

**SENATOR LINDA BERGLIN, 61**  
Senator Paul E. Koering, 12  
Senator Tony Lourey, 08  
Senator John Marty, 54  
Senator Julie Rosen, 24

**REPRESENTATIVE TOM HUNTLEY, 07A**  
Representative Jim Abeler, 48B  
Representative Steve Gottwalt, 15A  
Representative Diane Loeffler, 59A  
Representative Paul Thissen, 63A



**85<sup>TH</sup> LEGISLATIVE SESSION**  
**THE LEGISLATIVE**  
**COMMISSION ON**  
**HEALTH CARE**  
**ACCESS**

## **Work Force Shortage Working Group Recommendations**

The Work Force Shortage Working Group was charged with reviewing issues and solutions for health care work force shortages in Minnesota by focusing on the following:

- I. Identifying current and anticipated health care workforce shortages, both by provider type and geography;
- II. Evaluating the effectiveness of incentives currently available to develop, attract and retain a highly skilled health care workforce; and
- III. Studying alternative incentives to develop, attract and retain a highly skilled health care workforce and recommend whether to replace, enhance or supplement current incentives with new ideas, including payment reform.

The working group consisted of a diverse group of 24 people, including six legislative members, 18 public members, and legislative staff.<sup>1</sup> It met six times between September 23 and December 8. While the time was far too short, the engagement and enthusiasm of the members was remarkable.

### **I. Current and Anticipated Health Care Workforce shortages, by provider type and geography.**

There is broad agreement that Minnesota faces severe workforce shortages in a number of professions, geographic areas and for certain populations, and that the shortages will continue to worsen. These shortages will impact the ability of Minnesotans to access appropriate health care and will also impact Minnesota's economy.

The health care industry is a major Minnesota employer, with about 344,000 public and private sector jobs, or 13.4 percent of total state employment for 2009. According to the Minnesota Department of Employment and Economic Development (DEED), over 103,000 new jobs will be created and additional thousands of replacement health care workers (including those in the social assistance sector) will be needed between 2009 and 2019. In 2009, the professions with the highest job vacancy rates were psychiatrists, occupational therapy assistants, occupation therapists and physical therapy assistants. The largest numbers of vacancies in 2009 were for health aides, nursing aides, orderlies and attendants, and registered nurses.<sup>2</sup>

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<sup>1</sup> A list of working group members may be found in Appendix A.

<sup>2</sup> Minnesota Department of Employment and Economic Development, "An Overview of the Health Care Industry in Minnesota," June, 2010.

According to the state Office of Geographic and Demographic Analysis, between 2005 and 2035, the population over age 65 will grow by 125 percent, or almost 770,000 people. By 2035 the proportion of the population 65 or older will go from about 12 to 22 percent.<sup>3</sup> This older population will likely need more health care services. At the same time, many Baby Boomers will be retiring from jobs in health care, which will create many vacancies and greatly increase the demand for health care providers.

In addition to an aging workforce and a growing senior population, practice choices of medical students, students of other health professions, and new providers contribute to workforce shortages in rural and inner-city areas, particularly in primary care specialties. The working group identified the following:

- Practice related factors, such as lack of familiarity with a geographic area, lack of professional support, and limited availability of collaborative relationships.
- Financial factors, including the high cost of professional education, high debt loads, and relatively lower salaries in primary care specialties and health care shortage areas.
- Lifestyle factors, including desire for work-life balance and fewer or more predictable work and on-call hours; and community opportunities for education, support, recreation and culture.

The Minnesota Department of Health (MDH) developed a similar analysis of future workforce shortages. The analysis concentrated on licensed primary care providers, including physicians, nurses, and physician assistants. It concluded that Minnesota's rapidly aging population will create a sharp increase in age-related health care needs, which will increase the demand for health care services just as significant numbers of health care providers are retiring. The MDH report notes that Minnesota's educational system has seen some increases in class size for health professionals but is not increasing the production of health professionals rapidly enough to keep pace with demand. A preliminary estimate of the effects of federal health care reform predicts that the supply of new providers trained under federal workforce initiatives may be sufficient to care for those newly eligible under federal reform, but it will not reduce future underlying workforce shortages.<sup>4</sup>

The Minnesota Department of Health (MDH) designates health professional shortage areas (HPSA) for dental care, primary care and mental health providers using criteria established by the federal government. Currently, there are both urban and rural HPSAs for dental and primary care. There are also rural HPSAs for mental health care providers. Although there are no designated HPSAs for providers of mental health care in urban areas, the working group noted there are serious unmet mental health needs in urban areas, too. For example, there is a significant need for child psychiatrists all over the state.

