

Liz Cote, AHEC, 9/3/20
Notes in response to requested/invited feedback on H.607.

H.607

An act relating to increasing the supply of nurses, ~~dentists, and~~ primary care, ~~mental health, and substance use disorder treatment~~ providers in Vermont

Sec. 1. 18 V.S.A. § 9491 is amended to read:

§ 9491. HEALTH CARE WORKFORCE ~~Development Board; STRATEGIC PLAN~~

(a) The Director of Health Care Reform in the Agency of Human Services shall ~~oversee the development of~~ maintain, track, monitor, and -afacilitate current health care workforce development strategic plan that continues efforts to ensure that Vermont has the health care workforce necessary to provide care to all Vermont residents. ~~The Director of Health Care Reform may designate an entity responsible for convening meetings and for preparing the draft strategic plan. The Green Mountain Care Board established in chapter 220 of this title shall review the draft strategic plan and shall approve the final plan and any subsequent modifications.~~

(b)(1) ~~The~~ In maintaining the strategic plan, the Director or designee shall collaborate with the area health education centers, the State Workforce Development Board established in 10 V.S.A. § 541a, the Prekindergarten 16 Council established in 16 V.S.A. § 2905, the Department of Labor, the Department of Health, the Department of Vermont Health Access, and other interested parties to develop and maintain the plan convene a Health Workforce Development Board. The director will consult with the Board an

Formatted: Font: (Default) Times New Roman, 12 pt

Commented [EC1]: Define "primary care." Which specialties?
Family medicine, pediatrics, internal medicine adult primary care, ob-gyn?

Commented [EC2]: Define "provider."
MD, DO, APRN, PA, ND?

NDs are PCPs in Vermont. NDs have not been fully included in PCP workforce discussions, data.

The landscape (care delivery, educational, demographics) has changed and workforce development programs have not.

Commented [EC3]: A strategic plan is a "product" of the board and network. The first step or "product" is to design a system (or the first iteration of this system to launch it)—a Board and a Health Care Workforce Development Collaborative Action Network (CAN) and implement and lead. The second is producing an evidence-based, actionable strategic plan. The Board provides information to the Administration, the Legislature and GMCB. To inform policies, programs, and resource allocation.

CAN—work to figure out sharing data and warm handoffs. Example, work through FERPA considerations.

A commitment to longitudinal workforce development with constant evaluation of what's working and what is not working/needs adjustment.

It's not a quick fix. Constant pressure to just "do something now." Results in band-aids.

Eyes on the prize: Access to care. Via health care workforce development.

Define how to measure success for each initiative and investment. Link back to the core objective.

Liz Cote, AHEC, 9/3/20

Notes in response to requested/invited feedback on H.607.

advisory group composed of the following seven members, at least one of

whom shall be a direct-care health care professional nurse, to inform policies

and programs, and develop, ~~and~~ maintain, facilitate and track progress on the

strategic plan:

~~(A) one representative of the Green Mountain Care Board's~~

~~primary care advisory group;~~

~~(B) one representative of the Vermont State Colleges;~~

~~(B)(C) one representative of the University of Vermont~~

~~(C)(D) one representative of the Area Health Education~~

Centers' workforce initiative;

~~(D)(E) one representative of federally qualified health~~

centers;

~~(E)(F) one representative of Vermont~~

hospitals UVMHC's graduate medical education (GME) residency
program;

~~(F) one representative of physicians; and~~

~~(G) one representative of long-term care facilities;~~

(G) One representative of Vermont Agency of Education

(H) One representative of Vermont Student Assistance
Corporation (VSAC);

(I) One representative of Vermont Department of Labor

(J) One representative of Vermont Technical Education
Centers

Formatted: Font: (Default) Times New Roman, 12 pt

Commented [EC4]: Members would not be health care profession-specific. How to accommodate all professions or choose which? Keep focus on broader health care workforce and access to care. Profession-specific guidance and input would be offered via the CAN.

Formatted: Highlight

Formatted: Font: (Default) Calibri, 11 pt

Formatted: Font: (Default) Calibri, 11 pt

Formatted: Font: (Default) Calibri, 11 pt, No underline, Underline color: Auto

Formatted: Font: (Default) Calibri, 11 pt, No underline, Underline color: Auto

Formatted: Font: (Default) Calibri, 11 pt, No underline, Underline color: Auto

Formatted: Font: (Default) Calibri, 11 pt, No underline, Underline color: Auto

Liz Cote, AHEC, 9/3/20

Notes in response to requested/invited feedback on H.607.

(K) One representative of Vermont Department of Health
(workforce data surveillance)

(L) One data analyst/statistician

(2) The Director or designee shall serve as the chair of the advisory
group.

