

# Health Care Workforce Development Strategic Plan

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SUBMITTED BY THE DIRECTOR OF HEALTH CARE REFORM IN  
THE AGENCY OF HUMAN SERVICES IN CONSULTATION WITH  
THE HEALTH CARE WORKFORCE STRATEGIC PLAN ADVISORY  
GROUP



SUBMITTED TO THE GREEN MOUNTAIN CARE BOARD ON OCTOBER 15, 2021

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## Primary Charge

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Act 155 of 2020, *An act relating to increasing the supply of nurses and primary care providers in Vermont*, establishes that,

*The Director of Health Care Reform in the Agency of Human Services shall maintain a 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.*

*In maintaining the strategic plan, the Director or designee shall consult with an advisory group composed of the following 11 members, at least one of whom shall be a nurse, to develop and maintain the strategic plan:*

- *one representative of the Green Mountain Care Board's primary care advisory group;*
- *one representative of the Vermont State Colleges;*
- *one representative of the Area Health Education Centers' workforce initiative;*
- *one representative of federally qualified health centers;*
- *one representative of Vermont hospitals;*
- *one representative of physicians;*
- *one representative of mental health professionals;*
- *one representative of dentists;*
- *one representative of naturopathic physicians;*
- *one representative of home health agencies; and*
- *one representative of long-term care facilities.*

*The Director or designee shall serve as the chair of the advisory group. Attachment A includes a list of representative participants.*

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## Executive Summary

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We submit the following Health Care Workforce Development Strategic Plan with gratitude and appreciation for all members of the health care workforce who have provided care and comfort to Vermonters and have demonstrated resilience throughout the COVID-19 global health pandemic.

The following plan focuses on workforce development for nurses, primary care physicians, dental care providers, and mental health and substance use disorder treatment professionals working in all settings including acute care, long-term care, medical office, in-home, community-based, dental, and mental health and substance use disorder treatment settings.

The advisory group explored a large range of topics and arrived at a comprehensive assessment of health care workforce development challenges and opportunities in the following areas:

- Coordination
- Data and Monitoring
- Financial Incentives
- Education and Training
- Regulation
- Practice
- Recruitment and Retention
- Federal Policy

The strategic plan includes recommendations for action and designates an accountable entity in all the domains listed above. Accountable entities should approach their tasks using an equity lens, meaning they should identify how current policies and programs may systematically exclude some Vermonters based on race, age, gender, sexual orientation, immigration status, disability, or the rurality of where they live and how reforms can achieve the State's workforce goals while advancing health and social equity. The Health Equity Commission as established in Act 33 of 2021 could be a resource to accountable entities for determining program impacts on health equity.

The plan acknowledges that future work is necessary to delve more deeply into the barriers for non-licensed allied health, direct support professionals (e.g. personal care attendants and home care aides), peers and community health workers to join the workforce since this sector is inadequate to meet the service needs of Vermonters of all ages with disabilities and mental health and substance use disorder needs.

This plan will rely on coordination to implement solutions that span state government, health care educators, training and recruitment centers, private employers, and employees. As a hopeful foreshadowing of the immediate and ongoing work necessary to implement this plan, the approach to crafting the recommendations was collaborative, cooperative and creative. Thank you to the advisory group members and the state and private employees who contributed to the following Health Care Workforce Development Strategic Plan.

## Introduction

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In January 2020, the Rural Health Services Task Force established by Act 26 of 2019, submitted a report and recommendations for improving Vermont’s health care, long-term care, mental health and substance use disorder treatment and dental workforce to the Legislature. The report stated that “Providers highlight needs for nearly all professions from unlicensed personal care attendants and direct support professionals to mental health and substance use disorder 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, independent physician practices, long-term care facilities, designated agencies, adult day providers and home health agencies.”<sup>1</sup>

Pre-pandemic staffing challenges have been exacerbated by the COVID-19 global health pandemic. Every task takes additional staff time and resources due to heightened infection control protocols and other measures that are likely to be implemented well into the future. Donning and doffing of full PPE between patients, cleaning protocols, quarantine procedures, visitor screening and monitoring of visitation all add necessary and critical, but time consuming, work. More staff are needed to complete routine tasks in all types of health care including acute care, long-term care, medical office, in-home, community-based, dental, and mental health and substance use disorder treatment settings. Staff have left the health care profession due to fear, the need to care for children or relatives, and burnout throughout the pandemic. In addition, staff who contract COVID cannot work until they are recovered, further reducing staffing levels.

