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REVIEW OF STATUTE/RULES FOR STATES THAT REQUIRE COLLECTION OF HEALTH WORKFORCE SUPPLY INFORMATION

PREPARED BY:

The Bowen Center for Health Workforce Research & Policy

Contact us at:

bowenctr@iu.edu with questions or comments

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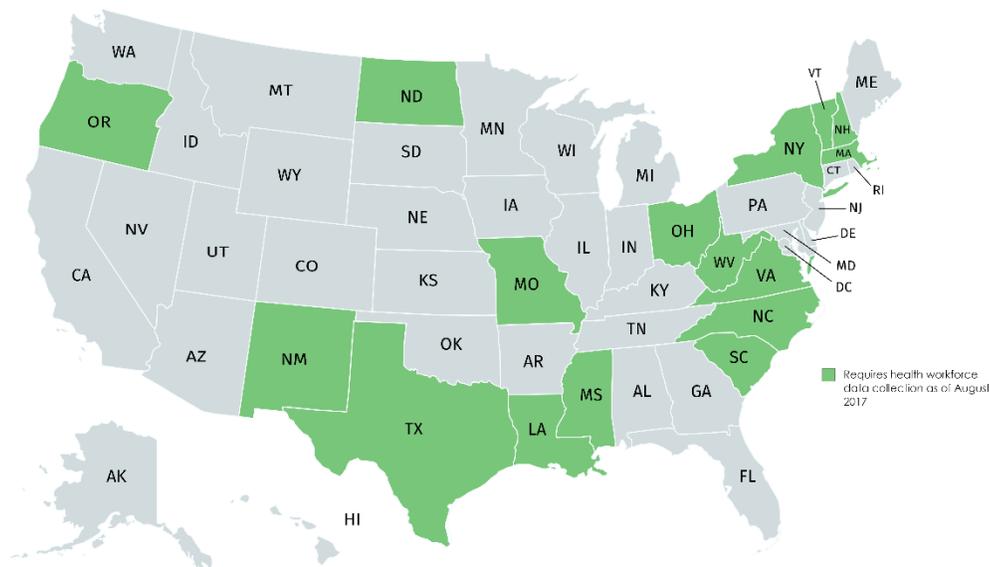
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METHODS

This document contains excerpts from statute or administrative rules for states that mandate data collection of health workforce supply as of Fall 2017.

Inclusion Criteria

States identified by the Health Workforce Technical Assistance Center.¹ States that required collection of information included: Louisiana, Massachusetts, Missouri, Mississippi, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Texas, Vermont, Virginia, West Virginia.



Policy Review: Methods

Information compiled in this report was identified through a review of each state's statute or administrative code. Unfortunately information was unable to be found for four states that mandate data collection.

Policy Review: Reporting

Language from the statute or code is directly quoted in this report. Statute citation for this language is also included in the text for the reader's reference.

¹ Report available at: http://www.healthworkforceta.org/wp-content/uploads/2017/01/HWTAC_Data_Collection_Inventory_Report_2016.pdf

FINDINGS

Louisiana

Citation: RS 40:2845

(b) Agreements between the board and these entities shall provide for the protocols of mandatory data collection and shall include provisions regarding the specific data to be shared among the entities, the individual or individuals allowed by each party to have access to the other party's data, and the security arrangements between the parties to ensure the protection of the data from unauthorized access that would threaten the privacy of individuals and the confidentiality of the data.

Massachusetts

Citation: Chapter 111 M.G.L, Section 25L

Section 25L.