The shortage of nurses is complex because nurses practice at different levels (i.e. advanced practice nurses, RNs and LPNs) and in many different practice settings. In some parts of the Twin Cities metropolitan area, nurses have a difficult time finding jobs, while nurse shortages exist in many rural areas. Disparities can be found among professional settings, too, regardless of geographic area. For example, hospitals generally do not have trouble staffing nurse positions, while long-term care nursing facilities struggle to fill vacant positions and retain staff.

The working group identified the following areas that are especially burdened by current and projected workforce shortages and are in urgent need of attention to ensure patient access to care: (1) long-term care facilities are understaffed and experience high turnover due, in large part, to the inability to offer competitive wages because of low reimbursement rates; (2) rural areas of the state are unable to attract and retain providers to serve large areas, which affects patients' access to care and places additional burden on urban facilities; and (3) there is an acute need for more mental health care providers across the state.

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<sup>3</sup> Minnesota Office of Administration, State Demographic Center; <http://www.demography.state.mn.us/projections.html>.

<sup>4</sup> Minnesota Department of Health, Office of Rural Health and Primary Care, information presented and provided to the Work Force Shortage working group, 2010.

## **II. Incentives currently available to develop, attract and retain a highly skilled health care workforce.**

The working group heard presentations from several current programs working to develop, attract and retain a highly skilled health care workforce. While these are not “incentives,” as set forth in the charge to the working group, they illustrate successful approaches to building capacity in Minnesota’s health care system. Additionally, there was consensus among the working group members that Medical Education and Research Costs (MERC) funding is vital to efforts to provide needed clinical training to health care professionals.

AHEC – The Area Health Education Centers is a national initiative that receives federal funding. The Minnesota AHEC program was established in 2002 and is a collaboration among the University of Minnesota Academic Health Center's six health professions schools, a statewide program office, and rural and urban regional centers, all administered through the University of Minnesota. Minnesota’s AHEC programs include initiatives to: build the state’s health care workforce pipeline through programs for students in kindergarten through high school; provide support to health professional students working in rural and urban underserved communities; and provide support and information to health care professionals and underserved communities.<sup>5</sup>

HealthForce MN - HealthForce Minnesota is a virtual collaborative network housed at Winona State University and administered through Minnesota State Colleges and Universities (MnSCU). It is funded with state dollars as one of four Centers of Excellence in Minnesota. It is a collaborative partnership of education, industry and community that was created to increase the number and expand the diversity of health care workers; to integrate health science education practice and research; and to build capacity for education and industry to collaborate to enhance patient care.<sup>6</sup>

TCCP - The Clinical Coordination Project increases the capacity of clinical education programs to provide clinical experiences to students. It acts as a bridge between clinical sites and health care education programs to schedule clinical time more efficiently and effectively so that current capacity needs are met while simultaneously planning for future capacity needs. TCCP began as a pilot in 2006 and was funded by MnSCU. It is currently funded by MnSCU and federal Department of Labor grants but future funding is uncertain. A 2009 evaluation reported a 75% decrease in time spent scheduling, planning and tracking clinical experiences, as well as an increased ability to provide and secure clinical space.

MERC - The Medical Education and Research Costs (MERC) Fund was established to help offset lost patient care revenue for teaching facilities and to help ensure continued excellence of health care research in the state.<sup>7</sup> Though funding sources have changed since its establishment, MERC is currently funded by cigarette tax revenues, a carve-out of medical education funds from the Prepaid Medical Assistance Program/Prepaid General Assistance Medical Care Program, and federal Medicaid matching funds obtained by the Department of Human Services.

MERC funding has been an important incentive and support to the training of health care professionals. More than 500 training sites receive MERC funds for all provider types across the state, and more than three thousand trainees benefit annually from this funding. Training health professionals is a four to ten year commitment.

Loan Forgiveness - MDH testified that their studies show the state’s current loan forgiveness programs are effective, in that they are a factor in participants’ decisions on where to practice. Applications for participation in these loan forgiveness programs outstrip the available funding, which indicates unmet demand for these incentives.

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<sup>5</sup> Minnesota Area Health Education Center Network, <http://www.mnahec.umn.edu>.

<sup>6</sup> HealthForce Minnesota, <http://www.healthforceminnesota.org>.

<sup>7</sup> Minnesota Statutes, §§ 62J.691-62J.693.

### III. Recommendations

The Work Force Shortage Working Group makes the following recommendations to the Commission on Health Care Access:

Recommendation 1: Establish a consistent source of direct funding for training health care professionals in primary care.

The working group identified barriers that limit capacity growth for the primary care workforce, including dentistry, mental health and long-term care. The primary barrier to training health care providers is access to clinical instructors and training sites. Clinical instructors must be able to train students without being expected to absorb financial harm to their practice. Without funding dedicated for this purpose, providers will be less and less willing to take on additional time and financial pressures in order to provide on-site training.

