

Final Report Recommendations - 1st Discussion
 Legislative Health Care Workforce Commission

Goals and Principles to Guide Legislative Action – from 2015 Report	Notes
1. 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.	
2. 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.	
3. The legislature should invest in strategies that will lead to a more diverse health care workforce.	
4. The legislature should continue to support the PIPELINE/dual training grants to develop the Health Support Specialist occupation. The program received base funding from the 2015 Legislature.	
5. The legislature should encourage nursing schools to consider prior health care experience, such as nursing home employment, in admissions.	

Priority Recommendations for Action by the 2016 legislature	Top scorers, 2015 report
1. The legislature should identify and study expanding the scope of practice for health care professions, taking into account the plans and results of a National Governors’ Association-sponsored project that is developing plans to support recently enacted scope of practice changes, developing a common framework for evaluating scope of practice proposals, and reviewing opportunities for additional scope of practice changes.	Placeholder, revise after 11/14 meeting
2. The legislature should review the effectiveness of the MERC program and consider alternate models of Graduate Medical Education funding. <ul style="list-style-type: none"> a) 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 b) 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. 	Placeholder, revise after 11/14 meeting
3. The legislature should address the multiple factors that create challenges recruiting and retaining the range of nursing education, skill and experience needed in long term care settings.	

<ul style="list-style-type: none"> a) Encourage or incentivize nursing education programs and higher education systems to maintain a balance between associate and baccalaureate Registered Nurse degree programs so both levels of nursing graduate will remain available to meet workforce needs in long term care settings. b) Encourage nursing education programs to consider reinstating the requirement that Licensed Practical Nurse/Registered Nurse students become certified as Certified Nursing Assistants. 	
<p>4. 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>Revise to monitor implementation of telehealth parity law and broadband grants?</p>
<p>5. The legislature should strongly consider those recommendations of the Mental Health Workforce Summit that did not become law in the 2015 session.</p>	<p>Update to reference recent recs of Task Force on Mental Health?</p>

2015 Report Recommendations for Additional and Future Consideration	Notes
<p>Charge 1: Identify current and anticipated health care workforce shortages, by both provider type and geography</p>	
<p>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.</p>	<p>Consider post-sunset recommendations for Commission-like functions?</p>
<p>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.</p>	
<ul style="list-style-type: none"> 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. 	

3. The legislature should review the findings of the study commencing on “Causes and Impacts from Delayed Hospital Discharges of Children with Medical Complexity,” conducted by researchers from four hospitals and the University of Minnesota School of Public Health, to determine if there may be documentable savings from providing additional state support to home nursing services for medically fragile children.	
Charge 2: Evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce	
Recommendations addressing this charge are included in the 2016 priority recommendations principles above.	
Charge 3: study alternative incentives to develop, attract, and retain a highly skilled and diverse health care workforce	
1. The legislature should explore public/private partnership opportunities to develop, attract and retain a highly skilled health care workforce.	
2. The legislature should encourage nursing schools to consider prior health care experience, such as nursing home employment, in admissions.	Duplicate, already listed in Goals, above
3. 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	
4. 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. Recommendations not included above. For example:	Revise to mention Recs of Direct Care Summit? Add “monitor workforce effects of 2015 nursing home reform”?
i. Support creation of online Adult Basic Education (ABE) content to raise literacy and prepare more for Certified Nursing Assistant and other healthcare jobs.	Remove? Addressed by 2016 legislature?
5. Address barriers to more widespread use of volunteer health care providers, such as a deduction for charity care, addressing liability issues, etc.	
6. 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.	
7. 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.	
Charge 4: Identify current causes and potential solutions to barriers related to the primary care workforce, including, but not limited to: Training and residency shortages; disparities in income between primary care and other providers and negative perceptions of primary care among students	
1. 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.	
2. 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	This first appeared in 2014 report. Is it still germane?
3. 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.	
4. The legislature should consider preceptor incentives such as tax credits and other approaches that respond to challenges recruiting and retaining preceptors.	
5. Continue to seek compete information on the number of health professions preceptors in Minnesota	
6. 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	
7. Remove reimbursement and other barriers to more widespread use of doulas in Minnesota.	