution of health care occupations, and demographic information about health care professionals. These data

⁶ More information can be found in the “Workgroup Report: Maryland Loan Assistance Repayment Program (MLARP) for Physicians and Physician Assistants- Administration and Funding”.

clearinghouses vary by size and sophistication but serve as a single source for much of the same information the Commission is charged with analyzing. Virginia has a State Department of Health Professions within the Health and Human Services Secretariat that houses a Health Care Workforce Data Center, replete with interactive maps and regular reporting.

Figure 4- Out of State Data Clearinghouses, Spectrum of Complexities and Features



Source: Primary Care and Rural Health Workgroup, December 2022

SECTION VII: WORKFORCE DATA ADVISORY GROUP OUTLOOK

The data collected by the Workforce Data Advisory Group has begun to shed light on the health care occupation shortages that have most impacted Maryland’s health care workforce system. It is important to note that while the Advisory Group has made recommendations to narrow the focus of the Commission, the Advisory Group will continue to examine the extent of the entire health care workforce crisis as these occupations are part of a larger allied health system that operates synergistically. A shortage in one area often compounds shortages in another.

The Advisory Group acknowledges that the recommendations provided in this report are not exhaustive, and that the preliminary findings do not fully encompass the Advisory Group’s charge to examine future health care workforce needs of an aging population, with particular

attention paid to region and spoken language. The following next steps have been identified for the Advisory Group in 2023:

- The Advisory Group will work closely with the Education and Pathways and the State Efficiencies and Cooperation Advisory Groups to coordinate targeted data collection.
- The Advisory Group will submit data requests to the Maryland Longitudinal Data System Center, with specific focus on student and workforce data in rural counties.
- The Advisory Group will examine health care workforce shortages based on spoken language.
- The Advisory Group will examine how wage increases, career advancement opportunities, and other interventions have impacted recruitment and retention.

The Advisory Group will resume regular meetings in January 2023 and is slated to host a presentation by the Executive Director of the Virginia Department of Health Professions, Health Workforce Data Center on January 20th. Additional presentations are to be determined and will take place throughout the remainder of 2023.

SECTION VIII: EDUCATION AND PATHWAYS ADVISORY GROUP – BACKGROUND

Since the Education and Pathways Advisory Group initial meeting in August 2022, issues related to the education and pathways of the health care workforce began to be explored. The foci of the Advisory Group include: 1) short-term solutions to address immediate needs for shortages, while ensuring the safety of Maryland patients; 2) examine changes needed to enhance incentives for individuals to enter and stay in the health care workforce in the State; 3) examine (in consultation with Department of Veterans Affairs) methods for improving transition of active duty to retired military to the civilian health care workforce; and 4) examine barriers that confront foreign-born health professionals and identify career and licensure pathways for refugees and immigrants with education, training, and experience from other nations. In addition, in collaboration with the Workforce Data Advisory Group, 5) examine ways to facilitate career development and 6) examine special needs of the rural health care system in the State and methods for recruiting and retaining workers in rural areas.

The Advisory Group is open to all interested persons/organizations and membership is currently 50 persons. The Advisory Group is working with stakeholder presentations designed to address the various foci. The recommendations presented in Section III of this report were generated from the stakeholder presentations and will be refined as the work continues in 2023. In addition to the Advisory Group meetings, the Chair of the Advisory Group and two staff working on this initiative held information gathering meetings with: 1) Delegate Kelly, Sharon Ringley, Megan Peters, and Kim Link (July 26, 2022); 2) Dan Martin, Senior Director of Public Policy, and Linda Raines, Chief Executive Officer, the Mental Health Association (August 19, 2022); 3) Delegate

