

Rural Health Task Force Workforce Subcommittee Report

January 10, 2020

Problem Definition:

Vermont health care providers are currently faced with a workforce crisis. Providers highlight needs for nearly all professions from unlicensed personal care attendants and direct support professionals, to physicians. These individuals work in a variety of settings, across multiple levels of care including but not limited to hospitals, federally qualified health centers (FQHCs), independent physician practices, long-term care facilities, designated agencies, adult day providers and home health agencies.

The Vermont Talent Pipeline Management's (VTPM) 2018 survey predicts that there will be 3,900 nursing-related job vacancies between now and spring of 2020.¹ These estimates are not industry wide as VTPM's study captured nurses working in a hospital setting, three long-term care facilities, and one home health agency. With nearly 4,000 licensed nurses working in long-term care in over 140 facilities and 10 home health agencies, the actual number of nursing-related job vacancies is likely to be even higher.²

The Area Health Education Center's (AHEC) Primary Care Practitioner Workforce 2018 Snapshot identifies a shortage of 70.5 primary care physician (family medicine, internal medicine, obstetrics, pediatrics) full-time equivalents (FTEs).³

Dentistry workforce surveys conducted by the Department of Health indicate that the number of dentist FTEs has increased 8.4% since 2005. However, much of this growth has been driven by increases in Chittenden County. Outside of Chittenden County, the number of dentist FTEs has grown 5.8%. Practices also report challenges in recruiting dental support staff including dental hygienists and dental assistants.

Professional licensing data from the Office of Professional Regulation (OPR) and Department of Health (VDH) show significant decreases in the number of licensed health professionals. (Please note that licensing data does not reflect the employment status of individuals with a license)

Percentage Decreases in Licenses from 2010 to 2018	
License Type	Percentage Decrease
Licensed Nursing Assistant	6.1%
Licensed Practical Nurse	8.1%
Registered Nurse	24.5%
Primary Care Physician	9.1%

Data from specific providers correspond with the statewide trends. In a survey of 45 of over 140 long-term care facilities in Vermont, 571.1 vacant positions were reported. This data translated into vacancy rates of 17.1% for RNs, 29.3% for LPNs, 20.3% for LNAs and 9.7% for PCAs. Facilities also report challenges retaining staff, with an industry-wide 41% annual turnover rate for direct care workers. When broken out by position, these rates are: 31.4% for RNs, 34.5% for LPNs, 45.2% for LNAs, 52.1% for PCAs.⁴

¹ https://docs.wixstatic.com/ugd/e92786_17d7096537384be9bb117a264b2beb4f.pdf

² <http://www.med.uvm.edu/ahec/workforceresearchdevelopment/reports>

³ http://contentmanager.med.uvm.edu/docs/vermont_primary_care_practitioner_workforce_2018_snapshot_f3_19/ahec-documents/vermont_primary_care_practitioner_workforce_2018_snapshot_f3_19.pdf?sfvrsn=2

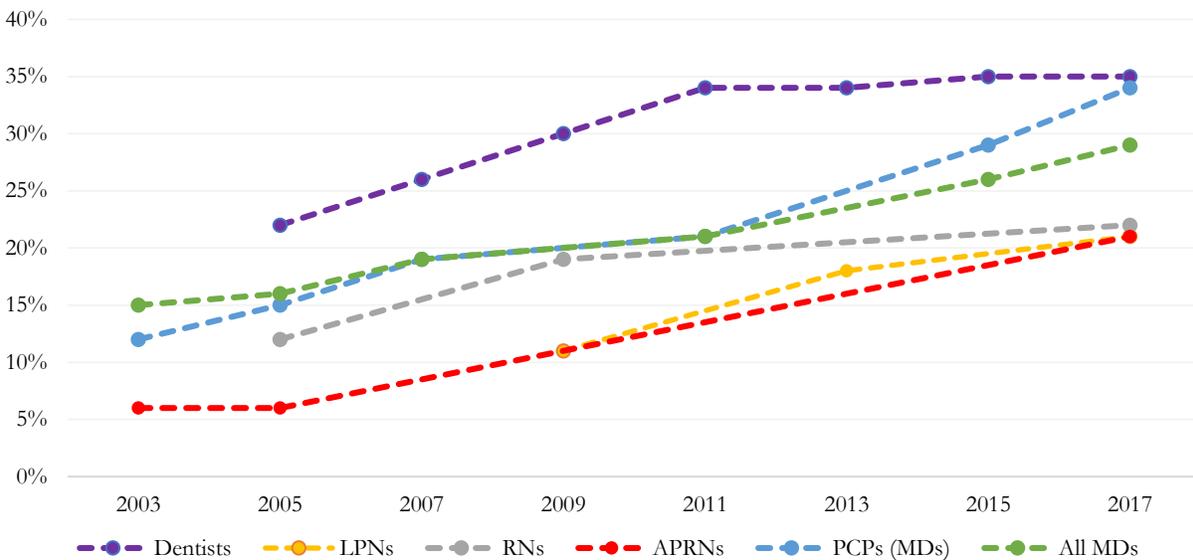
⁴ Vermont Health Care Association Workforce Survey, October 2019

In a survey of all 10 home health agencies, 386.5 vacant nursing FTEs were reported. This translated into vacancy rates of 23% for RNs, 23% for LPNs, 27% for LNAs, and 26% for PCAs. Home health agencies also struggle to retain staff with turnover rates of 22% for RNs, 20% for LPNs, 40% for LNAs, and 50% for PCAs.⁵

Mental health, substance use, and developmental disability providers report similar challenges. A survey of all 16 Designated and Specialized Service Agencies (DA/SSAs) found vacancy rates of 12% for bachelor’s level clinicians, 11.3% for master’s level non-licensed clinicians, and 18.6% for master’s level licensed clinicians. DAs and SSAs also reported turnover rates of 28% for developmental service positions, 26% for mental health positions, and 24% for administrative staff.⁶

These trends are expected to continue as a greater percentage of Vermont’s health care workforce nears retirement age. See the chart below to see the growing percentage of LPNs, RNs, APRNs, and Primary Care Physicians over the age of 60.^{2,7}

Percentage of Health Care Workforce over Age 60 (By Profession)



Unlike other industries, health care providers cannot reduce staffing levels, cut hours, or install self-checkout kiosks. Providers often have minimum staffing requirements they must meet, and they must provide quality care. Despite increased wages and other incentives to recruit and retain staff, workforce shortages persist.