The United States Chamber of Commerce Reports, “In several states and several industries, including hard-hit sectors like education and health services as well as professional and business services, there are currently fewer available workers than the total number of jobs open.” <https://www.uschamber.com/report/the-america-works-report-quantifying-the-nations-workforce-crisis>

In spite of these staffing challenges, Vermont has led the nation in its COVID-19 response, consistently maintaining one of the lowest infection rates in the country and one of the highest vaccination rates, all of which have allowed the state to avert the COVID-19 surges seen elsewhere. Still, the health care system has required an unsustainable increase in the use of contract and traveling staff to maintain access to high quality care. The cost of travelers continues to dramatically increase and has reached unsustainable levels. Costs are being driven by the workforce shortage, and travelers, in great demand throughout the country, are more difficult to access because of rising costs. Challenges associated with maintaining an adequate workforce have increased while Vermonters are requiring care for more complex and serious conditions, including mental health and substance use dependency conditions. To meet emerging need, organizations have pooled and deployed staffing resources to alleviate acute shortages.

Wait times for health care services had emerged as a critical concern pre-pandemic and the concern has heightened during the pandemic. The Agency of Human Services (AHS) is leading an investigation into wait times for health care services statewide and is collaborating with the Department of Financial Regulation and the Green Mountain Care Board. The initiative will develop and establish key metrics for wait times, collect standard information for comparison across the system, and conduct a qualitative analysis to determine what factors are driving increased wait times for health care services. Although anecdotal until confirmed through the investigation, workforce supply has been cited as a contributor to longer-than-appropriate wait times for health

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<sup>1</sup> Retrieved from: <https://gmcbboard.vermont.gov/sites/gmcb/files/documents/Rural%20Health%20Services%20Report-%20Workforce%20White%20Paper%20FINAL%201.23.20.pdf> on October 14, 2021.

care services. Importantly, the wait time investigation will seek to understand all factors that may be contributing to longer-than-acceptable wait times for health care services and propose relevant solutions.

This strategic plan builds on and updates recommendations from the Rural Health Services Task Force Workforce Subcommittee Report of 2020. The 2021 strategic plan focuses on strategies to improve the availability of nurses, primary care physicians, dental care providers, and mental health and substance use disorder treatment professionals and recommends future work to delve more deeply into the barriers for non-licensed allied health, direct support professionals (e.g. personal care attendants and home care aides), peers and community health workers to join the workforce as this sector of the workforce is also inadequate to meet the service needs of older and disabled Vermonters. The document names issues and recommends solutions in the following domains:

- Coordination
- Data and Monitoring
- Financial Incentives
- Education and Training
- Regulation
- Practice
- Recruitment and Retention
- Federal Policy

### Coordination of Health Care Workforce Development Activities in the State of Vermont

To move the strategic plan from recommendation to action, the advisory group proposes the following structures to support coordination between multiple stakeholder groups while assigning responsibility for implementation.

- **Establish a state interagency task team.** In the near-term, establish a state interagency task team to ensure that existing resources and expertise are applied to those recommendations that require additional process for development, coordination, and implementation. At a minimum the task team should include: The Agency of Human Services, The Agency of Administration, The Agency of Commerce and Community Development, the Department of Labor, The Agency of Education, and the State Chief Prevention Officer. The task team should include the Director of Health Care Reform as liaison to the advisory group responsible for maintaining this strategic plan. The team should consult with other Agencies and Departments as needed.
- **Integrate the Health Care Workforce Strategic Plan Advisory Group with the State Workforce Development Board.** The Health Care Workforce Strategic Plan Advisory Group (Advisory Group) should also serve as an official sub-committee to the State Workforce Development Board. Integrating the Advisory Group in this manner will ensure that the strategic plan implementation is aligned with broader workforce development initiatives. This recommendation is consistent with recommendations from the Rural Health Task Force Workforce Subcommittee Report of 2020.