Kerr (August 23, 2022); 4) Senator Beidle (August 24, 2022); 5) Karen Evans, Executive Director Maryland Board of Nursing (September 7, 2022); 6) Mary Gable, Assistant State Superintendent of Student Support, Academic Enrichment, and Educational Policy, Maryland State Department of Education (September 8, 2022); 7) Chris MacLarion, Director, Apprenticeship and Training, Division of Workforce Development and Adult Learning and Logan Dean, Policy Analyst, Division of Workforce Development and Adult Learning, both with the Maryland Department of Labor (September 19, 2022); 8) Mary Keller, Special Grants Administrator, Division of Workforce Development and Adult Learning, Maryland Department of Labor (September 20, 2022); 9) Ted McCadden, Behavioral Health Counseling Area of Concentration Coordinator, Community College of Baltimore County (September 26, 2022); 10) Joana Winningham, New Americans Initiative Coordinator, Division of Workforce Development and Adult Learning, Maryland Department of Labor (September 27, 2022); 11) Glenda Abney, Senior Education Policy Analyst, Maryland Higher Education Commission (October 3, 2022); 12) Ann Kellogg, Director of Reporting Services and Molly Abend, Data Management Coordinator, both with the Maryland Longitudinal Data System Center (October 12, 2022); 13) Shamonda Braithwaite, Deputy Executive Director, Mid-Atlantic Association of Community Health Centers (October 13, 2022); 14) Al Dorsett, Director, Office of Student Financial Assistance, Maryland Higher Education Commission (October 14, 2022); 15) Everette Jackson, Associate Director of Veterans Affairs, Maryland Higher Education Commission (October 19, 2022); and 16) Carmen I. Saenz, Manager, Suburban Maryland Welcome Back Center, Latino Health Initiative, Montgomery County Department of Health and Human Services; Ana Mejia Lin, Workforce Development Coordinator, Welcome Back Center; and Joana R. Costa Winningham, New Americans Initiative Coordinator, Division of Workforce Development and Adult Learning, Maryland Department of Labor (November 16, 2022).

SECTION IX: EDUCATION AND PATHWAYS ADVISORY GROUP MEETING SCHEDULE AND PRESENTATIONS

The Advisory Group convened monthly for 90-minutes using a virtual format. This format allowed for greater accessibility by Advisory Group members and members of the public. Meeting agendas, minutes, and other relevant documents were uploaded to the official website for the Commission to Study the Health Care Workforce Crisis.

Figure 1 – Education and Pathways Advisory Group Meeting Dates and Descriptions

Meeting Date	Description of Meeting
August 31, 2022	The Committee reviewed SB440 and items the Committee was responsible for addressing.
October 5, 2022	Reviewed, discussed, and solicited suggestions on draft survey for selected licensing boards on key issues.

	Presentation by the Maryland Department of Labor on registered apprenticeship and career programs, which include health care pathways.
November 2, 2022	Presentation on delivery of primary health care services throughout Maryland, with representatives of the Maryland Area Health Education Center. The presentation was through the lens of primary care, including physicians, nurse practitioners, and physician assistants. Presentation on delivery of behavioral health care services throughout Maryland by the Mental Health Association of Maryland.
December 7, 2022	Presentation on three Maryland Department of Labor programs included: 1) EARN Maryland which includes 13 healthcare grantees. Trainings include certified nursing assistant/geriatric nursing assistant, patient care technician, pharmacy technician, medical assistant, community health worker, direct support professional, health administration, and surgical technician; 2) Direct Care Workforce Innovation Program (passed Maryland General Assembly in 2021) was described with one proposal for training personal aides that has been funded to date; 3) The final program described was Maryland's Workforce Development Response to Addiction and Overdose. Since 2018 over 1,900 persons have participated in training with 850 obtaining employment because of the training.

To date, as noted above, the Advisory Group has learned about Maryland Department of Labor health care apprenticeships and career programs and the delivery of primary health and behavioral health services in Maryland. The demand for primary health and behavioral health services is growing while, at the same time, both are experiencing health professions workforce shortages throughout Maryland. In addition, a survey of the following licensing bodies is underway to gather and summarize information on average numbers of initial and renewal applications, average time of processing, license/certification delays or backlogs, issuance of temporary licenses and viability of such an option, and processes for streamlining transition of active duty and retired military into health care professions:

- Board of Physicians
- Board of Pharmacy
- Board of Nursing
- Board of Dental Examiners
- Board of Chiropractors
- Board of Examiners in Optometry
- Board of Physical Therapy Examiners
- Board of Professional Counselors and Therapists

- Board of Examiners of Psychologists
- Board of Social Work Examiners
- Board of Long-Term Care Administrators
- Board of Occupational Therapy Practice
- Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech Language Therapists and Music Therapists

SECTION X: EDUCATION AND PATHWAYS ADVISORY GROUP
RECOMMENDATIONS FROM STAKEHOLDER PRESENTATIONS TO DATE

Stakeholders have been asked to provide recommendations as part of their presentations. The proposed recommendations will be discussed within the Advisory Group, and within the larger Commission to Study the Health Care Workforce Crisis in Maryland, during the coming year with final recommendations being put forth as part of the final report at the end of December 2023.