Given these challenges, providers are increasingly reliant on third party agency and traveling health care providers. Data from the Vermont Department of Vermont Health Access (DVHA) Division of Rate Setting, the Vermont Department of Disabilities, Aging and Independent Living (DAAIL), and the Vermont Association of Hospitals and Health Systems illustrate this trend. In FY19, 11 of 15 Vermont hospitals reported spending \$55.6 million on traveling staff (nurses, technicians, locum tenens). This was a 111% increase from FY15. Vermont nursing homes spent \$12.2 million on traveling nurses in FY18. This was a 158% increase from FY14. In FY19, Vermont home health agencies spent \$10.5 million on contracted services (including labor). This was a 20.2% increase from FY14.

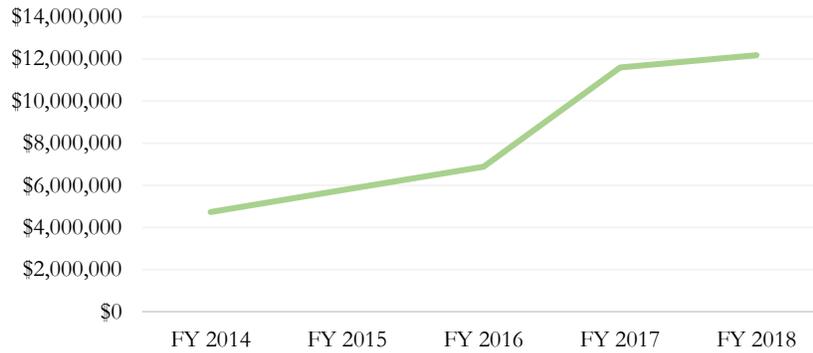
⁵ VNAs of Vermont, Bayada Workforce Survey, October 2019

⁶ Vermont Care Partners Workforce Survey – September 2019

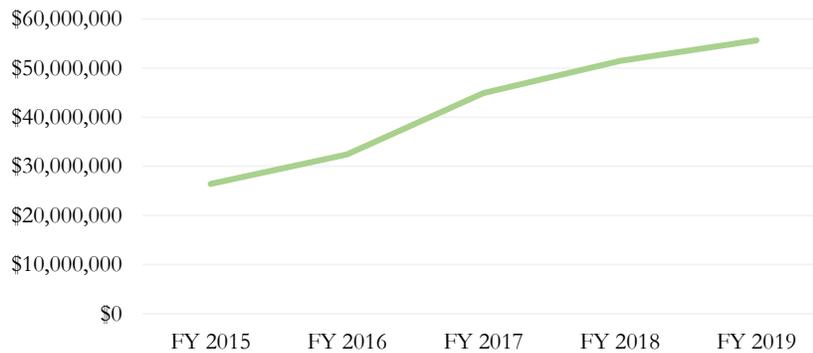
⁷ <https://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/health-care-workforce>

With traveling staff costing an estimated twice the amount of employed staff, this is a significant expense to providers and ultimately payers (see charts below for traveling staff spend by year).^{8,9,10}

Vermont Nursing Home Spend on Traveling Nurses



Vermont Hospital Spend on Traveling and Temporary Staff



*Includes data from 11 of 15 Vermont hospitals

Vermont Home Health Agency Spend on Contracted Services



⁸ Vermont Association of Hospitals and Health Systems Survey – October 2019

⁹ Division of Rate Setting, Vermont Agency of Human Services – November 2019

¹⁰ Department of Disabilities, Aging, and Independent Living – November 2019

Bottlenecks and Challenges:

Vermont's health care workforce crisis is driven by several immediate factors. These include:

- **Tight National and Local Labor Market** – The labor market for health professionals is a national market. Vermont providers are competing with high-paying major metropolitan areas for in-demand licensed professionals.

Vermont's unemployment rate is historically low at 2.2%. Providers are competing with each other, the State and other economic sectors, for a limited labor force.

- **Aging workforce** – Vermont's health care workforce is aging: 36% of primary care physicians are over age 60, as compared with 29% in 2014, 19% in 2008, and 9% in 2002¹¹; 25% of primary care ARPNs are over age 60; and 21% of LPNs are over age 60.
- **Provider burnout** – Providers cite physician and nurse burnout as a major factor in retaining workforce.
- **Rising higher education costs** – Nationally, medical school tuition has risen 56% for in-state public school, and 47% for private schools since 2009. At the University of Vermont Larner College of Medicine, Vermont's only medical school, tuition is \$37,070 for in-state students and \$64,170 for out-of-state students. This is above the national average in-state/out-of-state tuition of \$31,905/\$55,291 for public medical schools.^{12,13}

The cost of nursing school has also risen significantly. At the University of Vermont, tuition for a BSN has risen 48% since 2009. At Castleton University, nursing school tuition has risen 85% for in-state students. This exceeds the national average of a 37% increase for in-state public schools, and 26% rise for private schools over the past decade.¹⁴

Dental school tuition has followed this trend as well, rising 77% for in-state public school, and 58.9% for private school since 2009. In 2019, the national average tuition for dental school is \$53,002 for in-state and \$69,905 for out-of-state.¹⁵

- **Limited educational capacity** – Vermont lacks the educational capacity to meet its health care workforce needs. In 2018, 168 BSN and 125 ADN students graduated from Vermont nursing programs. This number falls far below the needs highlighted in the VTPM survey and provider vacancy data. Education programs cite a lack of physician preceptors and clinical nurse educators as a barrier to increasing enrollment.

Vermont Technical College offers the state's only dental hygienist program. The most recently available data indicates that the program graduated 26 students in 2015.

Recent state college and program closures including Green Mountain College, Southern Vermont College, Marlboro College, College of St. Joseph and the University of Vermont's Psychiatric-Mental Health Nurse Practitioner program further shrink Vermont's educational capacity. Providers also cite a lack of online programming as a barrier to education, particularly for prospective students in rural areas.