Additionally, in order to meet current capacity needs by scheduling clinical training more efficiently and effectively, the work of TCCP, described above, must be appropriately funded. The modest funding required for this program is not certain in the near future.

A strong consensus exists in the working group that MERC funding must be preserved at least at its current level in order to meet Minnesota's pressing need to train health care professionals. An adequate and stable funding stream dedicated to the education of health care professionals is critical to meeting Minnesota's health care workforce needs.

Recommendation 2: Support and reinforce multidisciplinary team-based settings to better utilize the training and skills of all providers and to serve patients more effectively.

The working group believes that the health care of the future will be delivered not so much by individual practitioners but by health care teams. These teams will consist of practitioners from a variety of disciplines, and even in different locations, who will collaborate to provide effective, efficient, and affordable care to patients. The team approach to health care will require training in team settings so that practitioners learn to work with and rely upon colleagues in a variety of disciplines.

The working group recommends utilizing collaborative practice settings to make the best use of the skills and training of each of the health care disciplines. Improved utilization of providers' training and skills in team-based settings will build capacity of the current workforce across disciplines and care settings. Rural practices will especially benefit from providers working within multidisciplinary collaborations and utilizing innovations such as telemedicine, which would allow access to specialists at the point of care.

Dedicated training funds are critical to training health care professionals in multidisciplinary team-based settings. Training funds should be made available to certified health care homes.

The working group considered some proposals to expand or clarify the scope of practice of advance practice nurses and other health care professionals. While such changes may impact the future availability of some services in areas of shortage, the proposals are controversial and could not be fully vetted in the short time available to this working group.

Recommendation 3: Increase funding to expand loan repayment programs, pursue every opportunity to obtain federal funding, and support higher education institutions in applying for federal funding.

Consensus exists among members that loan repayment programs are effective tools to draw providers into practice in underserved geographic areas. Expanding these programs by increasing funding and making it available to more professions would be beneficial. Student loan repayment for faculty in health care programs is also needed. Numerous opportunities for additional workforce funding are available under the Patient Protection and Affordable Care Act (ACA); these should be pursued.<sup>8</sup>

Recommendation 4: The State should establish one statewide council to establish, promote and monitor a statewide plan for addressing health care workforce issues.

One ongoing council with a comprehensive and multidisciplinary membership (including, but not limited to, representatives of public health; all levels of dentistry; pharmacy; long-term care; all levels of nursing and state agencies) should be established under the auspices of the state to bring these groups together to establish, promote, and monitor a statewide plan for addressing health care workforce issues.

Multiple groups are working on health care workforce issues in Minnesota, including, but not limited to the following: working groups at the University of Minnesota; the Governor's Workforce Development Committee (GWDC); and HealthForce MN's Healthcare Education-Industry Partnership (HEIP). The HEIP council has been meeting for 14 years and consists of health care industry leaders, education leaders, labor representatives and state government representatives. The working group agrees that the HEIP council provides valuable information and collaboration, and recommends that the statewide council work with existing groups and broaden participation.

The working group has identified health care workforce issues that are complex and, in some cases, continuous. The following issues should be among those addressed by the statewide council:

- (1) Development of competency-based guidelines to address clinical training experience necessary for mental health practitioners and others to ensure eligibility for reimbursement of their services;
- (2) Consider whether modifications to state practice regulations would be helpful or appropriate in order to expand access to rural and other underserved populations. For example, development in cooperation with MMA and MNA of compromised recommendations to the Legislature regarding independent practitioner status and prescription authority for advanced practice registered nurses; the recommendations must use the *Consensus Model of APRN Regulations* as a baseline and consider clarifying the definition of "collaborative management" as it pertains to patient care and APRN oversight;
- (3) Better utilization and compensation for mental health care providers working within an integrated care approach; and
- (4) These and all issues considered by the council should be examined on a continuous basis to ensure adequate patient access to safe, effective, and affordable services.

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<sup>8</sup> See Appendix B.

## APPENDIX A

### WORK FORCE SHORTAGE

#### *Legislative Members:*

Senator Ann Lynch, Chair  
Senator Sharon Erickson-Ropes  
Senator David Tomassoni

Representative Tina Liebling, Chair  
Representative Patti Fritz  
Representative Jeff Hayden