(c) The Director of Health Care Reform shall ensure the development of a
sustainable system for Health Workforce Development through a Collaborative
Action Network (CAN), provide forums for testimony from employers, subject
matter experts and other stakeholders to inform an evidence-based, actionable
that the strategic plan for includes recommendations on how to develop

Vermont's health care workforce, including:

(1) ~~the current census, vacancies, capacity and capacity issues of
the health care workforce and delivery system in Vermont, including the
workforce shortages geographic maldistribution, and diversity of health care
professionals, and projected future workforce needs impacting access to
health care specialty practice areas that regularly face shortages of qualified
health care professionals, issues with geographic access to services, and
unmet health care needs of Vermonters;~~

(2) ~~the resources needed to ensure that:~~
~~(A) the health care workforce and the delivery system are~~
able to provide sufficient access to services given demographic factors
in the population and in the workforce, as well as other factors;

Formatted: Font: (Default) Times New Roman, 12 pt

Formatted: Font: (Default) Calibri, 11 pt, No underline,
Underline color: Auto

Commented [EC5]: The Board can make a first draft of
the architecture for a CAN—factoring the stakeholders and
necessary partners and collaborators—all members of the
CAN. Map and document the CAN stakeholders, programs,
and roles. Show the connections, warm handoffs,
intersections, etc.

~~AS PASSED BY HOUSE~~

2020

H.607

Page 4 of 12

Liz Cote, AHEC, 9/3/20

Notes in response to requested/invited feedback on H.607.

Formatted: Font: (Default) Times New Roman, 12 pt

~~(B) the health care workforce and the delivery system are able to participate fully in health care reform initiatives, including establishing a medical home for all Vermont residents through the Blueprint for Health pursuant to chapter 13 of this title and transitioning to electronic medical records; and~~

~~(C) all Vermont residents have access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care;~~

~~(3) how State government, universities and colleges, the State's PreK-12 educational system, entities providing education and training programs related to the health care workforce, and others may develop the resources in the health care workforce and delivery development system to educate, track longitudinally, monitor outcomes for entry into Vermont's healthcare workforce, recruit, and retain health care professionals to achieve Vermont's health care reform principles and purposes; and~~

Formatted: Font: (Default) Calibri, 11 pt

~~(4) how State government, health workforce development entities and employers may develop the resources to recruit and retain workforce, including tracking longitudinally, monitor outcomes and programming impact.~~

~~(5)~~

Formatted: Font: (Default) Times New Roman, 12 pt

~~(4)(6) reviewing data on the extent to which individual health care professionals begin and cease to practice in their applicable fields in Vermont;~~

~~(5)(7) identifying factors which either hinder or assist in recruitment or retention of health care professionals, including an examination of the processes for prior authorizations, and making recommendations for further improving recruitment and retention efforts;~~

~~(6)(3) assessing needs and opportunities for health workforce development, including the availability of sState and federal funds for health care workforce development.~~

~~(c) Beginning January 15, 2013, the Director or designee shall provide the strategic plan approved by the Green Mountain Care Board to the General Assembly and shall provide periodic updates on modifications as necessary.~~
[Repealed.]

Sec. 2. HEALTH CARE WORKFORCE STRATEGIC PLAN; REPORT

~~(a) The Director of Health Care Reform, in connection with the advisory Board group established pursuant to 18 V.S.A. § 9491(b) in Sec. 1 of this act, shall update the health care workforce strategic plan as set forth in 18 V.S.A. § 9491 and shall submit a draft of the current plan to the Green Mountain Care Board for its review and approval on or before December 1, 2020. The Board shall review and approve the plan and respond to within 30 days following receipt.~~

Commented [EC6]: We have a history of reports and updated reports with little action. An evidence-based, well-vetted report is critical. Note: some loan repayment information in the Rural Health Services report are not fully accurate, despite corrections provided by AHEC.

Vermont lacks a well-functioning, well planned, documented, and sustainable workforce development system to put a strategic plan into action.

Vermont lacks nonpartisan follow up and oversight of the programs funded with public dollars, despite execution of annual grants. Are programs really working? Are they worth the investments? Should they be expanded with more investment? Should they sunset? Are adjustments needed? Are highest priorities being addressed?

Commented [EC7]: Timeframe is short for a well-informed report. An evidence-based report is a deliverable. Action is the intention. Structure, a system, and resources for action is where this falls apart.

Formatted: Highlight

Formatted: Highlight

Commented [EC8]: What purpose does "approving" the report accomplish? What is the authority or ability to allocate resources? What is the process for outcomes accountability? Perhaps the GMCB reviews and responds to the report with its take on the information and recommendations for priorities of the priorities?

~~AS PASSED BY HOUSE~~

2020

H.607
Page 6 of 12

Liz Cote, AHEC, 9/3/20

Notes in response to requested/invited feedback on H.607.