¹¹ <https://www.healthvermont.gov/sites/default/files/documents/PDF/phys16bk.PDF>

¹² <https://www.aamc.org/>

¹³ https://www.uvm.edu/studentfinancialservices/uvm_robert_larner_md_college_medicine_tuition_and_fees

¹⁴ <https://www.cnbc.com/2017/11/29/how-much-college-tuition-has-increased-from-1988-to-2018.html>

¹⁵ <https://www.ada.org/en/science-research/health-policy-institute/dental-statistics/education>

- **Insufficient Medicaid rates** – Medicaid rate increases do not cover the cost of wage increases providers must pay to retain their staff.
- **Broader economic development challenges** – Beyond the immediate factors, broader economic development issues plague Vermont’s workforce development. Providers cite a number of barriers to recruiting prospective employees including:
 - A lack of affordable, high quality housing
 - A lack of affordable childcare
 - Limited transportation options
 - A lack of employment opportunity for spouses

Actions Taken To Date:

Provider Best Practices:

Under these pressures, Vermont providers have been innovative in improving their workforce recruitment and retention. The examples below illustrate the strategies providers have taken to combat Vermont’s workforce challenges.

- **Increased Wages**
 - To compete in this tight labor market, providers have increased wages. See the data below on the statewide average wages of Vermont nurses by license type.¹⁶

Mean Hourly Wage by License Type														
	2008		2010		2012		2014		2016		2018		% Inc. 2014	% Inc. 2008
	Mean	% Inc.												
RNs	\$29.14		\$30.39	4.29%	\$30.46	0.23%	\$30.92	1.51%	\$32.59	5.40%	\$33.25	2.03%	7.54%	14.10%
LPNs	\$19.38		\$20.09	3.66%	\$20.38	1.44%	\$21.36	4.81%	\$22.50	5.34%	\$23.91	6.27%	11.94%	23.37%
LNAs	\$12.41		\$12.07	-2.74%	\$12.51	3.65%	\$12.84	2.64%	\$13.76	7.17%	\$14.77	7.34%	15.03%	19.02%

- Non-nursing workforce have also seen increases in wages. Through state appropriations in Act 85 (2017), Act 11 (2018) and Act 72 (2019), the designated agencies have been able to increase starting pay for direct-care staff to \$14/hour.

- **Other Financial Incentives**
 - Sign-on bonuses to all types of professions
 - Matching funds for AHEC’s loan repayment program
 - Training costs for LNAs and tuition reimbursement for nurses
 - Paid time off offered to all nursing professions
 - Higher reimbursement for nighttime and weekend shifts
 - Internships opportunities for students enrolled in advance degree programs
 - Referral bonuses

¹⁶ <https://www.bls.gov/bls/blswage.htm>

- **Provider and Higher Education Collaboration**

- Northwestern Medical Center, Vermont Technical College, and the Community College of Vermont
 - Northwestern Medical Center, Vermont Technical College (VTC), and the Community College of Vermont (CCV) are establishing a new training program in St. Albans that will expand VTC's nursing program by 18 practical nursing and 27 associate degree seats.
- Central Vermont Medical Center (CVMC), VTC, and CCV
 - Central Vermont Medical Center, in partnership with the Community Colleges of Vermont and the Vermont Technical College is launching a new workforce development program aimed at addressing the shortage of nurses in Vermont. This initiative creates an LNA to LPN bridge program. LNAs employed at CVMC will be able to become LPNs.
- Brattleboro Memorial Hospital and CCV
 - Brattleboro Memorial Hospital developed a partnership with CCV by creating an accelerated Medical Assistant program that fast-tracks students interested in health care by providing an opportunity to become a Medical Assistant working in an outpatient practice.
- Lamoille County Partnership – Morrisville LPN program through Vermont Technical College and Northern Vermont University
 - A multi-faceted local workforce development group launched an Associate Degree in Nursing program Lamoille County. A Rural Utilities Service (RUS) grant funded the installation of interactive videoconferencing studios for distance education. The workforce development group included representatives from Vermont Technical College, Northern Vermont University/Johnson State College (JSC) Distance Education Programs, Copley Hospital, The Manor Nursing Home, Green Mountain Technical & Career Center, Lamoille Home Health & Hospice, VNAs of Vermont, Morrisville After School Program, and the Lamoille Region Chamber of Commerce

- **Unique Provider Examples**

- Southwestern Vermont Health Care – RN Tuition Reimbursement
 - Southwestern Vermont Health Care (SVHC) developed a partnership with Castleton University's Nursing Program. SVHC offers RN positions to students that commit to working at SVHC when they complete their program. In exchange for the commitment, SVHC offers up to full tuition reimbursement.
- Brattleboro Memorial Hospital – Shared Staffing Models
 - Brattleboro Memorial Hospital established a post-acute care service. Following a discharge from BMH, a clinician team addresses the care environment for patients from the time of discharge from acute care to the admission at a skilled nursing facility. The collaboration between hospitals and post-acute care providers improves efficiency and care quality.
- Brattleboro Memorial Hospital – Medical Scribes
 - Brattleboro Memorial Hospital offers onsite training to their medical assistants to become medical scribes. Scribes work with clinicians by transcribing a patient's visit, as well as placing orders for tests, referrals, and medications, at the clinician's direction. The program offers a promotional opportunity for medical assistants while also reducing clinician administrative burden.
- Birchwood Terrace Rehab and Healthcare Nursing Home – RN Tuition Paid Upfront
 - Birchwood Terrace Rehab and Healthcare offers to pay their existing staff's tuition to attend an RN program at VTC. In exchange for tuition, staff must commit to working two years at the facility after completing their degree.