#### *Public Members:*

Ann C.F. Olson, Associate Professor & Certified Nurse Practitioner, Winona State University-Rochester Health Services  
Bruce Nelson, Chief Executive Officer, ARRM  
Deb Tauer, President, Minnesota Licensed Practical Nurses Association  
Heather Bidinger, Founding PA Program Director, St. Catherine University  
Jon Marchand, Programs Administrator, Greater Minnesota Family Services  
Laura Beeth, System Director Talent Acquisition, Fairview Health Services  
Linda Slattengren, Past President, Minnesota Nurses Association  
Macaran Baird, Professor and Head of Family Medicine and Community Health, University of Minnesota Medical School  
Mary Alice Mowry, Director, Pathways to Employment & Manager of Disability Services, DHS  
Mary L. Chesney, Director, Doctor of Nursing Practice Program, University of Minnesota School of Nursing  
Mary Rosenthal, Director, Health Care Reform, SEIU Health Care MN  
Meghan M. Goldammer, Health Policy Analyst, Sanford Health Plan  
Phil Kibort, Vice President of Medical Affairs and Chief Medical Officer, Children's Hospitals and Clinics  
Randy Rice, Physician & Partner, Gateway Family Health Clinic  
Robert Lohr, Medical Director, Mayo Health System  
Sheila Riggs, Chair, Department of Primary Dental Care, University of Minnesota School of Dentistry  
Shelley Vogt, RN, BSN, PHN, Sound Objective Solutions LLC & Good Samaritan Society  
Trisha Stark, Director of Professional Affairs, Minnesota Psychological Association  
Troy Taubenheim, Executive Director, Metro Minnesota Council on Graduate Medical Education

#### *Staff:*

Senate Counsel and Research: David Giel  
House Research: Emily Cleveland  
Tasha Truskolaski, Laura Herman

## **APPENDIX B**

The working group supports the recommendation to leverage every opportunity available to support higher education institutions by seeking federal funding. In an effort to understand the new and existing federal funding for available workforce development, the working group asked the following institutions to complete a document that would indicate available and received grants under the Patient Protection and Affordable Care Act (PPACA):

- University of Minnesota
- Minnesota Department of Health (MDH)
- Minnesota Department of Human Services (DHS)
- Department of Employment and Economic Development (DEED)
- Minnesota State Colleges and Universities (MnSCU)
- Minnesota Private Colleges

The group received information from DEED, MDH, The College of St. Scholastica, and MnSCU. DHS confirmed that they do not have the ability to apply for such grants given their designation. The University of Minnesota is working on a submission in a format requested by the working group.

**NEW AND EXISTING FEDERAL FUNDING FOR WORKFORCE DEVELOPMENT GRANTS, LOAN FORGIVENESS, ETC.**

Reporting Organization: **Governor’s Workforce Development Council (DEED)**

Contact Person: Bryan Lindsley, 651-259-7572, [bryan.lindsley@state.mn.us](mailto:bryan.lindsley@state.mn.us)

1. Funding Under The Patient Protection And Affordable Care Act Available to This Organization

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
<p>The State Health Care Workforce Development <b><u>Planning Grant</u></b> is authorized under Section 5102 of the Affordable Care Act (P.L. 111-148)</p>	<p>(A) \$149,599 (R) \$149,599</p>	<p>The program authorizes funds for States to <b><u>plan</u></b> activities leading to health care workforce development strategies at the State and local levels. These activities are expected to lead to a ten percent to twenty-five percent increase in the primary care health workforce over a ten year period, and applicants will be expected to address how the activities will lead to the expected increases in health workforce.</p>	<p>One-time planning grant</p>	<p>Requirement to provide an amount, in cash or in kind, that is not less than 15 percent of the amount of the grant, to carry out the activities supported by the grant. The matching requirement may be provided from funds available under other Federal, State, local or private sources to carry out the activities.</p>	<p>9/30/2010 through 9/29/2011</p>	<p>Minnesota was eligible to apply for a Planning Grant <b><u>or</u></b> an Implementation Grant (see below). Because Minnesota did not already have a comprehensive plan, and because 30 planning grants and only 1 implementation grant were to be awarded nationally, Minnesota chose to apply for the planning grant.</p> <p>The Department of Employment and Economic Development is the fiscal agent for the grant. HealthForce Minnesota will be providing project management for the grant.</p> <p>It is unknown at this time if there will be additional federal funds available for implementation at this time.</p>



<p>The State Health Care Workforce Development <b>Implementation Grant</b> is authorized under Section 5102 of the Affordable Care Act (P.L. 111-148)</p>	<p>(NAF) 3,000,000</p>	<p>The program authorizes funds for States to <b>implement</b> activities leading to health care workforce development strategies at the State and local levels. These activities are expected to lead to a ten percent to twenty-five percent increase in the primary care health workforce over a ten year period, and applicants will be expected to address how the activities will lead to the expected increases in health workforce.</p>	<p>One-time implementation grant</p>	<p>Requirement to provide an amount, in cash or in kind that is not less than 25 percent of the amount of the grant, to carry out the activities supported by the grant. The matching funds may be provided from funds available from other Federal, State, local, or private sources to carry out such activities.</p>	<p>9/30/2010 through 9/29/2012</p>	<p>Minnesota was eligible to apply for a Planning Grant (see above) <b>or</b> an Implementation Grant. Because Minnesota did not already have a comprehensive plan, and because 30 planning grants and only 1 implementation grant were to be awarded nationally, Minnesota chose not to apply for the implementation grant.</p>
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2. Funding Under The Patient Protection and Affordable Care Act Available to Another Entity

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
None known.						