(a) There shall be in the department a health care workforce center to improve access to health and behavioral, substance use disorder and mental health care services. The center, in consultation with the health care workforce advisory council established by section 25M and the secretary of labor and workforce development, shall:

(1) coordinate the department's health care workforce activities with other state agencies and public and private entities involved in health care workforce training, recruitment and retention, including with the activities of the Health Care Workforce Transformation Fund;

(2) monitor trends in access to primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, behavioral, substance use disorder and mental health providers, and other physician and nursing providers, through activities including

(i) reviewing existing data and collection of new data as needed to assess the capacity of the health care and behavioral, substance use disorder and mental health care workforce to serve patients, including patients with disabilities whose disabilities may include but are not limited to intellectual and developmental disabilities, including patient access and regional disparities in access to physicians, nurses, physician assistants, and behavioral, substance use disorder and mental health care professionals and to examine physician, nursing and physician assistant, behavioral, substance use disorder and mental health professionals' satisfaction;

(ii) reviewing existing laws, regulations, policies, contracting or reimbursement practices, and other factors that influence recruitment and retention of physicians, nurses, physician assistants, behavioral, substance use disorder and mental health professionals;

(iii) projecting the ability of the workforce to meet the needs of patients over time;

- (iv) identifying strategies currently being employed to address workforce needs, shortages, recruitment and retention;
 - (v) studying the capacity of public and private medical, nursing, physician assistant, behavioral, substance use disorder and mental health professional schools in the commonwealth to expand the supply of primary care physicians and nurse practitioners and physician assistants practicing as primary care providers and licensed behavioral, substance use disorder and mental health professionals;
- (3) establish criteria to identify underserved areas in the commonwealth for administering the loan repayment program established under section 25N and for determining statewide target areas for health care provider placement based on the level of access; and
- (4) address health care workforce shortages through the following activities, including:
- (i) coordinating state and federal loan repayment and incentive programs for health care providers;
 - (ii) providing assistance and support to communities, physician groups, community health centers and community hospitals in developing cost-effective and comprehensive recruitment initiatives;
 - (iii) maximizing all sources of public and private funds for recruitment initiatives;
 - (iv) designing pilot programs and making regulatory and legislative proposals to address workforce needs, shortages, recruitment and retention; and
 - (v) making short-term and long-term programmatic and policy recommendations to improve workforce performance, address identified workforce shortages and recruit and retain physicians, nurses, physician assistants and behavioral, substance use disorder and mental health professionals.

Missouri

Unable to locate statute.

Mississippi

Unable to locate statute.

New Hampshire

Citation: House Bill 1692, Chapter 114:2

114:2

State Office of Rural Health; New Hampshire Health Professions Workforce Data Center. The state office of rural health, department of health and human services shall collect and organize data regarding the current and anticipated supply of health care professionals who make up the state's primary care workforce and the current and anticipated demand for primary care services in the state in the future and report such data to the commission established in section 1 of this act. The state office of rural health shall also plan and budget for a New Hampshire health professions workforce data center which shall collect such data in the future.

New Mexico

Citation: Section 24-14C-1 NMSA 1978

A board shall supply the university with data pertaining to licensed health care providers for inclusion in the database. A board shall collect a core essential data set at the time of new licensure or licensure renewal, including, but not limited to, a provider's:

(1) demographics, including race, ethnicity and primary and other languages spoken;

(2) practice status, including, but not

limited to:

(a) active practices in New Mexico and other locations;

(b) practice type; and

(c) practice settings, such as hospitals, public schools, higher education institutions, clinics and other clinical settings;

(3) education, training and primary and secondary specialties for all health professions as appropriate;

(4) average hours worked per week and the average number of weeks worked per year in the licensed profession over the past twelve months;

(5) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession;

(6) practice plans for the next five years, including retiring from a health care profession, moving out of state or changing health care work hours

New York

Citation: S4611A

Finally, the bill will require the Commissioner of Education, in consultation with the Commissioner of Health, to issue a report summarizing the implementation of this law, and any recommendations for further revisions to the NP's statute. The report shall be submitted to the legislature by September 1, 2017.