- Bi-State Primary Care Association – Recruitment Center
 - The Recruitment Center at Bi-State Primary Care Association conducts national outreach to promote Vermont practice opportunities in primary care, oral health, mental health, and substance use disorder treatment. The Recruitment Center uses local advertising and national strategic marketing campaigns to reach clinicians who will thrive in Vermont’s rural communities. They provide technical assistance to providers on employee recruitment and onboarding, including assistance with National Health Service Corps and other loan repayment programs. The Center has recruited 529 providers to VT and NH, including family physicians, APRNs, psychiatrists, physician assistants, general internists, and dentists. Bi-State has additionally graduated 212 students from its leadership development program designed to support collaboration between health centers in fostering the next generation of health care leaders.
- Southwestern Vermont Health Care – Family Medicine Residency
 - SVHC is developing a family medicine residency. The three-year program will begin in 2022 with four residents. By 2025, SVHC plans to expand the program to 12 residents. Literature suggests residency programs increase physician retention rates.

Government and Non-Profit Organization Initiatives:

- **Area Health Education Centers (AHEC) and Loan Repayment**

- The Vermont Area Health Education Centers (AHEC) Program, in collaboration with many partners, hosts several initiatives focused on Vermont health care workforce development. These initiatives include: pipeline programs in health careers awareness and exploration for youth in communities across the state; support for and engagement of health professions students at the University of Vermont and residents at The University of Vermont Medical Center; physician placement services; and health care workforce research and data analysis. AHEC receives \$562,000 in program funding from the Department of Health.
- AHEC also administers the Vermont educational loan repayment program for health care professionals. The program receives both Federal and State funds. Public funds are matched by employers to offer health professionals loan repayment in exchange for a two-year commitment.
- AHEC’s loan repayment has proven to be an effective tool in retaining health care workforce. **AHEC reports that 94% of the 233 unique awardees are still working in Vermont today.**

- **Grants and Scholarships**

- The Vermont Student Assistance Corporation (VSAC) distributed \$17.5 million in need-based grants in FY19 to Vermont students through the Vermont State Grant program. Health professions are the second highest ranking category of college majors listed by students receiving this grant.
- VSAC pioneered the first nondegree grant program in the United States in 1982 (renamed the Advancement Grant in 2019), a need-based program to ensure that unemployed Vermonters had affordable access to training and education that would ultimately lead to employment. The program provides need-based grants to post-traditional students, who are trying to improve their employability by either gaining specific job skills through a training program or through higher education. In FY19, there were 1,511 Advancement Grants awarded, worth \$2.66 million, or an average of \$1,762 per student. Of the FY19 awards, 109 students pursued LNA training using the Advancement Grant. The Vermont Legislature approved a one-time increase of \$500,000 to the Advancement Grant program for FY20.

- VSAC annually administers \$50,000 in nursing and \$50,000 in dental scholarships on behalf of the Vermont Department of Health. Nine students received these scholarships in FY19.
- The new Credentials of Value scholarship program from The Curtis Fund, managed by VSAC, will provide an additional \$125,000 for career training in a promising careers field as identified by the McClure Foundation and the Vermont Department of Labor, including a dozen health care career positions. The Credentials of Value scholarship program anticipates funding 100 recipients each year.¹⁷
- In Act 72 (2019), Vermont allocated \$1.5 million to establish a loan repayment program for mental health and substance use disorder treatment professionals. The program is directed towards master’s-level clinicians, bachelor’s-level direct service staff, and nurses that are employed by a designated or specialized service agency in Vermont. There is ongoing discussion regarding program administration.¹⁸

- **Medication Nursing Assistants**

- In Act 38 of 2015, the Legislature established medication nursing assistant (MNAs) as a new type of nursing license.¹⁹
- MNAs are LNAs that can administer medication in a nursing home under the direction of a registered nurse.
- With the appropriate use of MNAs, nursing homes can more effectively utilize LPN and RN resources to provide care.

- **Dental Therapists**

- In Act 161 of 2016, the Legislature established Dental Therapists as a new professional license.²⁰
- Dental Therapists are between a Dentist and Dental Hygienist in the professional hierarchy and are able to perform a limited range of dental services.
- Vermont Technical College is in the process of developing a dental therapist program.

- **Interstate Medical Licensing Compact**

- Act 253 (2018) mandated that Vermont join the Interstate Medical Licensing Compact.
- The Compact is a multi-state agreement that establishes an additional pathway by which a qualifying physician can obtain a license more quickly and with much less effort than the standard process. Joining the compact allows physicians working in member states to easily transfer their license to Vermont. It also allows physicians to use telemedicine in several jurisdictions without having to obtain multiple licenses through individual state processes.
- The Office of Professional Regulation (for D.O.s) and the Board of Medical Practice (for M.D.s) will be implementing the Compact in early 2020.

- **Direct Pathway for Military Medics to become Licensed Nurse Assistants**

- Act 119 of 2018 established a direct pathway for military medics to become licensed nursing assistants (LNA). Military medics can now qualify as a Licensed Nursing Assistant (“LNA”) if they

¹⁷ <https://www.vsac.org/>

¹⁸ https://lifo.vermont.gov/assets/Uploads/d86df7d21e/FY20-Budget-Request-for-AHEC-Info-2019_03_07.pdf

¹⁹ <https://legislature.vermont.gov/Documents/2016/Docs/ACTS/ACT038/ACT038%20As%20Enacted.pdf>

²⁰ <https://legislature.vermont.gov/Documents/2016/Docs/ACTS/ACT161/ACT161%20As%20Enacted.pdf>

have proof of completing a hospital corpsman or medical service specialist training from the Air Force, Army, or Navy (certificate or DD 214).²¹

- **Data Collection**

- Several State agencies and a private entity collect statewide workforce data. These sources include:
 - Department of Labor: Economic & Labor Market Information Division
 - Department of Health: Health Statistics and Vital Records
 - UVM Larner College of Medicine: Area Health Education Center (AHEC)
 - Secretary of State: Office of Professional Regulation

- **Commissioned Studies**

- Act 48 (2011) Health Care Workforce Strategic Plan
- Act 82 (2017) Mental Health, Developmental Disabilities, and Substance Use Disorder Workforce Report

- **Department of Labor Recruitment Initiatives**

- The Vermont Department of Labor (DOL) has developed a comprehensive approach to expand Vermont's labor force. DOL's strategies include:
 - Increasing the labor participation rate of Vermonters through expanding youth and adult training opportunities.
 - Recruiting and retaining more workers to Vermont through targeted outreach, military base outreach, and relocation assistance.
 - Assisting employers in accessing and retaining qualified workers, by improving Vermont's online labor exchange.
- The Vermont Department of Labor also administers the Vermont Registered Apprenticeship Program.
 - The program is an industry-driven, high-quality career pathway where employers can develop and prepare their future workforce, and individuals can obtain paid work experience, classroom instruction, and a portable nationally recognized credential.
 - Act 80 (2019) appropriated an additional \$275,000 to expand this program.²²

²¹ <https://legislature.vermont.gov/bill/status/2018/H.906>

²² <https://labor.vermont.gov/apprenticeship>

Recommended Solutions:

Given the current crisis and anticipated future demand of health care workers, additional policy changes are needed. The following solutions include licensing and other regulatory changes, continued collaboration with higher education, financial incentives, and new state initiatives.

