

2015 Session Update Legislative Health Care Workforce Commission

Commission Recommendations, 2014 Report

Charge 1: Identify current and anticipated health care workforce shortages, by both provider type and geography

Recommendation	Update
Recommendations for Action by the 2015 legislature:	
1. The Minnesota Department of Health (MDH), other state agencies such as the Department of Employment and Economic Development and the Office of Higher Education and relevant partners should continue to track health care workforce supply and demand on an ongoing basis, identify shortages and analyze how changes in health care delivery affect workforce needs.	No legislative action. MDH and other agencies continue ongoing health workforce analysis efforts.
Directions for 2015 - 16 work plan, and longer term recommendations:	
2. The legislature should create a state health professions council that includes representatives from health professions schools, clinical training sites, students, employers and other relevant stakeholders.	Introduced, not enacted. Continuing focus of MN National Governor's Association Health Workforce Policy Academy.
3. Executive branch agencies, led by the Minnesota Department of Health, and other entities engaged in health workforce data collection should establish a formal structure to coordinate and integrate the collection and analysis of health workforce data to provide the legislature and other policymakers	Assignment of supply/demand projections to commissioner of health and other stakeholders included in council legislation (see above) – not enacted. Continuing focus of MN National Governor's Association Health Workforce Policy Academy.

<p>integrated health workforce information and analysis.</p>	
<ul style="list-style-type: none"> ○ The Minnesota Department of Health should explore measurement approaches to documenting workforce shortages that capture indicators such as wait times for appointments, Minnesota scope of practice variations and better reflect the full range of professions in Minnesota’s health workforce and Minnesota scope of practice variations, in addition to using federal Health Professional Shortage Area indicators. 	<p>No action</p>
<p>4. The Legislative Health Care Workforce Commission should continue to track changes in the health care delivery system that will impact the supply and demand of the workforce and the changing nature of the jobs of health professionals from physicians to medical assistants. Key trends the Commission should monitor include the growing use of team care models, the expansion of health care homes and accountable care organizations, and the development and growth of new health care occupations such as community paramedics.</p>	<p>For commission consideration</p>
<p>5. The Legislative Health Care Workforce Commission should continue to compile information on state government's spending on health professions education and training to improve the legislature's ability to analyze the role of its investments in addressing the state's health workforce needs.</p>	<p>For commission consideration</p>

Charge 2: evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce

Recommendation	Update
Recommendations for Action by the 2015 legislature:	
6. The legislature should support continuation, and growth where warranted, of proven programs with measurable outcomes like loan forgiveness for physicians, advanced practice nurses, physician assistants, pharmacists, dentists and health faculty; Rural Physicians Associate Program, etc.	<p>Loan forgiveness appropriation increased \$2.5 million/year from \$740,000 to \$3,240,000, adding 200 participants over four years.</p> <p>Mental health professionals, dental therapists, public health nurses added as eligible participants.</p>
7. State agencies that administer health workforce programs should evaluate and propose discontinuing programs that have served their purpose and consider redirecting funds towards more urgent current needs.	Ongoing at agency level
Directions for 2015 - 16 work plan, and longer term recommendations:	
8. The legislature should regularly review the portfolio of state investments in health professions programs and institutions to assess the nature, scale and effectiveness of the state's contribution to meeting health workforce needs.	No legislative action
9. The legislature should assess the effectiveness of the current MERC distribution of funds in meeting high priority state workforce needs.	<p>MERC appropriation increased \$1 million/year.</p> <p>No legislative action on distribution formula.</p>

Charge 3: study alternative incentives to develop, attract, and retain a highly skilled and diverse health care workforce