For Maryland Department of Labor health care apprenticeships and career programs, additional funding for programs like EARN that are industry-led and nimble to meet employer demand would allow for greater numbers of people to benefit from training opportunities.

From a primary care education and pathways standpoint, proposed recommendations include:

- 1) Sustainable funding for the community preceptor tax credit program, enabling medical, nursing and physician assistant students to work alongside preceptors throughout Maryland. There is sustainable funding for Nurse Practitioner and Physician Assistant preceptors moving forward, but not for physician, registered nurse, and licensed practical nurse preceptors.
- 2) State funding for the creation of a rural family medicine residency training program on the Eastern Shore. Seed money from HRSA will be depleted in Spring 2023 and the establishment of such a training cannot proceed without State support.
- 3) Greater support for the Maryland Area Health Education Centers, to include the Central Maryland AHEC (which currently does not receive state funding).

From a behavioral health standpoint, proposed recommendations include:

- 1) Require Medicaid reimbursement for the Collaborative Care Model (CoCM), which is a validated, evidence-based approach for integrating physical and behavioral health in primary care settings.

- 2) Sustain and expand the network of Certified Behavioral Health Clinics (CCBHCs), which are federally designated programs that provide a comprehensive range of outpatient mental health and substance use treatment.
- 3) Maintain and expand use of technology, including extending provisions of the Preserve Telehealth Access Act of 2021 (SB 3/Ch. 71), and requiring Medicaid reimbursement for remote patient monitoring.
- 4) Establish a behavioral health workforce investment fund.

Consideration should also be given to modifying Maryland’s Family Law which requires individuals to have a social security number to obtain any kind of license in Maryland and provide an option for applicants to provide a Tax Identification Number (TIN) in lieu of a social security number. Currently, the Maryland Board of Nursing is part of a multi-state compact for licensure for registered nurses which requires a social security number. If Maryland’s Family Law was modified to include a TIN, the Maryland Board of Nursing could offer a Maryland-only registered nurse license that accepted a TIN in place of a social security number.

SECTION XI: STATE EFFICIENCIES AND COOPERATION ADVISORY GROUP- BACKGROUND

The State Efficiencies and Cooperation Advisory Group was formed to address that portion of SB440 which requires the Commission to “examine the relationship between the health occupations boards and the Maryland Department of Health and determine:

- (i) what authority the Secretary should have over the boards; and
- (ii) what additional support the Department could provide the boards to assist with workloads, overhead, staffing technology improvement, and other areas identified by the Commission.”

The State Efficiencies and Cooperation Advisory Group is comprised of the following Commission members:

Senator Pamela Beidle
Senator Clarence Lam
Delegate Ariana Kelly
Delegate Kenneth Kerr
Kimberly Link, MDH Liaison to Boards and Commissions
Dwain Shaw, MDH
Michelle Darling, MDH, Behavioral Health Admin.

Murray Sherman, Board of Dental Examiners
Karen E. B. Evans, Board of Nursing
Sharon J. Oliver, Other Board Representative
Deena Speights-Napata, Board of Pharmacy
Christine Farrelly, Board of Physicians

SECTION XII: STATE EFFICIENCIES AND COOPERATION ADVISORY GROUP MEETINGS AND PRESENTATIONS

State Efficiencies and Cooperation Advisory Group meetings were held virtually and in accordance with the Open Meetings Act. All stakeholders have been encouraged to attend and participate in State Efficiencies and Cooperation Advisory Group meetings. As with all other advisory groups, the meeting agenda, minutes, and presentations are posted on the Commission's web page.

The first meeting of the State Efficiencies and Cooperation Advisory Group was held on October 25, 2022. MDH Liaison to Boards and Commissions gave an overview of the health occupations boards and how the boards are structured within MDH. The health occupations boards were asked to complete a survey and to provide written responses to the questions posed in the legislation (see Section XI). The National Conference of State Legislatures presented the results of research it conducted, at the request of the Commission, pertaining to how health occupations boards are structured in other states.

