Ranking instructions

The following recommendations include 2014 Commission recommendations not acted upon or partially acted upon during the 2015 session, potentials recommendations that emerged from 2015 Commission discussion and potential recommendations identified by Commission members during the November 2015 meeting (to be identified at the 11/18 meeting).

Please follow the instructions below to prioritize your recommendations.

Rank each recommendation from 4 to 1 according to your conclusion about its priority for consideration during the 2016 legislative session, with 4 as the highest priority and 1 as the lowest. For background on each issue, please see the 2014 Commission Report and the 2015 Commission meeting materials and minutes. You may also want to refer to the Commission's charge, embedded in each section below and also found in the 2014 Commission Report. All recommendations that don't end up high ranking 2016 Commission priorities will remain on the Commission list of recommendations and be carried forward in your year-end report and 2016 Commission deliberations; nothing will disappear.

Save your rankings in the Word document, and email it to mark.schoenbaum@state.mn.us or, if you worked on a print copy, scan or fax it, in each instance to Mark Schoenbaum at MDH **by December 2.** Compiled rankings will be discussed at the December Commission meeting.

Thank you.

2014 Commission Recommendations not acted upon, or partially acted upon during 2015 session. **All recommendations from 2014 report, unless noted.**
(Some 2014 recommendations not immediately amenable to legislative action not included; all to be carried forward to future Commission deliberations and reports.)

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

Recommendation	Update	Priority for 2016 4 (highest) to 1 (lowest)
1. 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 to coordinate efforts, enable better coordination among and of workforce training, pipeline strategies, investments and policies and ensure that recommendations to address the state's health care workforce needs are developed with the expertise and involvement of all stakeholders.	Introduced, not enacted.	

2. Executive branch agencies, led by MDH, 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 integrated health workforce information and analysis.	Introduced, not enacted.	
a) MDH 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, in addition to using federal Health Professional Shortage Area indicators.	No action	
3. The legislature should secure an objective third party to document the challenges facing families with medically fragile children who need home nursing services, the costs to the state and to families for such care and for hospital care that must take place in its absence, and the savings opportunities available to state government from additional state action or strategies		

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

Recommendation	Update	Priority for 2016 4 (highest) to 1 (lowest)
4. The legislature should support continuation 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. and expand such programs where additional investment would likely have a direct effect on improving workforce supply and distribution.	Significant expansion of Loan forgiveness and some new funds for RPAP in 2015	
5. 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	
6. The legislature should assess the effectiveness of the current MERC distribution of funds in meeting high priority state workforce needs, supported by in depth data on the current distribution of MERC funds.	MERC increased $1 million/year. No action on distribution formula.	

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

Recommendation	Update	Priority for 2016 4 (highest) to 1 (lowest)
7. The legislature should explore public/private partnership opportunities to develop, attract and retain a highly skilled health care workforce.	Some legislative activity – Primary Care Residency Expansion Program and International Medical Graduates Assistance Program.	
8. The legislature should strongly consider the recommendations of the Mental Health Workforce Summit.	Some action on 9 of 24 recommendations. See details here.	
9. The legislature should invest in strategies that will lead to a more diverse health care workforce.	Int'l Med Grad Program established. No other legislative action known.	
10. 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, [STEM related programs such as Project Lead The Way] and other programs that prepare and recruit rural students and nontraditional students into medical school, nursing and other health careers.	No legislative action known.	
11. The legislature should encourage nursing schools to consider prior health care experience, such as nursing home employment, in admissions.	No legislative action.	
12. 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.	
13. 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.	Sig. action, incl. reform,	

	scholarships, loan forgiveness, etc.	
a) Encourage or require nursing schools to consider prior health care experience, such as nursing home employment, in admissions.	No legislative action.	
b) Continue to support the PIPELINE/dual training grants to develop the Health Support Specialist occupation	NEW, from 2015 meetings	
c) Encourage or incentivize schools to keep their 2 year Registered Nurse degree programs.	NEW, from 2015 meetings	
d) Reverse the elimination of the requirement that Licensed Practical Nurse/ Registered Nurse students work as a CNA	NEW, from 2015 meetings	
e) Support creation of online Adult Basic Education (ABE) content to raise literacy and prepare more for Certified Nursing Assistant and other healthcare jobs.	NEW, from 2015 meetings	
14. Address barriers to more widespread use of volunteer health care providers, such as a deduction for charity care, addressing liability issues, etc.	NEW, from 2015 meetings	
15. 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.	No legislative action.	
16. 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.	No legislative action.	

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	Priority for 2016 4 (highest) to 1 (lowest)
17. 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.	APRN and physician assistant training expansion grants introduced, not enacted. Prim. Care	

	Residency Expansion Program established.	
18. The legislature should direct DHS to examine the feasibility of seeking a waiver from the Centers for Medicare & Medicaid Services (CMS) that would provide for state management of Graduate Medical Education distribution in Minnesota.	No legislative action	
19. 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	
20. 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.	$1 million add'l to MERC. No other action	
21. The legislature should consider preceptor incentives such as tax credits and other approaches that respond to challenges recruiting and retaining preceptors.	Introduced, not enacted	
22. Continue to seek compete information on the number of health professions preceptors in Minnesota	NEW, from 2015 meetings	
23. Examine the role of state law and regulation in assuring students obtain required clinical experiences and precepting; Strengthen and/or enforce education program responsibilities for placements	NEW, from 2015 meetings	
24. Address non-financial barriers to serving as a preceptor, such as approval by employers, accrediting standards that requires programs to document satisfactory progress of their students toward graduation, housing for students in small communities, etc.	NEW, from 2015 meetings	
25. The legislature should identify and study expanding the scope of practice for health care professions. (Several changes enacted, including Emeritus License for Social Workers, Community Emergency Medical Technician (CEMT) certification and minor changes to definition of pharmacy technician.	Several scope of practice or similar changes enacted, see details here.	
a) Remove reimbursement and other barriers to more widespread use of doulas in Minnesota.	NEW, from 2015 meetings	
26. 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.	Several scope changes enacted, see details here	