## Section Summary: Coordination of Health Care Workforce Development Activities in the State of Vermont

| Advisory Group Recommendation  | Action Required By |
|--|--------------------|
| Establish State Interagency Task Team  | AHS                |
| Integrate with State Workforce Development Board (State Workforce Development Board) | SWDB               |

### Data and Monitoring

As indicated in the Rural Health Task Force Workforce Subcommittee Report, “several State agencies and a private entity are responsible for collecting current statewide workforce data.” As specified by the report, these include:

- Department of Labor: Economic and Labor Market Information Division
- Department of Health: Health Statistics and Division of Health Surveillance
- UVM Larner College of Medicine: Area Health Education Center (AHEC)
- Secretary of State: Office of Professional Regulation

The Department of Health, in partnership with the Office of Professional Regulation and the Board of Medical Practice, administers a census that is mandatory for licensed health care professionals to take at the time of license renewal, which depends upon profession and occurs every two years.<sup>2</sup> The census captures a snapshot of individual providers and some details of their specific practices in Vermont but is unable to give insight into workforce supply for non-licensed professionals, such as direct support professionals and peers, who also play critical roles in ensuring the availability of services across the health care continuum, participating in interdisciplinary teams and implementing care plans.

Aggregated data from these censuses administered by the Department of Health and nursing data from AHEC<sup>3</sup> are available in Appendix B. Both the Department of Health and healthcare professionals have experienced normal workflow disruption due to the current coronavirus pandemic, so typical reporting of the census has been delayed even though data collection has continued.

Census data for licensed provider types is an important building block for monitoring Vermont’s health care workforce but this data needs to be paired with additional information to paint a picture of Vermont’s workforce needs. First, census data should be compared to meaningful benchmarks that capture state-specific and regional factors (e.g. demographics). There are geographic variances for each profession or group of professions and some regions have greater or lesser needs than others. These variations should be taken into consideration for meaningful benchmarking. Finally, census data should become an input to supply and demand modeling that can be used by health care employers, health care educators, and policy makers.

Determining the adequacy of the workforce is integral to identifying those disciplines or geographic regions that are at risk of having a significant imbalance between demand and supply. An aging population, an aging workforce, burnout related to the pandemic and increased demands related to infectious disease are just a few variables that point to a potential shortage of professionals. Understanding where gaps may exist between the current demand for healthcare workers and the available supply may assist in identifying areas of priority for policy makers.

<sup>2</sup> More information can be found at the Vermont Department of Health website located at: <https://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/health-care-workforce>

<sup>3</sup> Retrieved from <http://med.uvm.edu/ahec/workforceresearchdevelopment/reports> on October 14, 2021.

A dynamic supply and demand model is necessary and should factor in drivers and data points such as employer and patient needs, employer vacancies, employer projections, aging of the population, retirement of health care professionals, changes in treatment modalities, trends in health care outcomes, and the capacity of Vermont’s academic institutions that graduate healthcare workers. Census data alone cannot be used to inform supply since it includes those who are licensed in Vermont but may not practice in Vermont.

To understand what barriers academic institutions may be experiencing, they could be queried to determine their current capacity, the presence of a waiting list, faculty vacancies, and retention percentages for their graduates. Although not the exclusive producer of healthcare professionals, it would be helpful to understand what opportunities there are for assisting academic centers to increase their capacity and encouraging graduates to remain in the state. Resources would be required for new data collection, compilation and reporting of this information.

**Recommendation for Action:**

- **Identify a lead state entity as the health care workforce data hub.** The coordinated interagency task team should identify a lead state entity as the health care workforce data hub that focuses on the health care, long-term care, mental health and substance use disorder treatment and dental workforce. This entity should be responsible for aggregating all relevant workforce data, including data from Vermont’s Talent Pipeline. The entity should identify data gaps, such as with unlicensed providers and direct support professionals, collect new data, and issue regular monitoring reports no more than every two years.
- **Employ supply and demand modeling.** The health care workforce data hub should explore and recommend an ongoing process and necessary funds for health care workforce supply and demand modeling for use by health care employers, health care educators, and policy makers. This supply and demand modeling could become an input to the Green Mountain Care Board’s Health Resource Allocation Plan.