The second meeting of the State Efficiencies and Cooperation Advisory Group was held on November 30, 2022. MDH Liaison to Boards and Commissions provided an overview of the authority of the Secretary of Health regarding the health occupations boards, the boards' survey responses, and the joint response letter submitted by the health occupations boards. The Maryland Hospital Association gave a presentation regarding specific recommendations for the Board of Nursing.

The next meeting of the Advisory Group is scheduled for February 27, 2023. A representative of the health occupations boards is slated to give a presentation regarding specific responses to the questions posed by the legislation.

A. National Conference of State Legislatures

On October 25, 2022, at the request of the Commission, the National Conference of State Legislatures ("NCSL") gave a presentation to the State Efficiencies and Cooperation Advisory Group. NCSL researched the organizational structure of health occupations boards in California, the District of Columbia, Maryland, New Jersey, New York, Virginia, and West Virginia and

reported that health occupations boards in Maryland, Washington, D.C., and Virginia are located within their respective departments of health/human services. Similar boards in California, Delaware, and New Jersey are located within departments of business, professional, or occupational licensing. These same boards in West Virginia and New York are structured as independent entities or follow an alternative model that is not identified with a specific government agency.

In addition to the statutory location of the health occupations boards, NCSL researched how board members are appointed, who is responsible for the hiring of board administrative leadership, and board funding structures. In each of the pertinent states, board members are appointed by the governor. In Washington, D.C., board members are appointed by the mayor. Most states' statutes do not specify who or what entity is responsible for hiring board administrative leadership. As to board funding structures, most of the identified health occupations boards are funded by dedicated licensing fees that are either set by the board or a state agency.

B. Summary of the Health Occupations Boards' Survey Responses

At the request of the Commission, the Maryland health occupations boards completed a survey which asked general information about each board. The survey and the boards' detailed responses are attached hereto as Attachment B.

The following is a summary of the boards' survey responses:

- Health occupations boards license, regulate, and discipline health care providers. There are 20 health occupations boards in the State. Each board is governed by its own statute and regulations.
- There are approximately 400,000 active licensees in the State who are regulated by the health occupations boards.
- Except for the Board of Certification of Residential Child Care Program Professionals, the Board of Environmental Health Specialists, and the Board of Long-Term Care Administrators, all health occupations boards are special funded by dedicated licensing and other related fees. Fees are determined by each board and are set forth in regulations. Licensure fees vary by board and range from \$50-\$1050.
- Except for the Board of Physicians, all board executive directors are hired directly by the board and report directly to the board chair or president.

- Approximately one-half of the boards provide online applications for initial licensure and accept electronic payments for initial licensure.
- All but two boards provide online license renewals and electronic payment for renewals.
- One half of the boards are statutorily required to file annual reports.
- The number of merit and contractual staff positions and vacancy rates vary by board.

C. Maryland Department of Health and the Health Occupations Boards

The health occupations boards are considered units of the Maryland Department of Health (“MDH”). The authority of the Secretary of Health over units in MDH includes:

- Responsibility for the budget;
- The review and revision of rules and regulations proposed by the units;
- To keep informed of the unit’s plans, proposals, and projects; and
- To require reporting.

Md. Code. Ann., Health Gen. Art., §2-106.

The Secretary is responsible for establishing policies to be followed by the units in their departments and to review the personnel actions taken by any unit in their department (see Md. Code. Ann., State Gov. Art., §8-205). However, except for the Board of Physicians, the Secretary is not responsible for the hiring of a board’s executive director. Pursuant to Md. Code. Ann., Health Occ. Art., §1-217, the Secretary shall confirm the appointment of a board’s executive director.

There are limitations to the Secretary’s authority over the health occupations boards. The Secretary does not have the power to disapprove or modify a decision or determination specifically delegated by law to the board. Those decisions typically involve licensing, discipline, and investigations. The Secretary does not have the authority to transfer board staff. Further, the Secretary does not have the power to transfer a function that pertains to licensing, discipline, or enforcement authority (see Md. Code. Ann., Health Occ., Art. §1-203).