Occupational Licensing Reforms:

The most significant needs in Vermont's health care workforce are licensed positions including MDs, APRNs, RNs, LPNs, and LNAs, as well as unlicensed PCAs. The following proposals seek to appropriately reduce barriers that prevent individuals from obtaining licensure.

- **Enter the Interstate Nurse Licensure Compact**
 - Act 82's (2017) workforce report highlighted occupational license streamlining as a "highly effective" strategy to increase health care workforce recruitment and retention. The report specifically noted portability as an important policy consideration. Joining the Interstate Nurse Licensure Compact (NLC) would improve the portability of a registered nursing license, allowing more out-of-state nurses to move to and be employed in Vermont. The nurse compact requires states to conduct background checks of all RNs/LPNs.²³
 - 33 states have passed legislation to implement the NLC, including Maine and New Hampshire.
 - The Office of Professional Regulation's (OPR) conducted a survey of Vermont nurses to gauge interest in the NLC. The survey found that 59% of nurses were supportive of Vermont joining the NLC; 25% of nurses were opposed.²⁴

- **Change clinical faculty requirements**
 - Vermont has an insufficient number of nurse educators, which contributes to enrollment limits for nursing programs. In 2018, Vermont Technical College was able to accept only 62.5% of qualified applicants to their LPN program.²⁵
 - Current Board of Nursing rules require clinical nurse educators in RN programs to hold:
 - 1) a master's degree in nursing (MSN); or
 - 2) a bachelor's degree in nursing (BSN) and a graduate degree in a related field approved by the Board; or
 - 3) a bachelor's degree in nursing and be enrolled in a graduate program in nursing or a related field approved by the Board which must be completed within 3 years of initial faculty appointment; and
 - 4) have clinical experience relevant to the areas of instruction.²⁶
 - Due to the low supply of nurses that meet these criteria, nursing education programs struggle to find instructors. Without enough instructors that meet this requirement, education programs are unable to accept all qualified applicants.
 - Allowing nurses that possess a BSN and have relevant experience to serve as a clinical instructor could address this faculty shortage and expand the available pipeline of nursing talent.

²³ <https://legislature.vermont.gov/assets/Legislative-Reports/Act-82-Sec.9-Workforce-Report.pdf>

²⁴ <https://legislature.vermont.gov/assets/Legislative-Reports/Vermont-NLC-Survey-Report-Final.pdf>

²⁵ VTC 2018 Admissions Data, October 2019

²⁶ <https://www.sec.state.vt.us/media/656823/Adopted-Clean-Rules-Dec-23-2014.pdf>

- The Office of Professional Regulation’s Obstacles to Recruitment and Retention of Qualified Nurse Educators Report (2019) recommends relaxing Board of Nursing rules on faculty qualifications to facilitate recruitment and retention of nurse faculty.²⁷
 - Other New England states, including Massachusetts and Maine have created pathways for BSN level nurses to be instructors.^{28,29}
- **Create a pathway for Military Medics to become a Licensed Practical Nurse (LPN)**
 - Act 119 of 2018 established a direct pathway for military medics to become licensed nursing assistants (LNA). To expand upon this initiative, the Legislature should create a similar direct pathway for military medics to become Licensed Practical Nurses (LPN).
 - Other states, such as Illinois, have developed a Medical Corpsman to Practical Nurse bridge program (2013). Students who complete the Medical Corpsman to Practical Nurse Program are eligible to sit for the national Practical Nurse Licensing Exam. Approved bridge programs are now offered at three colleges in Illinois.³⁰
- **Remove statutory barriers to physician assistant employment**
 - Amend state law to replace the current requirement for physician assistants (PAs) to have a delegation agreement with a licensed physician with a requirement for PAs to enter practice agreements with participating physicians in all settings in which they provide services in order to practice; and
 - Eliminate a physician’s legal liability for the conduct of the PA based solely on the existence of a practice agreement.
- **Mental health clinician licensing requirements**
 - Several DAs and SSAs use the Relias online program to train staff. Aligning licensing and credential requirements with the content of this national education program would reduce barriers to licensure.
- **Accept PGY-1 Licenses as an immediate pathway to licensure of dentists**
 - In lieu of a clinical licensure examination, some states allow dentists to become licensed through a post-graduate residency (PGY-1) at an accredited postdoctoral program. The PGY-1 is the only path to licensure in Delaware and New York. It is an optional pathway in Minnesota, California, Colorado, and Ohio.
 - Current Vermont Board of Dental Examiners rules require that a dentist that obtained their license via PGY-1 may only attain a Vermont license if they have practiced full-time for a minimum of five years in another state.
 - Removing the 5-year requirement on dentists who have successfully completed PGY-1 would open the door for dentists who are licensed in other PGY-1 states, including neighboring New York, without compromising standards for clinical preparation.³¹

²⁷ <https://legislature.vermont.gov/assets/Legislative-Reports/Nurse-Educator-Report-2019-12-15-corrected.pdf>

²⁸ <https://www.mass.gov/files/documents/2016/07/vv/244cmr604-2b.pdf>

²⁹ <https://www.maine.gov/boardofnursing/docs/Chapter%207%20Regulations%20for%20Approval%20of%20Prelicensure%20Nursing%20Program-Revised.pdf>