Section Summary: Data and Monitoring

| Advisory Group Recommendation                                       | Action Required By             |
|---|--------------------------------|
| <b>Identify lead state entity as health care workforce data hub</b> | Interagency task team          |
| <b>Employ supply and demand modeling</b>                            | Health care workforce data hub |

Financial Incentives for Health Care Workers Living and Working as Permanent Employees in Vermont

Offsetting Educational Costs

The 2020 Rural Health Services Task Force report indicates the rising cost of higher education for health care professionals as a barrier to growing the pool of health care professionals working in Vermont. The report states,

*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.*

*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.*

The Mental Health and Substance Use Disorder workforce includes multiple provider types with degrees that range from a bachelor's level degree up to a doctoral degree. Licensure requirements for mental health professionals include specific mastered degree types, supervised practice, and exams. The national average annual undergraduate tuition, fees, room and board rates have increased 21% from \$20,947 to \$25,281 between 2009 and 2019.<sup>4</sup> Graduate tuition and required fees have risen 33% during this timeframe from \$14,542 in 2009 to \$19,292 in 2019.<sup>5</sup> Licensed professionals are also required to pay fees for up to 60 continuing education credits every two years depending on profession and biannual licensure fees adding to the costs of practicing in these professions.

As indicated in Table I below, the following programs of loan repayment, loan forgiveness and student incentive scholarships are currently available to help offset education costs for health care professionals working in Vermont. These programs include service agreements that require recipients to practice in the State, sometimes in particular health service areas or health centers. 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 making limited funding available to RNs and LPNs.

Also indicated in Table I, not all financial assistance programs have ongoing funding streams and some programs are subject to annual appropriations. The lack of consistent funding for these programs makes it difficult to assess and plan for how funds may be directed to those health care professionals for which there is an emerging workforce need or for those health care professionals who have historically been excluded from eligibility (e.g. naturopathic practitioners).

Recently, the American Rescue Plan Act (ARPA) afforded the National Health Service Corps the ability to increase the number of awards to licensed providers and health profession students by adding \$800 million to the existing program. Given the infusion of this funding, the National Health Service Corps aims to award all eligible applicants. This means that clinicians working at sites with lower Health Professional Service Area scores, which has traditionally been a barrier to accessing these programs in Vermont, are expected to have their applications funded.

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<sup>4</sup> Retrieved from: [https://nces.ed.gov/programs/digest/d20/tables/dt20\\_330.10.asp](https://nces.ed.gov/programs/digest/d20/tables/dt20_330.10.asp) on October 14, 2021.

<sup>5</sup> Retrieved from: [https://nces.ed.gov/programs/digest/d20/tables/dt20\\_330.50.asp](https://nces.ed.gov/programs/digest/d20/tables/dt20_330.50.asp) on October 14, 2021.