The health occupations boards were asked to provide a written response to the questions of what authority the Secretary of Health should have with regard to the boards and what support MDH could provide to the boards to assist with workloads, overhead, staffing technology improvement, and other areas identified by the Commission. The boards’ provided a joint written response (see Attachment C).

At the State Efficiencies and Cooperation Advisory Group meeting on November 30, 2022,

a representative of the health occupations boards stated that the boards require more time to collect data and more fully respond to the questions. A representative of MDH discussed how the current statutory structure of the health occupations boards within MDH may cause issues of accountability for board administrative operations. It was stated that, although the Secretary has the authority to set policies and procedures not related to licensing or disciplinary matters, the Secretary is not able to hold boards accountable for adherence to those policies or procedures because board administrative leadership does not report to the Secretary (except for the Board of Physicians).

SECTION XIII: STATE EFFICIENCIES AND COOPERATION ADVISORY GROUP OUTLOOK

The next State Efficiencies and Cooperation Advisory Group meeting is scheduled for February 27, 2023. A representative of the health occupations boards is slated to give a presentation more fully responding to the questions posed by the legislation. The Advisory Group will continue to explore the structure of health occupations in other jurisdictions. Specifically, the Advisory Group intends to attend the presentation slated to be given by the Executive Director of the Virginia Department of Health Professions, Health Workforce Data Center and hosted by the Workforce Data Advisory Group on January 20, 2023. The State Efficiencies and Cooperation Advisory Group will review the input of the boards, MDH, and stakeholders and will provide its recommendations to the Commission for the final report due on or before December 31, 2023.

ATTACHMENTS

Attachment A: Workgroup Guiding Questions for Health Care Workforce Data Collection

Attachment B: Survey of Health Occupations Boards

Attachment C: Response of Health Occupations Boards

ATTACHMENT A

Workgroup Guiding Questions for Health Care Workforce Data Collection

Immediate Data Needs:

Where applicable, please note whether data is collected at the unit level.

- Do you have current, shareable data about worker shortages in:
 - certain health care settings
 - different regions of the State
 - care provided in different languages
 - environmental services
 - different levels of care for certain occupations
- Do you have current, shareable data about:
 - turnover rates
 - average length of tenure for certain occupations
- What effect has the aging of Maryland's population had on the health care setting or occupation with which you are most closely aligned?
 - Do you have current, shareable data that supports any trends you are seeing?
- What effect has reimbursement had on workforce shortages in your setting and/or occupation?
 - Do you have current, shareable data that supports any trends you are seeing?
- What effect do surrounding states and the District of Columbia have on worker shortages in your setting and/or occupation?
 - Do you have current, shareable data that supports any trends you are seeing?
- Are there gaps in publicly available data that make it difficult to analyze trends in worker turnover and/or retention?

Future Data Needs:

- Has the health care setting or occupation that you are most closely aligned with:
 - Identified strategies to reduce turnover?
 - If yes, what are those strategies? Have they been implemented? Do you have data on their effectiveness?
 - Developed methods/tools/processes for career advancement and retention?
 - If yes, what are they? Have they been implemented? Do you have data on their effectiveness?