³⁰ <https://www.illinois.gov/veterans/xxprograms/Pages/StateLicensesMilitaryTraining.aspx>

³¹ <https://www.ada.org/en/education-careers/licensure/licensure-dental-students/licensure-pathways>

- **Explore licensing pathways for Foreign Dentists**
 - Other states including Massachusetts and New York have created a limited license pathway for foreign-trained dentists. Limited licensure requires that an individual works under supervision of a fully licensed dentist for a set amount of time before that individual can be eligible for an unrestricted license.
- **Explore licensing pathways for Foreign Physicians**
 - Providers cite the difficulty in obtaining licensure as a barrier to recruiting foreign physicians. Vermont should explore creating pathways to licensure to utilize this potential labor force.
- **Explore joining the Psychology Interjurisdictional Compact (PSYPACT)**
 - The Psychology Interjurisdictional Compact is a professional licensing compact for psychologists. There are currently eleven states that have joined. New Hampshire joined the compact in 2019.

Higher Education Reforms:

- **Lower the minimum age of admission for an LPN program**
 - Vermont Technical College is the only LPN program in Vermont. Admittance to the program requires LPN students to be at least 18 years old. Lowering this age requirement to 17 years old will allow future Vermont nurses to enter the workforce soon after graduating high school.
 - Other states, including Massachusetts and New York, offer “secondary” and “secondary extended” programs for high school students.
 - Lowering the age will allow high school students to access VTC’s LPN program through dual enrollment, significantly reducing the cost burden on these students.
 - This proposal does not require legislation or rule change.
- **Re-open the University of Vermont’s Psychiatric-Mental Health Nurse Practitioner (PMHNP) Program**
 - Psychiatric Mental Health Nurse Practitioners (PMHNPs) are an advanced practice registered nurse (APRN) who has an advanced education and board certification to assess the mental health needs of communities, individuals, and groups.
 - The University of Vermont College of Nursing and Health Sciences proposed re-opening their Psychiatric-Mental Health Nurse Practitioner (PMHNP) Program using \$2.2 million in state funds. The State set aside \$5 million in funds to make strategic investments to expand Vermont’s substance use disorder treatment and mental health professionals. To date, the Legislature has appropriated only \$1.5 million of this funding.
 - The appropriation would fund tuition scholarships, student stipends, program staffing, and faculty oversight. This funding would train 20 new PMHNPs. Graduates of the program would be required to provide at least three years of service in Vermont. There are currently 57 recognized PMHNPs in Vermont.
 - Re-opening this program would increase Vermont’s prescribing mental health workforce.

- **Expand Apprenticeship programs for non-degree allied health careers**
 - Allied health careers include non-degree professions including medical assistants, dental assistants, and phlebotomists. These non-degree professions typically require completion of a certificate program, followed by on-the-job training.
 - While these professionals cannot replace licensed staff, they fulfill critical administrative and clinical tasks, allowing other co-workers to perform at the top of their license.
 - In Act 80 (2019), \$275,000 was appropriated to the Vermont Department of Labor to expand the Registered Apprenticeship program. Further expansion of the DOL apprenticeship program, with an emphasis on these non-degree health care careers would allow more providers to access the program.³²

Financial Incentives:

In addition to reducing regulatory barriers to address bottlenecks in Vermont's health care workforce pipeline, financial incentives are needed to both encourage licensed professionals to come to Vermont and to retain our current workforce. Many states have implemented generous financial incentives to address their respective workforce and demographic challenges. To remain competitive, Vermont needs to be bold in attracting this highly indebted, and in-demand workforce.

- **Increase scholarship funding**
 - Whereas loan repayment is an effective tool for recruiting graduates of medical, dental, and nursing programs, scholarships are an incentive for prospective students, as they prevent individuals that are considering entering these careers from incurring loans in the first place.
 - VSAC's nursing and dental scholarship is funded through a \$100,000 grant by the Department of Health. In 2019, this funding provided scholarships to nine students.
 - Vermont Incentive Grant – VSAC's Vermont Incentive Grant is a \$1000 - \$12,300 annual award for Vermont residents enrolled in an undergraduate degree or the MD program at the Larner College of Medicine at the University of Vermont. In FY20, 95 awards were made to students at the Larner College of Medicine.
 - Increasing the funding for these programs will allow more prospective physicians, dentists and nurses to access these incentives.
 - Collaborate with UVM Larner College of Medicine to provide financial support to preceptors and a scholarship program for medical students in return for a commitment to work in primary care in Vermont.

³² <https://legislature.vermont.gov/bill/status/2020/H.533>

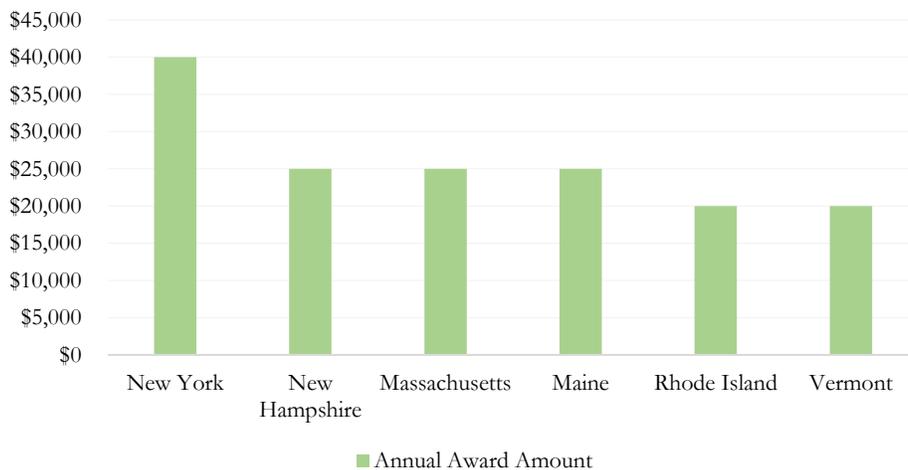
- **Increase loan repayment funding**

- As educational debt rises for future health professionals including MDs, APRNs, RNs, LPNs, Dentists, and licensed mental health professionals, so does the need for a substantial loan repayment program. Vermont’s funding of the loan repayment program has been level-funded since 2012. Despite an increase in Federal grant dollars in FY15, total funding has remained stagnant. See the table below for detail.