3. Funding Under Other Federal Programs Available to This Organization

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
None known.						

4. Funding Under Other Federal Program Available to Another Entity

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
None known.						

**NEW AND EXISTING FEDERAL FUNDING FOR WORKFORCE DEVELOPMENT GRANTS, LOAN FORGIVENESS, ETC.**

Reporting Organization **Minnesota Department of Health**

Contact Person **Barb Juelich, 651-201-3947, [barb.juelich@state.mn.us](mailto:barb.juelich@state.mn.us)**

1. Funding Under The Patient Protection And Affordable Care Act Available to This Organization

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
None. MDH is not eligible for any direct PPACA workforce-related funding.						

2. Funding Under The Patient Protection and Affordable Care Act Available to Another Entity

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
Primary Care Residency Expansion Program, HRSA/HHS  CFDA 93.510 Awarded to Hennepin County Medical Center	R - \$1,918,827	Increase the number of residents trained in general pediatrics, general internal medicine, and family medicine.	Two additional residency slots added each year.	Unknown	2010 - 2015	

3. Funding Under Other Federal Programs Available to This Organization

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
National Health Service Corps State Loan Repayment Program  CFDA 93.165	A - \$100,000 R - \$100,000	Improve access to primary care by helping underserved communities recruit and retain primary care medical, mental health and dental providers. Eligible providers include: family practice, internal medicine, pediatric and OB/GYN physicians; nurse practitioners; physician's assistants; certified nurse midwives; psychiatrists; clinical psychologists; licensed independent clinical social workers; licensed professional counselors; psychiatric nurse specialists; marriage and family therapists; dentists; and dental hygienists who serve the targeted populations living in Health Professional Shortage Areas (HPSA).	5 per year. Providers serve a two-year commitment.	One to one state match required	9/1/2010 – 8/31/2011  Renewed annually	
Grants to States to Support Oral Health Workforce Activities	A- \$994,542 R - \$994,542	1.) Improving infrastructure to support dental hygienists and dentists practicing with collaborative agreement.	1.) 25 - 30 hygienists and dentists trained; increasing the capacity of these providers.	40% state match required.	10/1/2010 - 9/30/2011. Grant expected to continue through	Symposium, for 50 dental educators planned in 2012.

CFDA 93.236		<p>2.) Collaborating with the University of Minnesota School of Dentistry to develop an Early Decision Program for Rural Dentistry Track for first year college students.</p> <p>3.) Ensuring that young people across the state are exposed to dental careers via the development of the “Careers in Oral Health Inter-active Website” in cooperation and coordination with the University of Minnesota’s Academic Health Center (AHC).</p> <p>4.) Expanding the externship program of the pediatric dentist residency training program at Rice Memorial Hospital located in Willmar, Minnesota.</p> <p>5.) Promoting, developing and implementing school prevention dental (sealant) programs in federally qualified dental health professional shortage areas and other underserved and rural areas of the state.</p> <p>6.) Collect and analyze data on Minnesota’s Oral Health Workforce.</p> <p>7.) Dental Therapist and Advanced Dental Therapist</p>	<p>2.) Two current students in early decision track, total of three by the end of the grant.</p> <p>3.) Website estimated completion date - 12/31/2010</p> <p>4.) 11 dental residents participating through the end of the grant.</p> <p>5.) Training for up to 25 dental hygienists and 10 “mini grant” recipients.</p>		8/31/12.	
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		Teaching Laboratory funding at a community dental clinic  8.) To improve primary care prevention infrastructure through upgrades to aging fluoridation equipment in the state.  9.) Public Health Nurses Primary Caries Prevention Project.	7.) Supporting training of approx. 20 new midlevel providers in next two years.  8.) Prevention/population health project  9.) 20 Public Health Nurse agencies			
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4. Funding Under Other Federal Program Available to Another Entity

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
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**NEW AND EXISTING FEDERAL FUNDING FOR WORKFORCE DEVELOPMENT GRANTS, LOAN FORGIVENESS, ETC.**

Reporting Organization: **The College of St. Scholastica**

Contact Person: Marty Witrak, Ph.D., R.N., FAAN

**1. Funding Under The Patient Protection And Affordable Care Act Available to This Organization**

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
CFDA No. 93.513 Affordable Care Act - Advanced Nursing Education Expansion (ANEE)	\$1,330,560 (A), (R)	Rural Advanced Nursing Education Expansion (Rural ANEE) Collaboration	56 new nurse practitioners will graduate within a five- year time frame	None	September 30, 2010	This grant will provide substantial financial assistance to RNs, thus allowing them to pursue nurse practitioner certification.
						In response to the acknowledged role that nurse practitioners play in delivering high value care, this project involves a unique collaboration between The College of St. Scholastica, National Rural Health Resource Center (NRHRC), and Essentia Health to increase the number of rural nurse practitioners.

