

## Legislative Health Care Workforce Commission

### Draft Minutes: Meeting 3

November 14, 2016  
12:30 p.m. – 2:30 p.m.  
1200 Minnesota Senate Building

**Present:** Sen. Clausen (Co-Chair), Rep. Mack (Co-Chair), Sen. Benson, Sen. Kiffmeyer, Sen. Wiklund, Rep. Halverson, Rep. Schomacher

1. **Call to Order** – 12:32 p.m.
2. **General Commission Business**
  - a. Sen. Wiklund moved approval of the October 4 meeting minutes – motion prevailed
  - b. Future Meeting Dates
    - i. December 6, 10:00 a.m. – 12:00 p.m.
    - ii. Future meetings to come up with recommendations will be held as needed among Commission members
  - c. Review of work plan
    - i. *Mark Schoenbaum, Minnesota Department of Health*
  - d. Update on workforce effects of 2015 nursing facility reimbursement changes
    - i. Memo reports that it is too early to have an update on the recent changes
3. **Scope of Practice**

*Lauren Block, Program Director, Health Division*

*National Governor's Association*

*Kate Blackman, Senior Policy Specialist, Health Program*

*National Conference of State Legislators*

Ms. Block and Ms. Blackman provided backgrounds on their organizations and their work on best practices for scope of practice issues. The Commission had no questions for Ms. Block or Ms. Blackman

*Nitika Moibi, Workforce Planning and Analysis Supervisor*

*Minnesota Department of Health*

*Representative Nick Zerwas (R – Elk River)*

Rep. Zerwas thanked Nitika for her work on the scope of practice project. Ms. Moibi presented a PowerPoint on the project. Ms. Moibi also specified that they borrowed from statute 214.

Sen. Wiklund asked who would use the barrier assessment form. Ms. Moibi replied that the Nurses Association used the barrier assessment form as a test drive with the APRN bill. She believes this can be used by someone as a post-mortem or even proactively to anticipate potential barriers that may come in place.

Senator Clausen noted that written comments are being taken until the 15<sup>th</sup> of December

Rep. Zerwas stated that he hoped framework would be used as a base for legislation in the upcoming session. He noted that the issue will always be contentious and the chairs of committees must be focused on gathering all the facts possible for legislators to make rational decisions.

Sen Clausen asked the committee for a consensus on the scope of practice framework. All committee members were in agreement.

*Amy Brugge, Chair, Governmental Affairs Committee  
Minnesota Athletic Trainers' Association  
Brent Millikin, Manager, Sports Medicine Services  
Allina Health*

Ms. Brugge provided a background on athletic trainers and the Minnesota Athletic Trainers Act. She pointed towards Minnesota's unique status among most states which license athletic trainers. Our state, however, only requires registration. Ms. Brugge believes this is potentially damaging to safety of individuals who rely on athletic training. She also pointed to the need for the Legislature to update the scope language of the Athletic Trainer's Act. The language limits trainers to only providing care for athletes and not patients.

Mr. Millikin outlined the roles of athletic trainers at Allina's facilities. They are transitioning to a value care model, which includes integrative care so that health care providers are able to practice at the top of their education and scope for the patients they serve. They have found that athletic trainers are valuable in a clinical visit. This includes rooming the patient and gathering histories. The athletic trainer will also document and scribe clinic notes for the doctor's visit. That sort of model has allowed physicians to focus on what they need to do, but especially helps specialists to increase patient satisfaction.

Sen. Kiffmeyer asked about whether the patient has a choice of an athletic trainer or another service provider. Ms. Brugge responded that it varies between health care providers. Some will not allow for the choice, rather they will direct the patient through questions during the scheduling process. The confusion around the terminology of patient/athlete will sometimes reroute them to another rehabilitation service provider. Sen. Kiffmeyer then asked whether the health insurance providers make a distinction between licensed and registered trainers. Ms. Brugge responded that it varies by state, but it is much more difficult for providers to be reimbursed when they are not licensed. Technically, registered providers could be reimbursed, but it is much easier to deny them without licensure. Mr. Millikin also noted that the interpretation of athlete and patient adds to the murkiness.

Sen. Clausen asked if the presenters had any comments on the scope of practice presentation. Ms. Brugge responded that she was happy to see the framework written out in a factual way.