ATTACHMENT B

Board/Commission	No. of Active	How many	How is	Total fee* for	Total fee* for license	Online	Accept	Online	Accept	No. of PINS held by	No. of vacant	Executive	Annual
Acupuncture	1,286	2	Special	\$551 -	\$551 - Acupuncturist	Acupuncture - Y	Acupuncture -	Acupuncture -	Acupuncture -	2	0	Board Chair	N
Aud./SLP/HAD/Music Therapy	4,429 SLP / 360 SLP-LL	10	Special	SLP, AUD, HAD-LL	Biennial renewal: SLP	Y	Y	Y	Y	4 Merit/ 2 Merit Shared	1 Merit/1 Merit	Board Chair	N
Chiropractic * Shared Staff	943 DC / 733 CA	2	Special	\$726 DC / \$400	Biennial Renewals	N	N	Y	Y	9 Shared with the	3 Shared with	Board	N
Dental	15,678	18	Special	See Sheet 5	See Sheet 5	N	N	Y	Y	27	3 merit, 3 cont.	Board Chair	Y
Dietetic Practice	2,529	1	Special	\$300	\$250	Y	Y	Y	Y	2	0	Board Chair	Y
Environmental Health Specialists	521 LEHS/100 In-	2	General	\$75	\$200	N	N	N	N	1 Merit, 2PT	0	Board Chair	Y
Long Term Care Administrators	501 NHAs	1 (as of	General	\$200	\$200	N	N	Y	Y	2 Merit; 2 Merit Shared	1 Vacant Part-	Board Chair	N
Massage Therapy * Shared Staff	2,271 LMT / 1,575 RMP	2	Special	\$526 LMT / \$500	Biennial Renewals	N	N	Y	Y	See Chiropractic Board	See	Board Chair	N
Morticians	1639	13	Special	\$600 mort, \$700	\$350-\$600	N	N	N	N	4	2	President	Y
Nursing	231,731	16	Special	See Sheet 4	See Sheet 4	Y except for	Y	Y except for	Y	54	38	Board	Y
Occupational Therapy	Approx. 5,000	6	Special	\$200	\$280/\$200	Y	Y	Y	Y	4	2	Board Chair	N
Optometry	1,010	2	Special	\$300	\$600.00	Y	Y	Y	Y	2 Merit	1 Contractual	President	N
Pharmacy	33,113	14	Special	See Sheet 3	See Sheet 3	N	N	Y	Y	30	4	Board Pres.	Y
Physical Therapy	9,379	2	Special	\$150 PT/PTA	\$231 PT, \$150 PTA	Y	Y	Y	Y	9 (3 contract, 6 merit)	1	Board Chair	N
Physicians	50,662	14	Special	See Sheet 2	See Sheet 2	Y	Y and N	Y	Y	79.5 (69.5 merit, 10	5	Secretary	Y
Podiatry	475	2	Special	\$1,050 for a 2 year	\$525 annual payment	Y	Y	Y	Y	3 merit PINS	0	Board	N
Prof. Counselors and Therapists	11,481	12	Special			N	N	Y	Y	10 (9 merit, 1 contract)	1 Contractual	Board Chair	Y
Psychology	4,090	2	Special	Psy\$300 PA 200	Psy \$400 PA \$300	Y	Y	Y	Y	5M - 1SHAR 2C	1	Board	Y
Residential Child Care	1,107	2	General	\$50- RCYCP/\$200	\$50- RCYCP/\$200 P.A.	N	N	Y	Y	3 merit	0	Board Chair	Y
Social Work	17,951	4	Special	\$175	LBSW \$100, LMSW	Y	Y	Y	Y	19	4	Board Chair	N

* Total fee represents the total amount paid by an applicant/licensee to the board, including MHCC fees.
 ** If one board charges different fees for different credentials, please indicate the title of the credential and the related fees on a separate sheet.

ATTACHMENT C

Board of Physicians

Practitioner Type	No. of Licensees	Initial Application Fee	Renewal Fee - includes MHCC assessment
Athletic Trainers (A)	720	\$200	\$161
Physician Assistants (C)	4,610	\$225	\$186
Naturopathic Doctors (J)	53	\$790	\$512
Radiologist Assistants (K)	5	\$150	\$161
Practitioners (L)	2,897	\$200	\$176
Therapist/Radiographers	32	\$150	\$161
Technologists (N)	568	\$150	\$161
Radiation Therapists (O)	396	\$150	\$161
Radiographers (R)	5,801	\$150	\$161
Perfusionists-Basic (B)	3	\$300	\$247
Perfusionists-Advanced (Y)	138	\$300	\$247
Technologists (Z)	372	\$200	\$176
Psychiatrist Assistants (S)	5	Non Applicable	\$20
Physicians, M.D. (see Note)	33,089	\$790 / \$890*	\$512
Physicians, D.O.	1,973	\$790 / \$890*	\$512
Total Licensees	50,662		

*Physicians actually pay an application fee of \$310.00. And then, \$20.00 per month until the expiration of the initial license. There is also a \$100.00 foreign credentials evaluation.