**2. Funding Under The Patient Protection and Affordable Care Act Available to Another Entity**

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes

**3. Funding Under Other Federal Programs Available to This Organization**

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
<p><i>Information Technology Professionals in Health Care: Program of Assistance for University-Based Training</i> grants, funded under section 3016 of the Public Health Service Act, as added by the American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law 111-5</p>	<p>\$1,547,750 (R)</p>	<p><i>UP-HI: University Partnerships for Health Informatics Training</i> is a private-public partnership that builds on the strengths of existing HIT programs to increase the number of Minnesota graduates entering careers as: Clinical/Public Health Leaders; Health Information Management and Exchange Specialists; Health Information Privacy and Security Specialists; Research and Development Specialists; Programmers and Software Engineers; and Health Information Technology Sub-Specialists.</p>	<p>12 nursing informatics certificates, 5 master's degrees in health information management/health information exchange, and 60 graduate certificates in HIM/HIE. The time for completion of the masters degrees is two years from this fall and the certificates in HIM/HIE will be completed in 1-1.5 years, depending on start date. The nursing informatics certificate completion date will be approximately one year from the start date of January 2011.</p>	<p>None</p>	<p>September 1, 2010</p>	<p>This public-private partnership between the University of Minnesota (Minneapolis and Crookston campuses) and The College of St. Scholastica represents a high level of resource-sharing that will positively affect healthcare and workforce development.</p> <p>The key variables that stimulate students to pursue these degrees and certificates are the tuition and stipend packages. Qualified and interested students are now able to pursue the education needed to manage the HIT challenges and enhancements in healthcare. The need for and desirability of these programs is evident in the fact that most of the slots, intended for a three-year time frame, will be filled in the first year of offering.</p>
						<p>The majority of these programs will be delivered online and are therefore accessible to urban, rural and other students for whom travel is difficult.</p>



<p>American Recovery and Reinvestment Act of 2009, Title XIII - Health Information Technology, Subtitle B—Incentives for the Use of Health Information Technology, Section 3012, Health Information Technology Implementation Assistance Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program</p>	<p>\$19 million (R) plus \$1.4 million small and rural hospital supplement (R)</p>	<p><i>REACH: Regional Extension Assistance Center for Health Information Technology</i> will help healthcare providers improve the quality and value of care they deliver through adopting and meaningfully using health information technology (HIT). The project focuses on rural and small urban practices for medically underserved patients and areas.</p>	<p>10-15 new HIT field staff positions, 2-4 years</p> <p>Opportunities for internships for other federally funded programs</p>	<p>10 percent in years 1-2</p> <p>90 percent in years 3-4</p>	<p>2/8/2010</p> <p>9/2010 (hospital supplement)</p>	<p>Key Health Alliance (KHA)—Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica are partners, with Stratis serving as the lead organization. This project is an example of partnerships across public and private organizations as well as between non-profits with complementary missions.</p>
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4. Funding Under Other Federal Program Available to Another Entity

Program Name and Federal Cite	Dollar Amount Applied for (A), Received (R), or Available but Not Applied For (NAF) (Please indicate (A), (R), or (NAF))	Program Description and Purpose	Anticipated Number of New Practitioners and Timeframe (annually, onetime, etc.)	Matching and MOE Provisions	Funding Effective Date, Including Anticipated Response Date for Funds Not Yet Awarded	Notes
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## Minnesota State Colleges and Universities

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act, PL 111-148. The law puts into place comprehensive health insurance reforms that will hold insurance companies more accountable and will lower health care costs, guarantee more health care choices, and enhance the quality of health care for all Americans.<sup>9</sup> With the understanding that increasing coverage will result in an increasing demand for appropriately trained healthcare professionals, the PPACA provided for regulatory changes and additional funding to increase supply and improve distribution of healthcare workers. These funding opportunities have a strong focus on primary care provided by physicians, physician assistants, and advanced nurse practitioners; access to healthcare services through community health centers; and direct financial support for practitioners through loan forgiveness, traineeships, and National Health Service Corps expansions.

A review of [www.grants.gov](http://www.grants.gov) results in a range of grant opportunities representative of the scope of the PPACA and its goals. To illustrate this, a handful of the opportunities is included in the table below. The rows highlighted in blue indicate MnSCU applications/partnerships submitted.