Rep. Zerwas noted that there were 68 attendees to the scope of practice sessions, which has resulted in some groups being left out. Including more groups presented logistical concerns.

*Dr. Sarah Jean Barrett, Naturopathic Doctor, President  
Minnesota Association of Naturopathic Physicians*

Naturopathic doctors are registered in a 147E, which was passed in 2008. These doctors are registered but not licensed. Dr. Barrett believes they have proven themselves over the past eight years and would like to move forward with their scope of practice discussion. 18 state and DC regulate naturopathic doctors. 13 allow prescribing rights, but Minnesota does not. The majority of NDs practice in a primary care setting. 52.9% of Minnesota counties carried a full or partial health professional shortage designation. She believes they are an excellent bridge for those skeptical of conventional medicine.

*Julia Fried-Devine, RN, Public Health Nurse and Lactation Consultant*

She believes there is a great deal of interest in her field to get lactation consultants licensed as professionals, above their training as registered nurses. Most hospitals have lactation consultants who may be certified lactation educator. However, the field overall includes very little criteria to maintain training. Ms. Fried-Devine outlined some of the requirements for certification with the international board.

*Mark Schoenbaum, MDH*

Mr. Schoenbaum presented a PowerPoint on the MERC Program. During the presentation, he pointed the members towards page 14 of the 2016 MERC Report.

Sen. Clausen asked whether the VA is eligible for MERC funds. Mr. Schoenbaum noted that they are not. Sen. Clausen asked whether the residents doing their training are part of the federal VA allocation for the training or is that part of the MERC funds. Mr. Schoenbaum answered that the VA funds some of that themselves, but does not know if they qualify for Medicare.

*Troy Taubenheim, Director  
Metro Minnesota Council for Graduate Education*

Mr. Taubenheim explained that the VA does get funding directly to the VA for graduate medical education, so they are funded separately outside the funds for MERC and CMS that goes towards teaching hospitals. Sen. Clausen asked how they determine the number of trainees. Mr. Taubenheim said that there were approximately 150 trainees here in the Twin Cities, but he is not sure if there is some formula to determine the number.

Sen. Clausen asked about a slide on the Powerpoint regarding where the money goes. He asked why there were disparities between the FTEs and the funding. Mr. Schoenbaum answered that it is a core feature of MERC. He noted that there are some large graduate medical education institutions that have relative, compared to others, low Medicaid volume. So, this is because of Medicaid Rules. Sen. Clausen said it appears that the funding to train physicians in outstate Minnesota is costlier than in the Metro area. Mr. Schoenbaum said he had not heard of that and is not sure if we know that precisely. Sen. Clausen noted the figures on the chart. Mr. Schoenbaum noted that the costs in the dark bars are not directly related.

*Michael Belzer, Chief Medical Officer and Medical Director  
Hennepin County Medical Center*

Mr. Belzer explained that in the Metro area, there are more medical training centers, and they in turn have a higher Medicaid population than, for example, the Mayo Clinic in Rochester. When you move to outstate, the Medicaid percentage is much higher than the number of trainees that they have. That is the cause of disparities between the number of trainees and funding. Mr. Belzer noted that, in the late 90's and early 2000's, there was a big dispute between the MERC constituents and the Commissioner of Health about whether the money should follow Medicaid volume or follow trainees. There were a number of formula tweaks until the federal government stepped in and declared that it needed to follow the Medicaid volume. So the majority of the funding is tied to Medicaid volume.

#### **4. Post-Sunset Health Workforce Coordination and Governance Ideas**

Senator Clausen pointed members towards a letter by Lance Hegland. He also noted SF 1246, which provided for a comprehensive Workforce Council.

Senator Wiklund commented that she believes there is a need for sustained oversight. If this work ends, they can make recommendations, but if there is not monitoring, it will not be a sustained effort and there will be no reactions for needed changes.

Senator Clausen noted that the health care workforce is going to be the fastest growing workforce in the state of Minnesota, so he believes we need a sustained look at it.

Representative Mack believes that there needs to be a balance between monitoring and making sure efforts are implemented. If all the Legislature does is convene task forces, they may never focus their efforts on getting recommendations enacted.

#### **5. First Discussion of Final Report Outline and Priorities – Members**

Mr. Schoenbaum went over the final report structure

#### **6. Meeting adjourned – 2:28 p.m.**