MHA Position
On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to support Senate Bill 518 with amendments.

Maryland faces a staggering health care workforce crisis, exacerbated by the COVID-19 pandemic. In just five months, there has been a 50% jump in hospital nurse vacancies. Registered nurses, licensed practical nurses, and nursing assistants make up 39% of the Maryland hospital workforce.\(^1\) Unfortunately, 23.5% of nursing and medical positions (RNs, NPs, MDs, etc.) are vacant—an increase of nearly 34% since late summer. Vacancies among licensed practical nurses rose a staggering 135%. According to a 2020 analysis, Maryland’s registered nurse (RN) population per capita is in the bottom third of the nation.\(^2\)

We cannot rely just on the future generation to fill the gaps in our health care workforce. We need to grow our own, starting with the existing hospital workforce. From dietary workers to certified nursing assistants and registered nurses, hospitals help employees grow in their careers. SB 518 offers a pathway to expand this concept statewide. This bill requires the Maryland Department of Health to establish a matching grant program for hospitals and related institutions to pay for employees to attend health care worker training programs. This concept offers an innovative path and a win-win for employers, employees, and our state educational institutions.

Maryland hospitals fully support the concept of SB 518 as an essential tool to address the workforce shortage crisis, but recommend several changes to strengthen its impact. Those amendments are listed below. We appreciate engagement with the bill’s advocates and look forward to working with them on these issues.

- The Division of Workforce Development and Adult Learning should work with participating employers to identify training programs that will allow workers to progress from one rung of the career ladder to the next.
- Training program participation does not automatically result in career advancement but is often a foundational step for that advancement. Legislating automatic salary increases is not appropriate as labor market trends for various positions consistently change.

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\(^1\) MHA Workforce Survey – February 2022. \textit{Note: Data represents submissions by 49 of 51 Maryland hospitals (Survey Response Rate = 96.1%).}

\(^2\) Becker’s Hospital Review. (Feb. 18, 2022). “\textit{RN population per capita, by state}”
• A portion of the grant funds are hospital dollars and therefore should not always flow through training funds that are separately negotiated between unions and hospitals.

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