(b) On or before January 15, 2021, the Director shall provide the updated health care workforce strategic plan to the House Committees on Health Care and on Commerce and Economic Development and the Senate Committees on Health and Welfare and on Economic Development, Housing and General Affairs.

Sec. 3. 18 V.S.A. § 33 is added to read:

§ 33. MEDICAL STUDENTS; PRIMARY CARE

(a) The Department of Health, in collaboration with the Office of Primary Care and Area Health Education Centers (AHEC) Program at the University of Vermont Larner College of Medicine (AHEC), shall establish a rural primary care physician scholarship program. The scholarships shall cover the medical school tuition for up to five third-year and up to five fourth-year medical students annually who commit to practicing primary care in a rural, health professional shortage or medically underserved area of this State. For each academic year of tuition covered by the scholarship, the recipient shall incur an obligation of two years of full-time service or four years of half-time service. Students receiving a scholarship for their third year of medical school shall be eligible to receive another scholarship for their fourth year of medical school. The amount of each scholarship shall be set at the in-state tuition rate less any

Formatted: Font: (Default) Times New Roman, 12 pt

Commented [EC9]: AHEC has not been consulted on this initiative or its design. AHEC does not agree with or support this section as currently written.

Evidence to support effectiveness of these type of incentives—intended outcome vs actual?

Past and future programs and policies must be run through an equity/social justice/systemic racism lens. Who are the direct beneficiaries of these programs and the investment of limited resources? Are historical programs and methods what we really want to be doing NOW? Are we relying on trickledown economics that do not actually work to the degree that we think and relative to the investment?

Other (nonfinancial) drivers behind career and work decisions are not getting enough attention in workforce development program design, resource allocation and cultivation of the future workforce.

We need to change how we are operating. We need to change how we go about workforce development.

We cannot stop supporting loan repayment and scholarship programs. They must continue, every other state is doing. These programs are expected. We also must diversify our activity and investments. Simply doing more of the same is not going to give us the results we want. We cannot afford to compete this way—keeping up with the Jones', an arms war. What else can/must we be doing?

It is AHEC's opinion that the resources allocated here could be more effectively used to achieve desired workforce outcomes.

AHEC's recommendation for immediate action is to focus on and solve barriers to residency program expansion—family medicine and dental.

~~AS PASSED BY HOUSE~~
2020

H.607
Page 7 of 12

Liz Cote, AHEC, 9/3/20

Notes in response to requested/invited feedback on H.607.

other State or federal educational grant assistance the student receives for the same academic year.

(b) Approved specialties shall be all of the specialties recognized by the National Health Service Corps at the time of the scholarship award, which may include family medicine, internal medicine, pediatrics, obstetrics-gynecology, and psychiatry.

(c) A scholarship recipient who does not fulfill the commitment to practice primary care in accordance with the terms of the award shall be liable for repayment of the full amount of the scholarship, plus interest calculated in accordance with the formula determined by the National Health Service Corps for failure to complete a service obligation under that program.

Sec. 4. RURAL PRIMARY CARE PHYSICIAN SCHOLARSHIP

PROGRAM; APPROPRIATION

(a) The sum of \$811,226.00 in Global Commitment investment funds is appropriated to the Department of Health in fiscal year 2021 for scholarships for medical students who commit to practicing in a rural, health professional shortage or medically underserved area of this State in accordance with 18 V.S.A. § 33.

(b) It is the intent of the General Assembly that scholarship funds to expand Vermont's primary care physician workforce should continue to be

Formatted: Font: (Default) Times New Roman, 12 pt

appropriated in future years to ensure that Vermonters have access to necessary health care services, preferably in their own communities.

Sec. 5. EDUCATIONAL ASSISTANCE; NURSING STUDENTS;

APPROPRIATION

(a) The sum of \$1,381,276.00 in Global Commitment investment funds is appropriated to the Department of Health for additional scholarships for nursing students pursuant to the program established in 18 V.S.A. § 31, as redesignated by Sec. 7 of this act, and administered by the Vermont Student Assistance Corporation.

Commented [EC10]: How does this results in an increase in the VT nursing workforce. Are the # of training slots increased in VT? Are the number of Vermont students receiving nursing degree out-of-state increased? Are we just giving more \$ to those already in the pipeline—i.e., paying more for the same thing?

A scholarship program without longitudinal support and wrap around services, i.e., complementary programs to reinforce objectives will be marginally effective, at best. The effectiveness relative to the financial investment of limited resources is questionable. What are the data to indicate this route is our best option at this time?

(b)(1) First priority for the scholarship funds shall be given to students pursuing a practical nursing certificate who will be eligible to sit for the NCLEX-PN examination upon completion of the certificate.

(2) Second priority for the scholarship funds shall be given to students pursuing an associate's degree in nursing who will be eligible to sit for the NCLEX-RN examination upon graduation.