Pharmacy Board

License Type	Initial	Number	Non-Renewed	Renewal	Initial	Renewal
Pharmacist	\$150	12,692	11,531	\$261	No	Yes
Reciprocity Pharmacist	\$300			See Notes		
Pharmacy Technician	\$45	10,251	14,991	\$45	No	Yes
Pharmacy Intern-Student	\$45	468		\$45	No	
Pharmacy Intern-Graduate	\$45	49		\$45		
Pharmacy Technician-Student	\$0	25		See Notes		
Pharmacy	\$700	2,072	4,489	\$500	No	Yes
Pharmacy Waiver	\$700	85	406	\$500		
Distributors Wholesale	\$1,750	779	1,907	\$1,750	No	Yes
Distributors Own Label (Virtua)	\$1,750	235	251	\$1,750		
Distributors Manufacturer	\$1,750	498	579	\$1,750		
Prescription Drug Drop-Off	\$0	88		\$0		
Prescription Drug Repository	\$0	126		\$0		
Vaccination	\$0	5,745	1,934	\$0		
Total Active Licenses as of 11/2/2022		33,113				

Notes:

The Reciprocity Pharmacist is only for an initial applicant not license in Maryland. This person must be licensed in another state before applying for a Maryland License. After being issued a Maryland license, their renewal fee will be the Pharmacist renewal fee of \$261.

The Pharmacy Technician - Student license is given to students who are in their first year of a Pharmacy School program. This is a non-renewable license. After the first year they are required to apply for a Pharmacy Student -Intern license.

Board of Nursing

Credential Title	Initial License Fee	Renewal Fee	Renewal Term
Licensed Practical Nurse (LPN)	\$100.00	\$136.00	2 years
Registered Nurse (RN)	\$100.00	\$136.00*	2 years
Advanced Practice Registered Nurse (APRN) - Clinical Nurse Specialist (CNS)	\$50.00	\$136.00	2 years
APRN - Certified Nurse Midwife (CNM)	\$50.00	\$136.00	2 years
APRN - Certified Registered Nurse Anesthetist (CRNA)	\$50.00	\$136.00	2 years
APRN - Certified Registered Nurse Practitioner (CRNP)	\$50.00	\$161.00	2 years
Advanced Compact (AC) - APRN - CNS	\$50.00	\$36.00	2 years
AC - APRN - CNM	\$50.00	\$36.00	2 years
AC - APRN - CRNA	\$50.00	\$36.00	2 years
AC - APRN - CRNP	\$50.00	\$51.00	2 years
RN Forensic Nurse Examiner (FNE) - Adult (A)	\$25.00	\$146.00	2 years
RN FNE Adult - Pediatric (P)	\$25.00	\$146.00	2 years
RN FNE - P	\$25.00	\$146.00	2 years
AC - FNE - A	\$25.00	\$36.00	2 years
AC - FNE A-P	\$25.00	\$36.00	2 years
RN -Worker's Compensation Case Manager	\$25.00	\$146.00	2 years
AC - WCCM	\$25.00	\$36.00	2 years
Medication Technicians (MT)	\$20.00	\$30.00	2 years
Certified Nursing Assistant (CNA)	\$20.00	\$40.00	2 years
Electrologist (LE)	\$100.00	\$200.00	2 years
Direct Entry Midwife (DEM)	\$900.00	\$900.00	2 years

*Includes MHCC fee of \$26.00



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Maryland State Boards and Commissions

4201 Patterson Avenue
Baltimore, MD 21215

Maryland Board of Dental Examiners

Spring Grove Hospital Center
55 Wade Avenue, Benjamin Rush Building
Baltimore, MD 21228

Maryland Board of Nursing

4140 Patterson Avenue
Baltimore, MD 21215

Maryland Board of Occupational Therapy Practice

Spring Grove Hospital Center
55 Wade Avenue, Tuerk Building
Baltimore, MD 21228

November 17, 2022

Commission to Study the Health Care Workforce Crisis in Maryland
State Efficiencies and Cooperation Advisory Group

Dear State Efficiencies and Cooperation Advisory Group:

The Health Occupation Boards (HOBs) sincerely appreciate the opportunity to participate in the State Efficiencies and Cooperation Advisory Group and to respond to the Boards and Commissions Survey. The HOBs are eager to discuss ways to improve efficiency and operations across the boards, and believe this Advisory Group is the perfect forum to do so.