AHEC Loan Repayment Funding									
	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19 (P)	FY20 (B)
Fed				\$426,033	\$250,000	\$250,000	\$220,000	\$212,500	\$212,500
GC	\$870,000	\$870,000	\$970,000	\$970,000	\$667,141	\$667,111	\$667,111	\$667,111	\$667,111
Total	\$870,000	\$870,000	\$970,000	\$1,396,033	\$917,111	\$917,111	\$887,611	\$879,711	\$879,111

- AHEC’s administrative funding has been level funded since FY06 (\$562,000/year). This funding supports the administration of the loan repayment program in addition to AHEC’s other workforce programs.
- AHEC loan repayment has proven to be a successful tool in retaining staff. 94% of awardees still work in Vermont today.
- Stagnant funding limits the size of loan repayment awards, and the number of unique awards granted each year.
 - AHEC’s Loan Repayment program is highly competitive and limited. In 2019, only 59% of applicants received awards. Loan repayment dollars have largely been allocated to MDs and APRNs. While there is certainly a tremendous need for these professions, limited funding is available to RNs and LPNs. Between FY15-18, only \$400,000 was awarded (\$100,000 each fiscal year), assisting 57 nurses (with 88 total awards) in that time period.
 - Vermont’s total maximum award to physician’s is \$20,000/year for up to two years. This ranks near the bottom when compared to other Northeastern states. State awards vary in the length of contract commitments from two to four years. Most states allow awardees to reapply for additional awards. Vermont’s award is a two-year commitment and awardees can reapply up to two additional times. See chart below for a comparison of the maximum annual award amounts by state.

Maximum Annual Award Amounts by State



- Other New England states have made large investments into their loan repayment programs. In their FY20-21 budget, New Hampshire appropriated \$6.5 million into their health professional loan repayment program.³³
- Increasing the AHEC Loan Repayment program and AHEC administrative support will allow more health care professionals to access this effective program.³⁴

- **Implement tax incentives**

- Increase the Earned Income Tax Credit (EITC) for eligible Vermonters employed in the health care sector. This will incentivize entry into lower level, essential positions, including but not limited to PCAs, LNAs, designated mental health agency direct support professionals, and others.
- Implement tax incentives to attract and retain all other workforce, as several states have already done:
 - Opportunity Maine Tax Credit:
 - Maine implemented the Opportunity Maine Tax Credit began in 2008. Maine graduates that recently graduated college can claim a tax credit based on the amount they owe in loans each month. Since the program’s inception, tens of thousands of young Maine residents have utilized the tax credit. In 2017 alone, 9,000 residents claimed over \$17 million in tax savings.³⁵
 - Maine Tax Credit for Primary Care Professionals
 - The Maine Primary Care Professional Tax Credit program allows up to ten eligible primary care physicians, physician’s assistants, and nurse practitioners to receive a tax credit for practicing in an eligible underserved area. Successful applicants may participate in this program for a maximum of five years depending on continued eligibility. The income tax credit claimed may not exceed \$6,000 in the first year of certification; \$9,000 in the second year; \$12,000 in the third year; \$15,000 in the fourth year; and \$18,000 in the fifth year. DHHS will submit the names of the certified individuals to the Maine Revenue Services that manages the income tax credit through the certified professional’s annual income tax return.³⁶
 - Oregon Rural Health Tax Credit:
 - In 1989, Oregon implemented a non-refundable tax credit of up to \$5,000 to physicians, physician’s assistants, and nurse practitioners that practice in a rural setting.
 - Oregon’s Legislative Revenue Office evaluated the tax credit in 2015. Their review found that the number of rural providers per 1000 people increased from 1.2 in 2001, to 1.7 in 2014. From 2005 to 2012, the number of claimants grew 16%.
 - A survey conducted by the Oregon Office of Rural Health found that 78% of respondents indicated that the tax credit was “important” or “very important” in their decision to practice in rural Oregon.³⁷

³³ http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2019&id=1336&txtFormat=pdf&v=current

³⁴ https://ljfo.vermont.gov/assets/Uploads/d86df7d21e/FY20-Budget-Request-for-AHEC-Info-2019_03_07.pdf

³⁵ <https://www.liveandworkinmaine.com/opportunity-maine/>

³⁶ <https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/>

³⁷ <https://www.oregonlegislature.gov/lro/Documents/RR%20-15%202016%20Expiring%20Tax%20Credits%202.pdf>

Maximize Existing Workforce:

- **Remove telehealth barriers**

Telehealth has the potential to improve patient access and overcome Vermont's workforce shortage. By increasing the efficiency and extending the reach of existing providers, telehealth can maximize the ability of providers to meet Vermonters' needs. Several regulatory barriers limit telehealth's current usage in Vermont. The following proposals seek to remove these barriers where appropriate.

- Remote patient monitoring
 - Current Agency of Human Services rules limit telemonitoring coverage to congestive heart failure. AHS should expand coverage of telemonitoring to include other diseases and conditions, such as chronic obstructive pulmonary disease (COPD), asthma, and diabetes. Another option is to allow monitoring whenever clinically appropriate. The State of New York recently adopted rules to expand telemonitoring to cover diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition, or enteral feeding.
- Store and forward e-consults
 - Current AHS rules limit store and forward coverage to teledermatology and teleophthalmology. AHS and commercial payers should expand coverage of Store and Forward telemedicine and align their rules with Medicare. Other options include expanding to teledentistry or to cover consultations or other services between primary care and specialty care providers.
 - California, Georgia, and Minnesota have all expanded store and forward coverage to teledentistry.
 - Alaska reimburses diagnostic, therapeutic, and interpretive services along with psychotherapy or pharmacological management services.
- Accountable Care Organization (ACO) waiver
 - Currently, the All Payer ACO Model allows for expanded use of telemedicine, similar to how Medicare's Next Generation ACO program does. Through the APM or future negotiated agreements, this waiver could be expanded to support primary care and mental health at skilled nursing facilities.
- Maintain VPQHC funding
 - Current efforts to plan for telehealth are funded through section 9416 statutory funding through a contract with the Vermont Program for Quality in Health Care (VPQHC). Continued funding is necessary to support these efforts into the future.