Additional information found:

“Effective September 1 2015, NPs licensed in NY are required by law to provide information to the state at the time of re-licensure.^{2,3} The Center for Health Workforce Studies (CHWS), in collaboration with the New York State Education Department (SED), and the New York State Department of Health (DOH), developed a short survey that asked NPs about demographic, educational, and practice characteristics, based on federal minimum data set guidelines for health workforce data collection, as well as questions about relationships with collaborating physicians. The survey was embedded in the online NP recertification materials; a paper copy of the survey was available to NPs unable to complete the survey online.”

North Carolina

Unable to locate statute.

North Dakota

Citation: 43-12.1-08.

Duties of the board.

1. The board shall regulate the practice of nursing as provided in this chapter.
2. The board shall:
 - a. Enforce this chapter.
 - b. Adopt and enforce administrative rules necessary to administer this chapter after collaborating and consulting with North Dakota nursing organizations and other affected parties.
 - c. Appoint and employ a registered nurse to serve as executive director and approve any additional staff positions necessary to administer this chapter.

²<https://www.regents.nysed.gov/common/regents/files/PPC%20%20Health%20Workforce%20Planning%20in%20New%20York.pdf>

³ http://www.chwsny.org/wp-content/uploads/2016/10/NP_Data_Collection_Brief_2016.pdf

- d. Establish fees and receive all moneys collected under this chapter and authorize all expenditures necessary to conduct the business of the board. Any balance of fees after payment of expenditures must be used to administer this chapter.
- e. Collect and analyze data regarding nursing education, nursing practice, and nursing resources.

Ohio

Citation: 4723-7-09

Licensure renewal.

A) Licenses shall be renewed as required by section 4723.24 of the Revised Code. The board may request that licensees provide nursing practice, education, and demographic information relevant to the public interest as part of the renewal process. Data provided by licensees shall be used only in aggregate form for the purposes of research and public information. The entire licensure renewal application, including requested data, shall be completed to satisfy the requirements of the renewal procedure.

Note: Only found in Ohio Board of Nursing

Oregon

Citation: 409-026-0110

Data Elements

(1) Pursuant to ORS 676.410, a health care workforce regulatory board must collaborate with the Oregon Health Authority to collect health care workforce information. The information may include but is not limited to the following:

- (a) Gender;
- (b) Race;
- (c) Ethnicity
- (d) Languages spoken;
- (e) Year of birth;
- (f) Educational background;
- (g) Specialty training or certification;
- (h) Practice status and hours;
- (i) Practice type and setting;
- (j) Geographic location of practice; and
- (k) Future practice plans.

(2) The Authority may not include any health care workforce information relating to licensees' disciplinary actions or criminal background.

(3) The Authority shall collaborate with health care workforce regulatory boards to determine data elements and specifications and communicate the information to the health care workforce regulatory boards no later than six months prior to data collection.

(4) The Authority shall provide a data collection tool that health care workforce regulatory boards may use to collect required data elements.

(5) The healthcare workforce regulatory boards that utilize the Authority's data collection tool shall provide verification information to the Authority, which may include:

- (a) License number;
- (b) Name;
- (c) Birth year; and
- (d) Original license date.

676.410 Information required for renewal of certain licenses; confidentiality; data collection; fees; rules.

(1) As used in this section, "health care workforce regulatory board" means the:

- (a) State Board of Examiners for Speech-Language Pathology and Audiology;
- (b) State Board of Chiropractic Examiners;
- (c) State Board of Licensed Social Workers;
- (d) Oregon Board of Licensed Professional Counselors and Therapists;
- (e) Oregon Board of Dentistry;
- (f) Board of Licensed Dietitians;
- (g) State Board of Massage Therapists;
- (h) Oregon Board of Naturopathic Medicine;
- (i) Oregon State Board of Nursing;
- (j) Respiratory Therapist and Polysomnographic Technologist Licensing Board;
- (k) Oregon Board of Optometry;
- (L) State Board of Pharmacy;
- (m) Oregon Medical Board;
- (n) Occupational Therapy Licensing Board;
- (o) Physical Therapist Licensing Board;
- (p) State Board of Psychologist Examiners; and
- (q) Board of Medical Imaging.