Regarding the authority that the Secretary should have over the Boards, the HOBs support the current statutory authority of the Secretary. This authority allows the HOBs to maintain a degree of independence that is essential to their regulatory function, as outlined in Health Occupations Article § 1-102:

“The health occupations boards established by this article, the majority of whose members are licensed or certified under this article, are created to function as independent boards, with the intent that a peer group is best qualified to regulate, control, and otherwise discipline in a fair and unbiased manner the licensees or certificate holders who practice in the State.”

Boards and Commissions Responses to Survey

All health occupations boards were created by the legislature to protect the public's health, safety and welfare through fair and effective licensure and discipline. This fundamental mission is only possible if the boards are able to function independently and to avoid politicization.

Unfortunately, regardless of intent, involvement by the Secretary frequently politicizes the work of the Boards and impacts their independent licensure and disciplinary decisions and functions. Given this concern, the HOBs would reframe the first question to instead focus on the ways in which the Advisory Group can assist with maximizing operations while minimizing or eliminating the inherent political nature of the Secretary's office.

The HOBs encourage the Advisory Group to examine the areas where the Secretary does have authority, to ensure such control does not negatively impact the HOBs and their mission to protect the public. For example, HOBs must submit regulations to the Secretary's Office for approval. Over the past few years, the HOBs have submitted regulations required by statute, supported by constituents, and completed the public process. However, the Secretary frequently declines to move the regulations forward in the promulgation process, so proposed regulations have stalled for years, and statutes cannot be carried out.

The HOBs have similar missions of public protection. The individual needs of each board vary. This makes it difficult to recommend any "one size fits all" approach that could easily be provided in a survey.

The HOBs have several proposals to improve operations and would like to present these to the Advisory Group in a meaningful way. As such, the HOBs would like the opportunity to meet with the Advisory Group directly and discuss existing practices and potential areas for improvement.

Again, the HOBs appreciate the opportunity to participate in this important discussion and look forward to working with the Advisory Group to identify ways to strengthen the HOBs in their role of protecting the public's health, safety and welfare.

Respectfully submitted,

Tiffany L. Smith-Williams
Tiffany Smith-Williams, Executive Director
State Acupuncture Board

Darlene Ham
Darlene Ham, Executive Director
Board for the Certification of Residential Child
Care Program Professionals

Boards and Commissions Responses to Survey

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Sharon Oliver, Executive Director
State Board of Chiropractic Examiners

Christy Collins

Christy Collins, Executive Director
State Board of Dental Examiners

Marie M Savage

Marie Savage, Executive Director
State Board of Dietetic Practice

Bert Nixon

Bert Nixon, Executive Director
State Board of Environmental Health Specialists

Oluremi Dean

Oluremi Dean, Executive Director
State Board of Examiners for Audiologists,
Hearing Aid Dispensers, Speech-Language
Pathologist, and Music Therapists

Sharon Oliver

Sharon Oliver, Executive Director
State Board of Massage Therapy Examiners

Nilsa M. Hairston

Nilsa M. Hairston, Executive Director
State Board of Morticians and Funeral Directors

Karen E. Evans

Karen E. Evans, Executive Director
State Board of Nursing

Ciara Lee

Ciara Lee, Executive Director
State Board of Long-Term Care Administrators

Lauren Murray

Lauren Murray, Executive Director
State Board of Occupational Therapy Practice

Gwendolyn Joyner, Executive Director
State Board of Examiners of Optometry

Boards and Commissions Responses to Survey

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Deena Speights-Napata, Executive Director
State Board of Pharmacy

Laurie

Laurie Kendal-Ellis, Executive Director
State Board of Physical Therapy Examiners

Christine A. Farrelly

Christine A. Farrelly, Executive Director
State Board of Physicians

Lorraine Smith

Lorraine Smith, Executive Director
State Board of Examiners of Psychologists

Eva Schwartz

Eva Schwartz, Executive Director
State Board of Podiatric Medical Examiners

Daphne McClellan

Daphne McClellan, Executive Director
State Board of Social Work Examiners

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State Board of Professional Counselors & Therapists

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Survey Response with Signatures

Final Audit Report

2022-11-21

Created:	2022-11-21
By:	Sharon Oliver (sharon.oliver@maryland.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA97VLQk-p7sfmvt60qUd4b2nZXKhRKune

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-  Document created by Sharon Oliver (sharon.oliver@maryland.gov)
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