A CONCURRENT RESOLUTION relating to the establishment of a task force to complete a study to identify strategies for maintaining an adequate supply of healthcare workers in the Commonwealth.

WHEREAS, in Kentucky and across the nation, there are growing concerns about the increasing shortage of healthcare workers; and

WHEREAS, Kentucky lacks adequate and accurate data on the supply of healthcare workers necessary to determine the extent of the shortage of nurses and to project future needs; and

WHEREAS, employers are reporting shortages of healthcare workers; and

WHEREAS, the COVID-19 pandemic has brought to light both the shortage of healthcare workers in Kentucky and the need for an adequate healthcare workforce; and

WHEREAS, according to data from the Bureau of Health Workforce, Kentucky has just 13.65 nurses per 1,000 people, ranking it 29th for the lowest ratio by a state; and

WHEREAS, registered nurses and advanced practice registered nurses are maldistributed throughout the Commonwealth. According to the University of Kentucky Center of Excellence in Rural Health, 38% of Kentucky's registered nurses practice in rural areas while 62% practice in urban counties; 37% of Kentucky's advanced practice registered nurses practice in rural counties while 63% practice in urban counties; and 31% of the advanced practice registered nurses in the Commonwealth work in Jefferson and Fayette Counties alone; and

WHEREAS, according to a whitepaper produced by researchers from the University of Kentucky, the University of Louisville, and the University of Pikeville, Kentucky is experiencing severe shortages of primary care physicians. Kentucky ranks 43rd in the nation for its number of primary care physicians per 100,000 people. The Commonwealth retains only around 55 new primary care physicians each year and recruits another 55 or 60 annually from out of state. Nonetheless, the annual total of new primary care physicians in Kentucky still falls short of the 124 new primary care physicians that must
be added each year to avoid worsening the state's shortage and well below the 246 new
primary care physicians per year that Kentucky must add to reach the national median in
the coming decade; and

WHEREAS, the University of Kentucky Center of Excellence in Rural Health,
utilizing data gathered from the Kentucky Board of Dentistry, reported a maldistribution
of dentists in Kentucky. Seven Kentucky counties do not have a dentist; 60 out of
Kentucky's 120 counties have less than five working dentists; and 33% of the dentists in
Kentucky are working in either Fayette County or Jefferson County; and

WHEREAS, the Kentucky Department for Public Health, along with the Health
Resources and Services Administration, has designated multiple counties throughout the
Commonwealth as health professional shortage areas, medically underserved areas, or
both; and

WHEREAS, reductions in reimbursement rates from governmental payors and
private insurers have made it difficult for many providers to maintain salary levels
necessary to recruit and retain healthcare professionals; and

WHEREAS, the quality of patient care in acute and nonacute settings is dependent
on maintaining an adequate supply of healthcare workers in the Commonwealth;

NOW, THEREFORE,

**Be it resolved by the House of Representatives of the General Assembly of the
Commonwealth of Kentucky, the Senate concurring therein:**

⇒Section 1. The Legislative Research Commission is directed to establish the
Healthcare Workforce Shortage Task Force of the Legislative Research Commission, to:

(1) Identify strategies to enhance recruitment and retention of healthcare workers in the
workforce in the Commonwealth, especially in rural and inner-city areas;

(2) Identify strategies to reverse the growing shortage of healthcare workers, especially
in rural and inner-city areas;

(3) Identify strategies to increase the number of individuals choosing a career in
healthcare, including the creation and expansion of scholarships;

(4) Identify strategies for the uniform collection of data from licensure boards to gauge workforce supply and employment needs and to plan for education and training;

(5) Identify strategies to ensure the thorough distribution of healthcare workers throughout the Commonwealth so that Kentuckians in each county have access to quality healthcare;

(6) Recommend potential changes in curriculums and ways to expand the use of technology to prepare the type of competently trained graduates required by employers;

(7) Identify best practice retention models within the employment environment;

(8) Identify strategies to ensure that governmental payors and private insurers adequately cover labor costs;

(9) Identify the roles and responsibilities of private and public organizations in addressing healthcare workforce shortage issues; and

(10) Gather information on work completed by other groups, states, and the federal government related to the healthcare workforce shortage.

Section 2. The task force shall have the following members, with final membership of the task force being subject to the consideration and approval of the Legislative Research Commission:

(1) Three members of the House of Representatives chosen by the Speaker of the House of Representatives, one of whom shall be designated as co-chair;

(2) One member of the House of Representatives chosen by the House Minority Floor Leader;

(3) Three members of the Senate chosen by the President of the Senate, one of whom shall be designated as co-chair; and

(4) One member of the Senate chosen by the Senate Minority Floor Leader.

Section 3. The task force shall meet at least three times during the 2022 Interim
and shall submit its findings, legislative recommendations, or a memorandum to the Legislative Research Commission no later than December 1, 2022. If legislative recommendations are submitted, the Legislative Research Commission may refer the recommendations to the appropriate committee or committees of jurisdiction in advance of the 2023 Regular Session of the Kentucky General Assembly.

Section 4. Provisions of this Resolution to the contrary notwithstanding, the Legislative Research Commission shall have the authority to alternatively assign the issues identified herein to an interim joint committee or subcommittee thereof and to designate a study completion date.