(2) An individual applying to renew a license with a health care workforce regulatory board must provide the information prescribed by the Oregon Health Authority pursuant to subsection

(3) of this section to the health care workforce regulatory board. Except as provided in subsection

(4) of this section, a health care workforce regulatory board may not approve an application to renew a license until the applicant provides the information.

South Carolina

Unable to locate statute.

Texas

Citation: Sec. 105.003.

Collection of data.

(a) The council shall place a high priority on collecting and disseminating data on health professions demonstrating an acute shortage in this state, including:

- (1) data concerning nursing personnel; and
- (2) data concerning the health professions in which shortages occur in rural areas.

(b) To the extent possible, the council may collect the data from existing sources that the council determines are credible. The council may enter agreements with those sources that establish guidelines concerning the identification, acquisition, transfer, and confidentiality of the data.

(c) The Department of Information Resources, through the state electronic Internet portal and in consultation with the council and the Health Professions Council, shall add and label as "mandatory" the following fields on an application or renewal form for a license, certificate, or registration for a person subject to Subsection (c-2):

- (1) full name and last four digits of social security number;
- (2) full mailing address; and
- (3) educational background and training, including basic health professions degree, school name and location of basic health professions degree, and graduation year for basic health professions degree, and, as applicable, highest professional degree obtained, related professional school name and location, and related graduation year.

(c-1) The Department of Information Resources, through the state electronic Internet portal and in consultation with the council and the Health Professions Council, shall add the following fields on an application or renewal form for a license, certificate, or registration for a person subject to Subsection (c-2):

- (1) date and place of birth;
- (2) sex;
- (3) race and ethnicity;
- (4) location of high school;
- (5) mailing address of primary practice;

- (6) number of hours per week spent at primary practice location;
- (7) description of primary practice setting;
- (8) primary practice information, including primary specialty practice, practice location zip code, and county; and
- (9) information regarding any additional practice, including description of practice setting, practice location zip code, and county.

(c-2) The following health professionals are subject to this section:

- (1) audiologists;
- (2) chiropractors;
- (3) licensed professional counselors;
- (4) licensed chemical dependency counselors;
- (5) dentists;
- (6) dental hygienists;
- (7) emergency medical services personnel;
- (8) marriage and family therapists;
- (9) medical radiologic technologists;
- (10) licensed vocational nurses;
- (11) registered nurses;
- (12) certified nurse aides;
- (13) occupational therapists;
- (14) optometrists;
- (15) pharmacists;
- (16) physical therapists;
- (17) physicians;
- (18) physician assistants;
- (19) psychologists;
- (20) social workers; and
- (21) speech-language pathologists.

(c-3) The relevant members of the Health Professions Council shall encourage each person described by Subsection (c-2) licensed, certified, or registered under that council's authority to submit application and renewal information under Subsections (c) and (c-1) through the system developed by the Department of Information Resources and the state electronic Internet portal.

(d) To the extent feasible, the council shall use a researcher with a doctorate in nursing to collect, analyze, and disseminate nursing data that may be used to predict supply and demand for nursing personnel in this state using appropriate federal or state supply-and-demand models. The nursing data must at least:

- (1) include demographics, areas of practice, supply, demand, and migration; and

(2) be analyzed to identify trends relating to numbers and geographical distribution, practice setting, and area of practice and, to the extent possible, compare those trends with corresponding national trends.

(e) Data received under this section by the nursing resource section established under Section 105.002 that contains information identifying specific patients or health care facilities is confidential, is not subject to disclosure under Chapter 552, Government Code, and may not be released unless all identifying information is removed.

(f) The relevant members of the Health Professions Council, in conjunction with the Department of Information Resources, shall ensure that the information collected under Subsections (c) and (c-1) is transmitted to the statewide health coordinating council. The council shall store the information as needed and conduct related workforce studies, including a determination of the geographical distribution of the reporting professionals.