(3) Third priority for the scholarship funds shall be given to students pursuing a bachelor of science degree in nursing.

(c) To be eligible for a scholarship under this section, applicants shall:

(1) demonstrate financial need;

Liz Cote, AHEC, 9/3/20
Notes in response to requested/invited feedback on H.607.

Formatted: Font: (Default) Times New Roman, 12 pt

- (2) demonstrate academic capacity by carrying at least a 2.5 grade point average in their course of study prior to receiving the fund award; and
- (3) agree to work as a nurse in Vermont for a minimum of one year following licensure for each year of scholarship awarded.
- (d) Students attending an accredited postsecondary educational institution in Vermont shall receive first preference for scholarships.

(e) There shall be no deadline to apply for a scholarship under this section. Scholarships shall be awarded on a rolling basis as long as funds are available, and any funds remaining at the end of fiscal year 2021 shall roll over and shall be available to the Department of Health in fiscal year 2022 for additional scholarships as described in this section.

Commented [EC11]: I caution against program design and details within the legislation.

Example and request help to amend current statute language about nurse incentives. Title 18, chapter 10— license after 2001 [limits qualified applicants] and caps max at \$6,000 [the maximum needs flexibility to adjust and increase over time.]

(f) It is the intent of the General Assembly that scholarship funds to expand Vermont's nursing workforce should continue to be appropriated in future years to ensure that Vermonters have access to necessary health care services, preferably in their own communities.

Commented [EC12]: In perpetuity? Program effectiveness, outcomes, and impact toward priority goals to drive future funding.

Sec. 5a. 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106.1 is amended to read:

Sec. C.106.1 EXPANDING THE VERMONT WORKFORCE FOR
SUBSTANCE USE DISORDER TREATMENT AND
MENTAL HEALTH PROFESSIONALS

~~AS PASSED BY HOUSE~~
2020

H.607
Page 10 of 12

Liz Cote, AHEC, 9/3/20
Notes in response to requested/invited feedback on H.607.

Formatted: Font: (Default) Times New Roman, 12 pt

(a) The sum of \$5,000,000 is appropriated from the Tobacco Litigation Settlement Fund to the Agency of Human Services in fiscal year 2018 and shall carry forward for the uses and based on the allocations set forth in subsections (b) and (c) of this section. The purpose of the funds is to make strategic investments in order to expand the supply of high-quality substance use disorder treatment and mental health professionals available to Vermont residents in need of their services.

Commented [EC13]: An investment in this workforce area makes sense. A challenge is ensuring that it is strategic, measured, doable, and effective toward the stated goal.

(b) The sum appropriated to the Agency of Human Services in subsection (a) of this section shall be allocated to the Agency as follows:

(1) \$1,500,000 for fiscal year 2019, which shall not be distributed until the Agency provides proposed expenditures as part of its fiscal year 2019 budget adjustment request;

(2) \$1,500,000 for fiscal year 2020, for which the Agency shall provide proposed expenditures as part of its fiscal year 2020 budget request or budget adjustment request, or both;

(3) \$1,500,000 for fiscal year 2021;

(A) of which \$1,000,000 is allocated as the State match to fund scholarships for nursing students and medical students in accordance with 18 V.S.A. §§ 31 and 33; and

~~AS PASSED BY HOUSE~~
2020

H.607
Page 11 of 12

Liz Cote, AHEC, 9/3/20
Notes in response to requested/invited feedback on H.607.

Formatted: Font: (Default) Times New Roman, 12 pt

(B) the remaining \$500,000 for which the Agency shall provide proposed expenditures as part of its fiscal year 2021 budget request or budget adjustment request, or both; and

(4) \$500,000 which may be provided in fiscal year 2022 or after as needed to ensure successful and sustainable implementation of the workforce expansion initiatives developed pursuant to this section.

* * *

Page

Sec. 6. 18 V.S.A. chapter 1 is amended to read:

CHAPTER 1. DEPARTMENT OF HEALTH; GENERAL PROVISIONS

Subchapter 1. General Provisions

§ 1. GENERAL POWERS OF DEPARTMENT OF HEALTH

* * *

Subchapter 2. Health Care Professions; Educational Assistance

* * *

Sec. 7. **REDESIGNATIONS**

(a) 18 V.S.A. § 10 (educational assistance; incentives; nurses) is redesignated to be 18 V.S.A. § 31 in 18 V.S.A. chapter 1, subchapter 2.

(b) 18 V.S.A. § 10a (loan repayment for health care providers and Health Care Educational Loan Repayment Fund) is redesignated to be 18 V.S.A. § 32 in 18 V.S.A. chapter 1, subchapter 2.

Sec. 8. EFFECTIVE DATE

This act shall take effect on July 1, 2020.

Commented [EC14]: I have no knowledge on what this means. Is it purely administrative and re-ordering of info or are there other consequences?