Name/Description	CFDA	#	\$	Close Date	Agency	Notes
Health Benefit Exchanges	93.525	51	\$51,000,000	7/29/10	Consumer Info. and Insurance Oversight	Governor to appoint 1 applicant per state
Medicaid Rebalancing (HCBS; 'money follows the person')	93.791	20	\$22,500,000	1/7/11	CMS	1 applicant per state
Infrastructure to Expand Access to Care	93.502	1	\$100,000,000	10/4/10	HRSA	Public education with dental and medical school
Enhance public health programs through building epidemiology, laboratory, and health information systems capacity	93.521	58	\$35,900,000	8/27/10	CDC	MN is one of the 58 eligible applicants
New Community Health Centers	93.527	350	\$250,000,000	11/17/10	HRSA	
Consumer Assistance Program	93.519	56	\$29,000,000	9/10/10	Consumer Info. and Insurance Oversight	
Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals	93.093	17	\$51,000,000	8/5/10	Admin for Children & Families	MN applied as a single applicant; HealthForce partner
Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal College or University	93.093	3	\$7,500,000	8/3/10	Admin for Children & Families	Eligible: Tribes, Tribal orgs., Universities; participants: TANF and low-income
Nursing Assistant and Home Health Aide Program	93.503	10	\$2,500,000	7/22/10	HRSA	RCTC applied with SE Tech and MnWest
Maternal, Infant, and Early Childhood Home Visiting Program	93.505	56	\$90,000,000	8/18/10	HRSA	Governor determines single applicant

<sup>9</sup> [www.healthcare.gov](http://www.healthcare.gov)

<b>Name/Description</b>	<b>CFDA</b>	<b>#</b>	<b>\$</b>	<b>Close Date</b>	<b>Agency</b>	<b>Notes</b>
Primary Care Residency Expansion Program	93.510	105	\$168,000,000	7/19/10	HRSA	Accredited residency programs
Expansion of Physician Assistant Training Program	93.514	40	\$32,000,000	7/19/10	HRSA	Physician Assistant programs
Advanced Nurse Education Expansion	93.513	40	\$30,000,000	7/19/10	HRSA	Stipends for students; Metro, MSU Mankato, MSU Moorhead, & WSU
State healthcare workforce development implementation	93.509	1	\$3,000,000	7/19/10	HRSA	MN applied for the planning grant
State healthcare workforce development planning	93.509	30	\$2,000,000	7/19/10	HRSA	MN applied through GWDC; HealthForce & MnSCU as partners

In March 2010, the National Conference of State Legislatures released a report entitled “Summary of the Health Workforce Provisions in the Patient Protection and Affordable Care Act: H.R. 3590”. This report listed workforce-specific grants which were identified in the PPACA. A summary table of these grants, including an update on release date and known MnSCU applications is shown below. As shown, many of the grants have not yet been released and many are not applicable to MnSCU.

Item	Released	#	\$ in Millions	Notes	MnSCU	
					Eligible	Status
Allied Health Workforce Recruitment and Retention	Unknown			Grants for eligible individuals Authorizes \$60M in FY10	No	
Training Opportunities for Direct Care Workers	Unknown			Grants for accredited educational provider with partnership with long-term care Authorizes \$10M for FY2011-2013	Unknown	
Federally Qualified Health Centers	8/25/10	350+	\$1,277	Funds for community health centers Authorizes \$2,988,821,592 in FY10; more in subsequent years	No	
Community Health Workforce	Unknown			Supporting CHWs Authorizes appropriations as necessary	Unknown	
School-Based Health Clinic-Capital	6/30/10	1,000	\$50	Must operate a SBHC	No	
School-Based Health Clinic-Operations	Unknown			Must be an SBHC Authorizes appropriations as necessary	No	
Training in General, Pediatric, and Public Health Dentistry 1) Support and development of training programs 2) Faculty loan repayment	4/28/10	60	\$20	Released in conjunction with ARRA funds and tagged as ARRA funding Primary focus on dentistry	Yes	Yes-Normandale applied under this group of grants
Alternative Dental Healthcare Providers Demonstration	Unknown			Up to 15 grants; \$4M for 5 years; authorizes appropriations as necessary Geared toward underserved and rural communities and includes dental therapists, advance practice, independent, and supervised dental hygienists and others	Likely	
US Public Health Sciences Track	Unknown			Tuition and stipends for service as Commissioned Corps Officers	Unlikely	
Commissioned Corp and Ready	Unknown			Establishes Commissioned Corps and	NA	

