

Goals and Principles to Guide Legislative Action

1. With healthcare the fastest growing employment sector in Minnesota’s economy for the next ten years, the legislature must have sustained oversight of health workforce education and development policy and spending. The legislature should adopt a continuing strategy for coordinating health workforce issues, through a legislative commission, statewide health workforce council or other mechanism to engage legislative leaders and other stakeholders in assuring the state has the health workforce it will need.

The legislature’s strategy should include monitoring state workforce investments and addressing health care workforce education and training, trends in health care delivery, practice and financing and recommending appropriate public and private sector efforts to address identified workforce needs. The legislature should also address health care workforce supply and demand, rural issues, diversity and workforce data analysis.
2. 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.
3. 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.
4. The legislature should invest in strategies that will lead to a more diverse health care workforce.
5. 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.
6. 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 2017 legislature

1. The legislature should identify and study expanding the scope of practice for health care professions
 - a) The legislature should adopt the common framework for evaluating scope of practice proposals developed by the 2015/16 National Conference of State Legislators/National Governors’ Association-sponsored scope of practice project. The Commission recommends that 2017 incoming chairs use the framework and edit it as necessary after the close of next session based on user feedback and experience.
 - b) The legislature should encourage use of the tool developed by the 2015/16 National Conference of State Legislators/National Governors’ Association-sponsored scope of practice project for assessing progress made following scope of practice changes and assessing barriers that remain to achieving the change’s goal.

<p>2. The legislature should review the effectiveness of the MERC program and consider alternate models of Graduate Medical Education funding.</p> <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. Where needed, consider revisions to the MERC formula to better target training priorities. 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.
<p>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.</p> <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 monitor implementation of the 2015 telehealth parity law and state-funded broadband grants to track progress and barriers to the growth of telehealth to meet health workforce needs.</p>
<p>5. The legislature should strongly consider those recommendations of the 2015 Mental Health Workforce Summit that have not become law. Per the 2016 Governor’s Mental Health Task Force, the Department of Human Services and the Minnesota Department of Health should also work with the steering committee responsible for the Mental Health Workforce Plan to ensure progress on those recommendations.</p>

2016 Report Recommendations for Additional and Future Consideration

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

1. 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.
 - 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.
2. The legislature should review the findings of the study “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 and to be completed in Spring, 2017, to determine if there may be documentable savings from providing additional state support to home nursing services for medically fragile children.
3. Palliative Care Placeholder recommendation, if needed following 12/6 presentation
4. Pharmacy placeholder recommendation, if needed following 12/6 presentation

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 priority recommendations above.
Charge 3: study alternative incentives to develop, attract, and retain a highly skilled and diverse health care workforce
<ol style="list-style-type: none"> 1. The legislature should explore public/private partnership opportunities to develop, attract and retain a highly skilled health care workforce. 2. 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 3. 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. <ol style="list-style-type: none"> a. The legislature should monitor workforce effects of 2015 nursing home reform legislation. b. The legislature could consider the recommendations of the 2016 Direct Care and Support Workforce Summit 4. Address barriers to more widespread use of volunteer health care providers, such as a deduction for charity care, addressing liability issues, etc. 5. 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. 6. The legislature, MDH and DHS should work to evaluate the workforce implications of health care homes and Accountable Care Organizations.
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
<ol style="list-style-type: none"> 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. 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. 2. The legislature should consider preceptor incentives such as tax credits and other approaches that respond to challenges recruiting and retaining preceptors. 3. Researchers should continue to seek compete information on the number of health professions preceptors in Minnesota 4. The legislature should examine the role of state law and regulation in assuring students obtain required clinical experiences and precepting, including supporting the use expanded use of simulation training methods to stretch training capacity. The legislature and the Office of Higher Education should strengthen and/or enforce education program responsibilities to ensure placements. 5. The legislature should remove reimbursement and other barriers to more widespread use of doulas in Minnesota.