Table I: Inventory of Existing Scholarship and Loan Forgiveness Programs

| Incentive Type   | # of Providers Awarded <sup>1</sup> Per Year | Service Obligation per one year of Award. Max years to receive. | Award Size        | Total Funding    | Source                                    |
|--|--|---|-------------------|------------------|---|
| SLRP Educational Loan Repayment for MD, DO, PA, APRN, DDS, DMD at FQHCs  | 20-25  | 1 year in a Vermont HPSA <sup>2</sup> . Max 6 yrs.              | \$20,000-40,000   | \$425,000        | 50% Federal, 50% match <sup>2</sup>       |
| ELR Loan Repayment for MD, DO, PA, APRN, DDS, DMD  | 75-85  | 1 year in Vermont. Max 6 yrs.                                   | \$20,000-40,000   | \$1,034,222      | 50% State/Federal, 50% match <sup>3</sup> |
| ELR Loan Repayment for RN, LPN   | 25   | 1 year in Vermont. Max 4 yrs.                                   | \$6,000-10,000    | \$150,000        | State/Federal, match is rare              |
| Tuition Assistance for Staff of Designated Mental Health Agencies  | TBD  | 1 year in Vermont   | TBD               | \$1,500,000      | State                                     |
| Incentive Scholarship/Loan Forgiveness for Dental students (2nd, 3rd, and 4th year dental students are eligible) | 2-3  | 1 year in Vermont. Max 3 yrs.                                   | \$25,000          | \$50,000         | State                                     |
| Incentive Scholarship/Loan Forgiveness for MD students at UVM (3rd and 4th year medical students are eligible)   | up to 10                                     | 1 year in Vermont outside of Chittenden County. Max 2 yrs.      | \$40,000          | \$1,236,770      | State                                     |
| Scholarships for Nurses  | 150-200                                      | 1 year in Vermont   | \$6,000           | \$1,035,957      | State                                     |
| NHSC Loan Repayment for MD, APRN, LPN, RN, LADC, DDS, LCSW   | 4-80 <sup>5</sup>                            | 2 Years in a Vermont HPSA                                       | \$12,500 - 25,000 | Apr. \$1,750,000 | Federal                                   |

<sup>1</sup>Some awards are declined or ineligible after award offer.

<sup>2</sup>Health Professional Shortage Area: <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas>. VT rarely qualifies for HPSA's however FQHC's automatically are treated as being in a HPSA by HRSA.

<sup>3</sup>Employer Match

<sup>4</sup>Split between State and Employer Match

<sup>5</sup>NHSC is a program for which Vermont is not typically competitive for. In the last typical year (2018) VT received 1 NHSC award. Occasionally HRSA makes significant temporary investments to meet acute national crisis. Beginning in 2019 with investments aimed at the Opioid response and then continuing with Covid-19 response efforts, lower scored (better served) locations have been able to qualify for NHSC awards. In 2019 VT received 16 awards; 14 in 2020, and 43 in 2021.

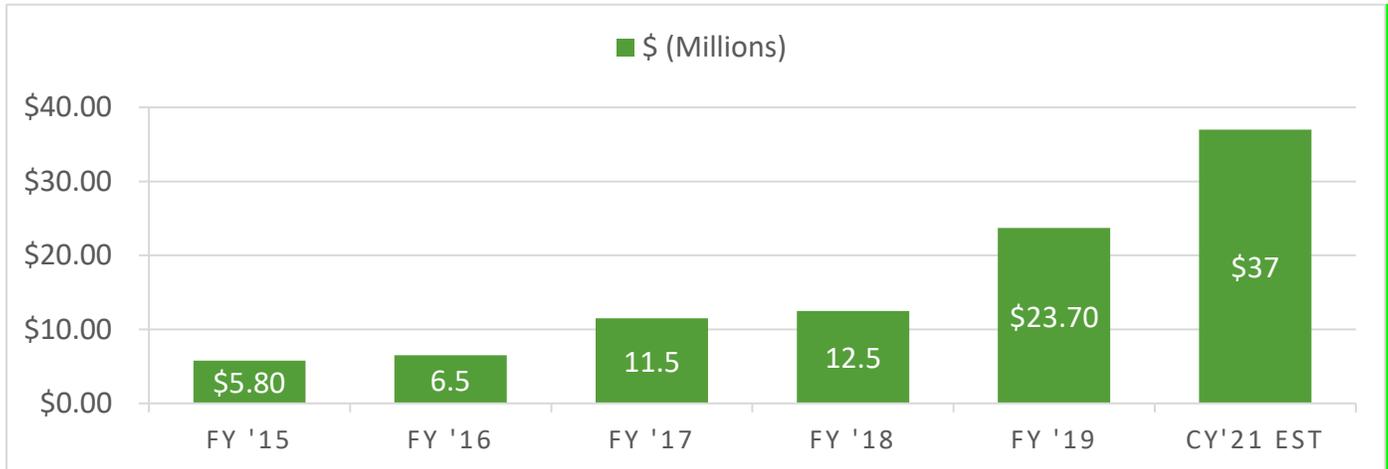
### Promoting Permanent Employment with Vermont Employers

By the end of 2021 Vermont's hospitals<sup>6</sup> are projecting to have spent more than \$75 million dollars on non-employed, temporary, traveling staff hired through staffing agencies. In a communication to the Advisory Group, the Vermont Association of Hospitals and Health Systems reported that "Vermont providers continue to leverage staffing agencies more than ever; from hospital fiscal year 2020 to projected 2021, the use of travelers for hospitals who have reported information has increased 26% from 270 to 341 positions while hospital costs associated with these services has increased 50% from \$50 million to \$75 million."