Recommendation	Update
Recommendations for Action by the 2015 legislature:	
10. The legislature should explore public/private partnership opportunities to develop, attract and retain a highly skilled health care workforce.	Legislative activity in some areas – Primary Care Residency Expansion Program and International Medical Graduates Assistance Program, both of which emphasize public/private partnerships.
11. The legislature should target loan forgiveness and loan repayment programs specifically to primary care, and restore funding to levels equal to or greater than those of 2008. The legislature should also consider adding additional professions and medical specialties, such as obstetrics, mental health professions and additional health care faculty, to the loan forgiveness program, and provide additional funding for these additional professions.	<p>Loan forgiveness appropriation increased \$2.5 million/year from \$740,000 to \$3,240,000, adding 200 participants over four years.</p> <p>Mental health professionals, dental therapists, public health nurses added as eligible participants.</p>
12. The legislature should authorize funding to support the implementation of the Project Lead the Way science, technology, engineering, and math (STEM) program and similar programs in the form of grants, administered by the MN Department of Education, to school districts. Priority would be given to school districts implementing the biomedical series of courses.	Policy change enacted: Beginning with the upcoming school year, with district approval, a Project Lead the Way credit could fulfill a science or math credit.
13. The legislature should strongly consider the recommendations of the Mental Health Workforce Summit.	<p>MNSCU reports the following related legislative results:</p> <p>* Loan forgiveness (includes MH professionals)</p>

	<ul style="list-style-type: none"> * Increased residency slots (includes psychiatrists) * International Medical Graduates Assistance Program * Increased MERC program funding * Emeritus license for social workers at lesser fee so their skills can be used for supervision or pro bono work * Requirement that DHS do analysis of current rate-setting methodology for community based MH services and report back to legislature so there can be sustainable funding of these programs * Funding for telemedicine <p>Not Included: Requirement that DHS work with MnSCU to identify coursework that could count towards being a peer specialist AND to provide outreach to MH providers to increase knowledge on how peer specialists can be used. However there is a study on peers in the DHS policy bill. We can work on other pieces without legislation.</p>
14. The legislature should strongly consider the recommendations of the Foreign Physicians Task Force.	International Medical Graduates Assistance Program established
15. The legislature should strongly consider the recommendations of the Minnesota PIPELINE Project.	\$3.4 million appropriated for 2016 -17 for Dual–Education Apprenticeship Programs (also known as “pipeline” programs) for “earn while you learn” training in high growth sectors like health care, including developing the medical scribe, health information technician, health support specialist and psychiatric/mental health technician occupations.

16. The legislature should strongly consider the recommendations of the Blue Ribbon Committee on the University of Minnesota Medical School.	\$15 million/year appropriated to U of M for the recommendations of the Blue Ribbon Committee, some of which will be spent on training programs in rural and underserved communities training programs in rural and underserved communities, including RPAP.
17. The legislature should invest in strategies that will lead to a more diverse health care workforce.	International Medical Graduates Assistance Program established. No other legislative action known.
18. The legislature should support programs that expose K - 12 students to health careers, such as the state Summer Health Care Intern Program, HealthForce Scrubs camps, summer enrichment programs and other programs that prepare and recruit rural students and nontraditional students into medical school, nursing and other health careers.	No legislative action known.
19. The legislature should encourage nursing schools to consider prior health care experience, such as nursing home employment, in admissions.	No legislative action.
20. Health professions education programs in all higher education sectors should inventory their online Masters programs in health fields and create additional online Masters Programs to provide rural residents with career ladder and advancement additional opportunities they may cannot find within a reasonable distance of their communities	No legislative action.
Directions for 2015 - 16 work plan, and longer term recommendations:	
21. The legislature should consider a range of state responses to meeting the workforce needs of the long term care and home and community based services sectors.	
<ul style="list-style-type: none"> ○ Encourage or require nursing schools to consider prior health care experience, such as nursing home employment, in admissions. 	No legislative action.