- **Reduce administrative burden**

- Streamline quality measures and create additional administrative uniformity
 - Provider performance is measured by several metrics, and often differ by each payer. The large number of quality measures, with reporting requirements that may vary by payer, can create substantial administrative burden and make it difficult for providers to focus on improvement efforts.
 - A number of steps can be taken reduce this burden on providers, including:
 - Continuing steps to standardize the definitions and calculations for quality metrics used by the federal and state government entities, insurance payers, accountable care

organizations and others with the goal of ultimately adopting uniform statewide or national standards for quality data.

- Eliminating reporting requirements where there is a lack of documented evidence supporting their benefit to improve quality and/or reduce costs.
- Shifting to the use of quality data reported through accurate claims data rather than clinician submission.
- Create administrative uniformity by payers, for example, with respect to treatment and management of the same condition and the payment by payers of adequate case management fees to clinicians for services relating to coordinating and managing the care of patients with chronic conditions.
- Reduce/eliminate prior authorizations
 - Eliminating prior authorization requirements where there is a lack of documented evidence supporting their benefits to improve quality and/or reduce costs.
 - Continue expanding the ACO prior authorization pilot, including expanding to additional payers, so that clinicians can take advantage in practice of reduced administrative tasks.
 - Expand and align between payers “Gold Card” programs, through which clinicians who routinely have prior authorizations approved are exempt from the prior authorization process, thresholds must be meaningful and include both primary care clinicians as well as specialists.

Increase State Recruitment Efforts:

- **Immigration**

Providers can recruit foreign born physicians through the J-1 visa waiver. Each state is allotted 30 J-1 visa waivers each year. Vermont’s J-1 visa program has been underutilized, successfully placing only 39 applicants over the last eight years. Providers also cite challenges with processing visa paperwork for Canadian nurses interested in working in Vermont.³⁸

- Establish a state-led immigration and New American initiative
 - To help employers broaden their workforce search, Vermont should create a centralized immigration service to assist employers and prospective employees navigate Federal immigration law and the employment-based visa process.
 - Ensure New Americans are made aware of job opportunities within the health care system and connect them with potential provider employers. Act 80 of 2019 required that the Department of Labor take several steps to provide support to employers and New Americans in the workforce. Vermont should expand upon these efforts, with a specific focus on health care.³⁹

- **Establish statewide marketing campaign**

- Programs such as tax incentives or loan repayment for health care professionals need advertising to be fully effective. Vermont should, in collaboration with existing recruitment centers and initiatives, market these careers, and the incentives offered by the state, to keep newly licensed professionals in

³⁸ Department of Health, October 2019

³⁹ <https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT080/ACT080%20As%20Enacted.pdf>

the state, attract out-of-state healthcare professionals to work in Vermont, and encourage younger residents to pursue these rewarding careers.

- **Make health care workforce a priority**

- Prioritize health care workforce on the Vermont Workforce Development Board
 - The Vermont State Workforce Development Board is established by the federal Workforce Innovation and Opportunity Act. The Board is charged with advising the Governor on the development and implementation of a comprehensive, coordinated, and responsive statewide workforce education and training system.
 - The Board's composition is largely representatives from the manufacturing, construction, and tourism business. Greater representation from the health care providers, higher education, and AHEC could help inform policy focused on the needs of Vermont's health care sector.

Federal Issues:

- **Medicare waiver requests**

Vermont's Medicaid plan credentials several types of master's prepared professionals and covers services from those providers that Medicare does not cover. These include Licensed Alcohol and Drug Counselors, Licensed Clinical Mental Health Counselors, Licensed Psychologists, and Licensed Marriage and Family Counselors. Given the challenges of recruiting a behavioral health workforce and the prevalence of mental health and SU conditions, the Medicare restriction of credentialing only LICSWs and PhD Psychologists limits access to care for Medicare beneficiaries.

- **National Health Service Corps and Nurse Corps programs**

- The National Health Service Corps and Nurse Corps are Federal loan repayment and scholarship programs for health professionals that work in designated Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs) and Rural Health Clinics.
- Both programs prioritize areas with the highest HPSA scores. HPSA scores are based on a number of factors including physician to population ratio, travel time to the nearest source of care, and poverty level.
- Only one nurse is a Nurse Corps member in Vermont (out of 2034 nationally)
- Only 16.71 FTEs are National Health Service Corps members in Vermont (out of 10,341 nationally)
- Further research should be conducted to determine why Vermont is unable to utilize these existing Federal programs.⁴⁰

- **Public Service Loan Forgiveness Program**

- The Public Service Loan Forgiveness Program began in 2007. The program discharges borrowers' remaining federal student loan balance after they make 10 years' worth of payments while working for a government or a nonprofit organization. The first batch of borrowers became eligible for the program in 2017.

⁴⁰ <https://bhw.hrsa.gov/>

- Implementation of the program has been challenging. Less than 1% of borrowers who applied for PSLF have had their loans discharged. 66.7% of applicants were denied for not meeting the program requirements, and 22.4% were denied for missing information on their application.
- Vermont's non-profit providers are eligible employers for the PSLF program. The Department of Education should clarify eligibility requirements so borrowers can better access the program.

- **Increasing the State Loan Repayment Grant**

- The Federal State Loan Repayment Grant Program awards \$18.9 million to 41 states and two US territories. Increasing this federal appropriation to the Vermont State Loan Repayment Program could create a more robust loan repayment system that helps rural providers meet their workforce demands.⁴⁰

- **Federal immigration reforms**

- Raising the H-2B Cap
 - Under the H-2B program, guest workers can enter the United States for up to 10 months and their stay can be extended up to 3 consecutive years. An employer petitioning for guest workers must certify that domestic workers are unavailable and demonstrate that the hiring of foreign workers will not harm the wages and employment of Americans.
 - Permanently increasing the annual cap specifically for nurses, physical therapists, licensed practical or vocational nurses, and certified nurse aides could help alleviate workforce shortages.