<sup>6</sup> This includes hospitals regulated by the Green Mountain Care Board Hospital Budget Review Process only. This does not include costs for the Veterans Administration Hospital or the Vermont Psychiatric Care Hospital or Brattleboro Retreat.

Likewise, Skilled Nursing Facilities (SNF) have made growing investments in traveling staff to care for Vermonters. Year-over-year investments in travelers for SNFs are depicted in Chart I below comprised of data from the Department of Vermont Health Access (DVHA) division of rate setting and the Vermont Health Care Association. Staff employed by traveling staffing agencies cost health care employers two to four times the typical rate for permanent employees. In addition, higher salaries and tax-free benefits encourage health care providers to leave permanent positions and travel out of state or even work at neighboring health care organizations. While employers struggle to recruit permanent staff they must rely on traveling staff to ensure Vermonters' access to health care.

Chart I: Growth in Vermont SNF Expenses for Traveling Staff



The trend towards increasing health care provider employment through traveling staff agencies instead of health care employers is exacerbating Vermont's workforce crisis and near-term action is necessary to promote permanent employment in Vermont's health care employers.

While this plan does not delve deeply into strategies specific to the non-licensed allied health, direct support professional, and peer workforce, the advisory group recognizes that this component of the workforce also faces inadequate numbers. This workforce provides a range of non-clinical supports and services (e.g. assistance with Activities of Daily Living and Instrumental Activities of Daily Living and engagement in community activities) to older Vermonters and Vermonters with disabilities, mental health needs, and substance use disorders that promote health, well-being, and community living. Workforce shortages can result in health complications, unnecessary hospitalizations, loss of independence, and family caregiver burnout which can increase healthcare costs, increase demand for licensed providers, and reduce quality of life. According to the Vermont State Plan on Aging, the percentage of older Vermonters is projected to increase 26.9% by 2030.<sup>7</sup> Strategies to expand the non-licensed allied health, direct support professional, and peer workforce are needed now and into the future to support the State's aging population and increasing need for mental health and substance use disorder services.

Consistent with recommendations from the Rural Health Services Task Force, Governor Scott twice proposed a 'Nurse Retention Tax Incentive' for recent graduates of nursing programs in Vermont colleges or universities. During the first year after credentialing an individual would receive a full exemption for all wages earned in Vermont as an RN or LPN; during the second year the nurse would receive a 70 percent exemption, and during

<sup>7</sup> Retrieved from:

<https://asd.vermont.gov/sites/asd/files/documents/Vermont%20State%20Plan%20on%20Aging%20FFY%202019%20-%202022.pdf>  
on October 14, 2021.

the third year the nurse would receive a 50 percent exemption. The Legislature declined to implement the proposal.

## **Recommendations for Action:**

### **Offsetting Educational Costs**

- **Broaden and expand loan repayment.** Based on an evaluation of existing data and potential new sources of data, AHEC should develop a proposal for expanding its service-based loan repayment program to include more health care professionals (e.g. Mental Health and Substance Use Disorder treatment professionals, naturopathic practitioners) and increase current program offerings. Recommendations should include the funding necessary to increase existing loan repayment programs as well as the funding necessary for including additional professional types.
- **Increase scholarship funding created by Act 155 of 2020 and identify permanent funding source.** Act 155 of 2020 created new scholarship programs for nursing and primary care professions contingent on service agreements. The state interagency task team implemented per the recommendation under “Coordination of Health Care Workforce Development Activities in the State of Vermont” should recommend whether and how these scholarship and service opportunities should be expanded to more health care professional types and recommend an ongoing funding source.
- **Evaluate the effectiveness of the existing scholarship program available to Vermonters who attend dental school.** The Vermont Department of Health in collaboration with the Vermont Student Assistance Corporation (VSAC) and AHEC should evaluate and revise the dental scholarship program as needed to align with other pipeline and recruitment strategies.
- **Make financial assistance options for the health care workforce clear, transparent, and easy to find.** Elevate VSAC as the “way finder” for information about health care education financial planning, scholarship and service opportunities for loan repayment and forgiveness. Recent expansion of the National Health Service Corps funding should be promoted by regional training programs and employers to encourage applications. Similarly, recent reforms to the Public Service Loan Forgiveness program should be advertised as an avenue to off-set education costs.

