

SENATE BILL REPORT

SB 6115

As of January 19, 2012

Title: An act relating to the health care workforce.

Brief Description: Concerning the health care workforce.

Sponsors: Senators Keiser, Becker, Kastama, Conway and Pflug.

Brief History:

Committee Activity: Health & Long-Term Care: 1/18/12.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Kathleen Buchli (786-7488)

Background: In 2003 the Legislature required the Workforce Training and Education Coordinating Board (Board) to address the health care personnel shortage by facilitating ongoing collaboration among stakeholders. The Board, in collaboration with these stakeholders, was to establish and maintain a state strategic plan for ensuring an adequate supply of health care personnel that safeguards the ability of the health care delivery system in the state in order to provide quality, accessible health care to Washington residents. The Board must make an annual report to the Governor and the Legislature on progress of the state plan and make recommendations as necessary.

Accordingly, the Health Care Personnel Shortage Task Force (Task Force) was created. The Task Force has 20 members, representing business, labor, education, and government. The Task Force regularly updates a strategic plan which outlines actions for the Legislature, state and local agencies, educators, labor, health care industry employers, and workers to close the gap in the supply of health care personnel. The strategic plan outlines six goals: increase educational capacity and efficiency in health care training programs to enable more people to gain qualification to work in health care occupations; recruit more individuals, especially targeted populations, into health care occupations and promote adequate preparation prior to entry; develop a data collection and analysis system to assess health workforce supply and demand; retain current health care workers; enable local communities to implement strategies to alleviate the health care personnel shortage in their areas; and develop a mechanism to ensure continued collaboration among stakeholders, track progress, create accountability for fulfilling this plan, and to plan for future health workforce needs.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: Requirements for the Task Force are placed in statute. The Task Force is to maintain a state strategic plan to ensure an adequate supply of health care personnel and to safeguard the ability of the health care delivery system in the state to provide quality, accessible health care to Washington residents. The Task Force must consist of stakeholders selected by the Board and must include at least one member representing long-term care workers. The Task Force must make recommendations on the development of a single portal for entry into the health care professions; identify ways to increase educational capacity and efficiency in health care training programs to enable more people to qualify to work in health care occupations, including development of a career ladder; identify ways to monitor, manage, and retain critical professions where they are most needed, including creation of new professions in the medical and dental fields and coordinating between health professions, education opportunities, and apprenticeships; examine the scope of practice of health care licensees to ensure licensees are working at the top of the scope of their licenses; issue recommendation on scope of practice issues as they relate to ensuring an adequate supply of qualified health care personnel; develop data collection to assist health care workforce supply and demand; enable local communities to implement strategies to alleviate local health care personnel shortages; ensure continued collaboration among stakeholders; and coordinate grant activity within the state.

The Task Force may receive and expend federal funds and private gifts or grants to support Task Force activities, including providing job training funding to entry level professions identified in the state strategic plan. The Task Force must develop a Health Care Workforce Grant Assistance program to provide assistance to grant applicants of state and federal health care workforce grants. The Task Force must coordinate activities of grantees who have received federal grants for health care workforce activities to ensure compliance with the state strategic plan; provide grant writing assistance to grant applicants; and coordinate with local economic development councils.

Fire departments may develop a Community Assistance Referral and Education Services program (CARES program) to provide community outreach and assistance in order to advance injury and illness prevention within their communities. The program should identify members of the community who use the 911 system for low acuity assistance calls and connect them to their primary care providers, other health care professionals, low-cost medication programs, and other social services. In order to support a CARES program, a fire department may seek grant opportunities and private gifts. CARES programs must measure any reduction of repeated use of the 911 emergency system and any reduction in avoidable emergency room trips attributable to implementation of a CARES program.

Appropriation: None.

Fiscal Note: Requested on January 16, 2012.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: We have a health care personnel shortage in this state. It is important to train health care workers so they can meet future demands to our

health care system. The bill addresses the many federal grants that are being awarded to people in this state who are not coordinating their activities amongst each other. We applaud the goal of this bill. The Task Force needs to continue, and it needs to urgently approach health care personnel shortages in the state, which are not being addressed quickly enough to ensure delivery of care. We support the addition of long-term care workers to the Task Force and request that the other stakeholders also be added to the bill. It is unclear what is intended by the development of a single portal. The language about workers from out of state could be interpreted as meaning out of country. We support training an incumbent workforce to create career ladders for those people. The Task Force has done well over the years, and strengthening the Task Force makes sense. Nothing is more important than developing a qualified health care workforce. Turnover is costly, and it limits the ability to take innovative projects to scale. Long-term care must be part of the bill because of our aging population. Both the provider side and the demand side of our population are aging, and long-term care shortages are expected. The federal funding provides us with an opportunity to create jobs.

OTHER: We support the goal of licensees working at the top of their scope of practice. We also support the data collection provisions of the bill. Career ladders exist in nursing and those experiences can be shared in developing career ladders in this bill. It is unclear how the connection between the scope of practice and the sunrise reviews relates to existing programs. We need to investigate whether we are maximizing incentives for helping existing programs in underserved areas. A physician member should be added to the Task Force.

Persons Testifying: PRO: Senator Keiser, prime sponsor; Ellie Menzies, Service Employees International Union (SEIU) 1199; Misha Werschkul, SEIU 775.

OTHER: Carl Nelson, WA State Medical Assn.; Sofia Aragon, WA State Nurses Assn.