

House File 672 - Introduced

HOUSE FILE 672

BY MASCHER, STAED, HANSEN, and
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A BILL FOR

1 An Act relating to the development of an implementation plan
2 for a centralized direct care workforce database.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. CENTRALIZED DIRECT CARE WORKFORCE DATABASE —
2 STAKEHOLDER WORKGROUP — IMPLEMENTATION PLAN.

3 1. The department of inspections and appeals shall convene
4 a workgroup of stakeholders to develop a plan to implement a
5 centralized direct care workforce database as an expansion of
6 the Iowa direct care worker registry currently located within
7 the department of inspections and appeals. The purposes of the
8 database are:

9 a. To enable data-driven decision-making by providing
10 a means for collecting data and analyzing emerging trends
11 relating to the state's direct care workforce in all settings
12 and by identifying, at a minimum, the current number of
13 direct care workers in Iowa, the diversity in the direct care
14 workforce, and the employment settings utilized to aid in
15 planning for the growing demand for the direct care workforce.

16 b. To provide portability across employment settings
17 and populations served of the permanent record of trainings,
18 certifications, credentials, continuing education, and
19 experience of direct care workers by maintaining such records
20 in a central and secure location.

21 c. To improve the opportunity for consumers to engage
22 direct care workers with the training, skills, and availability
23 appropriate to their own situations.

24 d. To reduce the costs and time associated with repetitive
25 training resulting from the lack of training portability.

26 e. To increase public protection by streamlining the
27 process to enable completion of required background checks in
28 a timely and efficient manner.

29 f. To accelerate the onboarding of newly employed direct
30 care workers and direct care workers transitioning into new
31 employment opportunities.

32 2. The members of the stakeholder workgroup shall
33 include one representative of the department of education,
34 Iowa workforce development, the department on aging, the
35 department of public health, the department of human services,

1 the department of public safety, division of criminal
2 investigation, the Iowa caregivers, AARP Iowa, the Iowa center
3 for nursing workforce, everystep care and support services,
4 the brain injury alliance of Iowa, the national alliance on
5 mental illness-Iowa, leadingage Iowa, the Iowa association of
6 community providers, united way of central Iowa-central Iowa
7 works, the Iowa health care association, the Iowa developmental
8 disabilities council, a rural community college and an urban
9 community college, one rural and one urban public health
10 entity, the Iowa hospital association, and the university of
11 Iowa college of public health midwestern public health training
12 center. Additionally, the task force shall include two direct
13 care workers who have graduated from the Iowa caregivers
14 toughest job you'll ever love leadership program, a citizen
15 advocate, and two consumers.

16 3. The stakeholder workgroup shall do all of the following:

17 a. Review historical reports of efforts and recommendations
18 generated by previous state-led and federally funded
19 initiatives for consideration in informing future planning, and
20 assess whether the previous recommendations align with future
21 needs.

22 b. Review prior efforts including the results of the Iowa
23 better jobs better care program demonstration and the AMANDA
24 portal developed through the federal personal and home care
25 aide state training (PHCAST) grant to determine if these
26 technologies could be brought to scale or implemented to save
27 costs and resources in implementing the database.

28 c. Investigate initiatives by the centers for Medicare and
29 Medicaid services of the United States department of health and
30 human services relating to nurse aid registries.

31 d. Solicit input from stakeholders on the type of data to be
32 collected and the types of analyses to be performed in building
33 and retaining the high-demand direct care workforce.

34 e. Identify critical database system content and
35 functionality including but not limited to all of the

1 following:

2 (1) A direct care worker's verified education and training
3 records, credentials, certifications, and experience.

4 (2) A means to include existing qualified direct care
5 workers in the database through a phased-in grandfathering
6 process.

7 (3) An option for access to the database by employers and
8 consumers through a public portal to assist in identifying
9 direct care workers with particular knowledge and skills.

10 (4) Demographic and other information to assist in
11 workforce data collection and analysis.

12 (5) Accurate supply and demand projections regarding the
13 entirety of the direct care workforce.

14 f. Recommend strategies to provide state-recognized,
15 competency-based, comprehensive, cross-setting, portable
16 training approaches, including the prepare to care curriculum
17 and the mental health first aid curriculum, apprenticeships,
18 and other existing and new opportunities in order to provide a
19 recognized career path for, increase professionalism in, and
20 improve retention by, employers of the direct care workforce.

21 g. Explore state, federal, and other public sources
22 of funding and review the status of prior investments in
23 modifications to expand the Iowa direct care worker registry.

24 h. Solicit feedback from the public including through
25 the lifelong smiles coalition, united ways of Iowa, the
26 arc of Iowa, the university of Iowa colleges of nursing and
27 dentistry, Iowa state university, the older Iowans legislature,
28 the Olmstead consumer task force, the Iowa assisted living
29 association, home care and nonmedical senior service providers,
30 the Iowa public health association, the Iowa association of
31 business and industry, Telligen, inc., labor, local boards
32 of health, county supervisors, and other persons deemed
33 appropriate by the workgroup.

34 4. The stakeholder workgroup shall convene no later than
35 September 1, 2021, and shall submit a phased-in implementation

1 plan and recommendations to the governor and the general
2 assembly by June 30, 2022.

3

EXPLANATION

4 The inclusion of this explanation does not constitute agreement with
5 the explanation's substance by the members of the general assembly.

6 This bill relates to development of a plan for
7 implementation of a centralized direct care workforce database.

8 The bill requires the department of inspections and appeals
9 to convene a stakeholder workgroup to develop a plan and
10 make recommendations for a centralized direct care workforce
11 database as an expansion of the Iowa direct care worker
12 registry.

13 The bill specifies the purposes of the database, and the
14 membership and duties of the workgroup.

15 The bill requires the stakeholder workgroup to convene
16 no later than September 1, 2021, and to submit a phased-in
17 implementation plan for the centralized direct care workforce
18 database, to the governor and the general assembly by June 30,
19 2022.