Item	Released	#	\$ in Millions	Notes	MnSCU	
					Eligible	Status
Reserve Corps				Ready Reserve Corps		
Workforce Diversity				Amends criteria for nursing workforce diversity grants already offered	NA	
Centers of Excellence				Reauthorizes Authorizations appropriations of \$50M for FY2010-2015 Requires minority enrollment thresholds be met to apply	Unlikely	
Health Professions Training for Diversity				Authorizes changes in loan repayment and increases scholarship funding for disadvantaged students who commit to working medically underserved areas and loan repayments for fellowships	NA	
Interdisciplinary Training				Amends program Authorizes funds as necessary	NA	
Co-locating Primary and Specialty Care in CB Mental Health Settings	Not yet released		\$50	Community mental health programs are eligible	No	
National Health Care Workforce Commission	N/A	N/A	N/A	Being formed; Mark Schoenbaum and Laura Beeth have applied to be on the Commission; appointments made by 9/30/10	NA	
National Center for Workforce Assessment	Est. 9/30		\$1		Unknown	
State and Regional Centers	Est. 9/30		\$4.5			
Longitudinal Evaluation	Unknown		Unknown			
Demonstration Projects to address health professions workforce needs	6/21/10	17	\$51	Health Professions Opportunities for TANF and Low-Income Individuals – GWDC applied with MnSCU partnership	No	DHS applied w/MnSCU partnership
	6/17/10	6	\$5	Personal and Home Care Aide State Training Program		
Continuing Educational Support	Unknown			Outreach and support for continuing	Unknown	

Item	Released	#	\$ in Millions	Notes	MnSCU	
					Eligible	Status
for professionals in underserved communities				education for isolated, rural providers Authorizes \$5M for FY2010-2014		
Area Health Education Centers	4/26/10	26	\$11.2	Amended program Eligible entities are academic health centers Unclear if new funds have been appropriated	No	
Nurse Retention	Unknown			May be included in the nursing grants below Appear to be either changes in, or additions to, existing annual HRSA grant funds which various MnSCU institutions apply for	Likely	
State Health Care Workforce Planning	6/17/10	20	\$3	GWDC applied with MnSCU as partner	No	GWDC; HealthForce Minnesota to operationalize if funded
State Health Care Workforce Implementation	6/17/10	1	\$3	MN chose to apply for planning grant with hopes of securing implementation grant in the future	No	
Mental and Behavioral Health Education and Training	Unknown			Recruitment and support of students education in social work, psychology, and child and adolescent health	Yes	
Pediatric Specialty Loan Repayment	Unknown			Loan repayment	No	
Public Health Service Act Nursing Programs	Unknown			Authorizes funding for Public Health Service Act nursing	Unlikely	
Nurse Faculty Loan	Unknown			Raises limits on existing program which requires education institution to provide 1/9 cash match; program funds approximately 20 awards per year	Yes	
Advanced Nursing Education	NA			Amends existing program to include	Yes	Metro,

Item	Released	#	\$ in Millions	Notes	MnSCU	
					Eligible	Status
				midwifery MnSCU institutions often apply for this annual grant round		Mankato, Moorhead and WSU were funded
Geriatric Education	Unknown			Extends program through FY2014 Existing program	Yes	
Nursing Student Loan	NA			Raises limits on student loan amounts	NA	
Nurse Managed Health Centers	6/17/10	10	\$15	For nurse-managed clinics	Yes	No; no nurse-managed clinics in MnSCU
Medical Residency Training	NA			Modifies IME and DGME	No	
Distribution of Additional Residency Positions	NA			Redistributes unfilled residency slots	No	
Pediatric Specialty Loan Repayment	Unknown			For pediatric specialists	No	
Primary Care Residency	Unknown			Support new or expanded primary care residency programs at teaching health centers Authorizes \$25,000,000 in FY2010	No	
	6/17/10	105	\$168	\$80,000 per resident	No	
Primary Care Extension Program	Unknown			Establishes extension program to support primary care providers Requires state Medicaid program, state health dept., and health professions schools	Unknown	
Natl Health Service Corps	NA			Funds for the NHSC	NA	
Primary Care Student Loan	NA			Student loans for primary care physicians	NA	
Primary Care Training and Enhancement	4/26/10	Unclear	Unclear	For broad enhancements in primary care education	No	
Capacity Building in Primary Care	Unknown			Preference for physician training	Not Likely	
Public Health Workforce Loan Repayment	NA			Authorizes \$195,000,000 for FY2010	NA	

Item	Released	#	\$ in Millions	Notes	MnSCU	
					Eligible	Status
Fellowship Training in Public Health	NA			CDC fellowships	NA	
Geriatric Education Center	Unknown			Variety of geriatric education initiatives Requires physician training	No	
Geriatric Career Incentive	Unknown			Partners with Geriatric Education Center	Unknown	
Geriatric Academic Career Awards	4/14/10	72	\$5	Medical School Faculty are eligible to apply	No	