

Notes from July 22, 2014 Legislative Health Care Workforce Commission.

Present: Senators Benson, Clausen, Kiffmeyer, Lourey, Wiklund, Representatives Huntley, Mack, Pelowski, Schomacker.

Senator Clausen and Representative Huntley were elected as co-chairs.

Overview of Minnesota's Health Care Workforce given by Mark Schoenbaum, MDH-ORHPC:

Members reviewed the charge for Legislative Health Care Workforce Commission. (Posted on Commission web site)

Members reviewed a first draft potential work plan (posted online) that proposed a series of five meetings through December 2014. The draft plan includes hearing from the Mental Health Workforce Summit charged by the legislature to make recommendations for the 2015 session and the Health Commissioner's Taskforce that will recommend reduction of barriers for foreign-trained physicians to the legislature, both of which are concurrent related legislative activities. Chair Huntley asked members to review the work plan and make suggestions to himself and Sen. Clausen.

Members heard a presentation by Mark Schoenbaum of the Health Department on potential frameworks for organizing the commission's work and on the current status of MN Health Care workforce (slides posted online).

Doug Berg, House Fiscal Analyst, explained how the legislature approaches funding health-related higher education and workforce programs. Mr. Berg stated the Higher Ed committees spend the most on health-related higher education, but don't focus greatly on details of the need for health professionals and strategies to meet the need through the higher education pipeline. The Health & Human Services Committees are more concerned about the workforce needs and where service gaps are in the workforce. The Health & Human Services Committees spends less on health-related higher education and workforce than the Higher Ed Committees. The two committees do not communicate in any organized way to address both pipeline and workforce needs. There are also several related programs under the jurisdiction of the Jobs and Economic Development Committees.

Discussion highlights: Rep. Huntley: In addition to classroom education, training at clinical sites is required in health professions education. The cost and availability of clinical sites is a major bottleneck to producing more providers; the estimated cost to train a medical resident is \$150,000 per person per year for the three years of residency. Medicare funding for residency training has been capped at the number of slots that existed in 1997.

Several members asked what is known about capacity within hospitals and clinics to expand training and add trainees if additional funds were available. Members agreed the Commission should explore this issue.

Sen. Kiffmeyer: The federal government should release its medical education funds to the states to meet state needs.

Members discussed whether educational institutions could produce additional graduates to respond to the need for health professionals and also what role international medical graduates could play in the solution. Rep. Huntley suggested getting this information before the commission before attempting to develop solutions.

Mr. Berg and Mr. Schoenbaum offered to work to provide additional detail on current state spending on health professions education and development. Rep. Huntley replied that he would like the commission to understand these issues and asked members to continue thinking about the issues between meetings.

Minnesota Medical Association presentation (Dr. Springer):

Dr. Jeremy Springer presented the Minnesota Medical Association's report and recommendations on the Primary Care Physician Workforce Shortage. (Presentation posted on Commission website.)

MMA State Legislative Package recommendations include:

1. The Minnesota Medical Association will address the high cost of medical school and the resulting medical school debt by supporting efforts that target loan forgiveness and loan repayment programs specifically to primary care, and that restores funding to levels equal to or greater than those of 2008.
2. The Minnesota Medical Association will support efforts to sustain beyond 2014 the ACA-required Medicaid payment bump for primary care, which increases primary care Medicaid rates to Medicare levels for 2013-2014
3. The Minnesota Medical Association will further examine the feasibility of seeking a waiver from the Centers for Medicare & Medicaid Services (CMS) that would provide for state management of GME distribution in Minnesota. For example, the waiver could link GME funding to Minnesota's primary care physician workforce needs and set up a distribution mechanism.
4. The Minnesota Medical Association will promote the creation by the state legislature of a state medical education council that includes a representative from each of the state's medical schools, representatives from teaching hospitals and clinical training sites, and other relevant stakeholders. The council would serve the purpose of providing analysis and policy guidance on how Minnesota can meet its physician workforce objectives.

Discussion included the following questions and answers:

Rep. Huntley: Why the inclusion of Geriatricians as primary care providers?

Dr. Springer: For the same reason pediatrics is included – geriatricians serve a specific population in need of and receiving primary care.

Sen. Kiffmeyer: A recent NY Times article brings up imbalance of specialists and primary care physicians in the VA system. Is there any interest in reallocation of federal funds towards primary care and away from specialties?

Dr. Springer: Medicare pays hospitals by the number of residency slots in 1997, but it can't control who goes into what specialty. Dr. Springer stated he supports federal reallocation of slots for primary care.

Rep. Pelowski: Looking at the MMA recommendation to restore funding to the loan forgiveness program to 2008 levels, what was the loan forgiveness program budget in 2008? What are the levels and effects of health professions student indebtedness?

Sen. Lourey: In addition to negative perceptions of primary care among med students, the realities of the day-to-day work for primary care physicians has become burdensome and should also be looked at.

Sen. Kiffmeyer asked if the Commission will look at graduate medical education and Rep. Huntley suggested that someone comes in to explain how graduate medical education is funded in understandable terms to the committee.

Rep. Pelowski: MNSCU and the University of Minnesota budgets are usually available in August or September. It would be a good idea to request that MNSCU and the University of Minnesota come before the commission to present their budgets and how those budgets respond to the issues included in the commission's charge. The presentation could also explain how adjusting graduate tuition and differential tuition is applied in health professions education and how decisions within higher education are being made re where the funding is allocated.

Adjournment.

Senator Greg Clausen, Co-Chair

Representative Thomas Huntley, Co-Chair