(g) The relevant members of the Health Professions Council, in conjunction with the Department of Information Resources, shall ensure that the following information is submitted to the statewide health coordinating council for a person subject to Subsection (c-2):

- (1) certification, registration, or license number;
- (2) issuance date;
- (3) method of certification, registration, or licensure; and
- (4) certification, registration, or licensure status.

Vermont

Citation: 26 V.S.A. § 1353

(10) As part of the license application or renewal process, collect data necessary to allow for workforce strategic planning required under 18 V.S.A. chapter 222. (Amended 1975, No. 249 (Adj. Sess.), § 2; 1989, No. 250 (Adj. Sess.), § 38; 1991 No. 167 (Adj. Sess.), § 30; 1993, No. 108 (Adj. Sess.), §§ 24, 25, eff. Feb. 16, 1994; 1995, No. 188 (Adj. Sess.), §§ 1, 8, 9; 1999, No. 14, § 2; 2001, No. 132 (Adj. Sess.), § 7, eff. June 13, 2002; 2003, No. 34, § 8, eff. May 23, 2003; 2011, No. 61, § 2, eff. June 2, 2011; 2013, No. 79, § 43, eff. June 7, 2013; 2013, No. 119 (Adj. Sess.), § 15.)

Virginia

Citation: § 32.1-122.7:2.

Powers and duties of the Virginia Health Workforce Development Authority; exemptions.

A. The Authority is authorized to serve as the incorporated consortium of allopathic and osteopathic medical schools in Virginia as required by federal statute to qualify for the receipt of Area Health Education Centers programs, legislatively mandated under the Public Health Service Act as amended, Title VII, Section 751, and 42 U.S.C. § 294a, and to administer federal,

state, and local programs as needed to carry out its public purpose and objectives. The Authority is further authorized to exercise independently the powers conferred by this section in furtherance of its corporate and public purposes to benefit citizens and such other persons who might be served by the Authority.

B. The Authority is authorized to monitor, collect, and track data pertaining to health care delivery, training, and education from Virginia educational institutions and other entities as needed to carry out its public purpose and objectives in areas where such data efforts do not already exist.

C. The Authority shall have the authority to assess policies, engage in policy development, and make policy recommendations.

D. The Authority shall have the authority to apply for and accept federal, state, and local public and private grants, loans, appropriations, and donations; hire and compensate staff, including an executive director; rent, lease, buy, own, acquire, and dispose of property, real or personal; participate in joint ventures, including to make contracts and other agreements with public and private entities in order to carry out its public purpose and objectives; and make bylaws for the management and regulation of its affairs.

West Virginia

Citation: §30-1-20.

Certain boards to regulating health care professions to gather retirement information and include in annual reports.

(a) The health related professional licensing boards referred to in subsection (c) of this section shall request that their licensees provide the boards with their anticipated retirement dates, age, gender, percentage of time working direct services, percentage of time working administration and county of practice, in order to facilitate planning for future workforce needs for health care professionals.

(b) The boards shall redact personal identifiers and include only aggregate data in the annual reports required by the provisions of section twelve of this article, beginning with the annual report due on or before January 1, 2016.

(c) The provisions of this section apply to:

(1) The West Virginia Board of Medicine, established pursuant to the provisions of article three of this chapter;

(2) The West Virginia Board of Examiners for Registered Professional Nurses, established pursuant to the provisions of article seven of this chapter;

(3) The West Virginia Board of Examiners for Licensed Practical Nurses, established pursuant to the provisions of article seven-a of this chapter;

(4) The West Virginia Board of Pharmacy, established pursuant to the provisions of article five of this chapter;

(5) The West Virginia Board of Dentistry, established pursuant to the provisions of article four of this chapter; and

(6) The West Virginia Board of Osteopathy, established pursuant to the provisions of article fourteen of this chapter.