<ul style="list-style-type: none"> ○ Promote and consider increasing the state's Registered Nurse Loan Forgiveness Program, which is an incentive for nurses to work in nursing homes for at least 3 - 4 years. 	<p>RNs eligible for additional participants through increased loan forgiveness appropriation.</p>
<ul style="list-style-type: none"> ○ Evaluate the effectiveness of the state's Nursing Facility Employee Scholarship Program administered by the Department of Human Services. Consider expanding the program to cover additional training needs of caregivers and make employees in home and community based services settings eligible for scholarships. 	<p>Hone and Community Based Scholarship Program established; \$1 million appropriation/year.</p>
<p>22. The legislature should analyze and respond to any state barriers, such as regulatory or reimbursement issues, that may be slowing the growth of telehealth to meet workforce needs.</p>	<p>Legislation enacted requiring coverage of telehealth services by health plans and mandating that telehealth and in-person services be reimbursed the same.</p> <p>Interstate Physician Licensure Compact – Minnesota became the seventh state to allow expedited licensing of physicians in other Compact states.</p>
<p>23. The legislature, MDH, DHS and other relevant state agencies should monitor and evaluate the effects of the growth of team models of care, Accountable Care Organizations, health care homes, and other new developments on the state's workforce supply and demand. Data is becoming available on the cost effects of these new models, but little analysis is yet being conducted on the workforce effects.</p>	<p>Discussed in language creating Task Force on Health Care Financing.</p>
<p>24. The legislature should support the incorporation of emerging professions such as community paramedics, community health workers, medical scribes and other occupations into the delivery of health services.</p>	<p>Community Emergency Medical Technician (CEMT) – a new certification, similar to community paramedic, was established, and details for possible Medicaid reimbursement for CEMT services will be developed.</p>
<p>25. The legislature, MDH and DHS should evaluate how health care homes and Accountable Care Organizations are working in all areas of the state and identify whether there are particular problems in certain places.</p>	<p>Discussed in language creating Task Force on Health Care Financing.</p>

Charge 4: Identify current causes and potential solutions to barriers related to the primary care workforce, including, but not limited to:

- (i) Training and residency shortages;
- (ii) disparities in income between primary care and other providers and
- (iii) negative perceptions of primary care among students

Recommendation	Update
Recommendations for Action by the 2015 legislature:	
26. The legislature should increase funding for Family Medicine residencies and similar programs, including both rural family medicine programs and those serving underserved urban communities. Funding should include support of APRN and physician assistant clinical placements in rural and underserved areas.	Primary Care Residency Expansion Program established, with \$1.5 million/year appropriation APRN and physician assistant training expansion grants introduced, not enacted.
27. The legislature should direct the Department of Human Services to 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.	No legislative action
28. The legislature should sustain beyond 2014 the ACA-required Medicaid payment bump for primary care, which increases primary care Medicaid rates to Medicare levels for 2013-2014	Introduced, not enacted
29. The legislature, higher education institutions and health care employers should increase the number of available clinical training sites for medical students and advanced practice nursing, physician assistant and mental health students in Minnesota, and examine	No action

ways to remove barriers that exist in allowing health professions students to have more meaningful experiences.	
30. The legislature should consider incentives similar to the Georgia preceptor tax credit and the rural provider tax credits in Montana, New Mexico and Oregon to retain and attract primary care preceptors for medical, advanced practice nursing and physician assistant students.	Introduced, not enacted
Directions for 2015 -16 work plan, and longer term recommendations:	
31. The legislature should identify and study expanding the scope of practice for health care professions.	<p>The following scope of practice or licensure or similar changes were enacted:</p> <p>Interstate Physician Licensure Compact adopted.</p> <p>Emeritus License for Social Workers – This provision provides a reduced fee so senior social workers can contribute supervision or pro bono work.</p> <p>Community Emergency Medical Technician (CEMT) – A new certification, similar to community paramedic, was established, and details for possible Medicaid reimbursement for CEMT services will be developed.</p> <p>Minor changes to definition of pharmacy technician and number of technicians a pharmacist may supervise; minor change to ages of patients to whom pharmacists can administer vaccinations.</p> <p>No action on a scope of practice study.</p>