### **Promoting Permanent Health Care Employment and Residency in Vermont**

- **Revisit tax incentive proposals.** The state interagency task team should evaluate tax incentives utilized by other states to recruit young professionals and health care workers to live and work as permanent residents of a state (e.g. Maine Opportunity Tax Credit, Governor’s Nurse Retention Tax Incentive, multi-year tax exemption). The team should also consider tax exemption for preceptor income to encourage more health care professionals in Vermont to participate in educating new professionals. Further, the task team should consider whether tax incentives should be offered to employers who are offering housing or other benefits to permanent full-time employees. The task team should recommend to the Legislature whether an expanded tax incentive model holds potential for recruiting a broader set of health care professionals to live and work as permanent employees in the state.
- **Identify financial barriers to the recruitment and retention of the non-licensed workforce.** The state interagency task team should identify and propose remedies to the most significant barriers to recruiting non-licensed allied health, and direct support professionals to participate in Vermont’s workforce. Consideration should be given to benefits cliffs, housing costs, transportation and competition from other industries.
- **Recommend one-time funds for health care employers to attract permanent employees.** The state interagency task team should identify funds to be made available to a range of health care employer

types to offer incentives such as sign-on bonuses, retention bonuses, relocation assistance and housing support for permanent, employed staff. All benefits should be linked to service agreements/contracts with Vermont healthcare employers.

- **Consider longer-term grant incentive program.** The state interagency task team should evaluate opportunities for a longer-term grant incentive program to entice health care professionals to seek permanent employment and residency in Vermont. Such a program could be modeled after or expand upon the Remote Worker Grant program.

Section Summary: Financial Incentives for Health Care Workers Living and Working as Permanent Employees in Vermont

| <b>Advisory Group Recommendation</b>  | <b>Action Required By</b>                   |
|---|---|
| <b>Offsetting Educational Costs</b>   |   |
| <b>Broaden loan repayment to more professional types.</b>   | AHEC  |
| <b>Increase scholarship funding created by Act 155 of 2020 and identify permanent funding source.</b>                   | State Interagency Task Team                 |
| <b>Evaluate the effectiveness of the existing scholarship program available to Vermonters who attend dental school.</b> | VDH, AHEC, VSAC                             |
| <b>Make financial assistance options for the health care workforce clear, transparent, and easy to find.</b>            | VSAC, regional training programs, employers |
| <b>Advisory Group Recommendation</b>  | <b>Action Required By</b>                   |
| <b>Promoting Permanent Health Care Employment and Residency in Vermont</b>  |   |
| <b>Revisit tax incentive proposals.</b>   | State Interagency Task Team, Legislature    |
| <b>Identify financial barriers to the recruitment and retention of the non-licensed workforce.</b>                      | State Interagency Task Team                 |
| <b>Recommend one-time funds for employers to attract permanent employees.</b>   | State Interagency Task Team                 |
| <b>Consider longer-term grant incentive program.</b>  | State Interagency Task Team                 |

Education and Training

There is a national faculty shortage that constrains the number of health care workers that can be educated to meet licensed workforce needs.<sup>8</sup> Both a lack of physician preceptors and clinical nurse educators create barriers to increasing enrollment.

While Vermont must continue to recruit health care professionals from outside of the state to meet its workforce needs, long-term workforce development planning must include an expansion of educational and training opportunities particularly because practitioners tend to remain in the state in which they complete training.<sup>9</sup> Vermont is the most common location where all practicing physicians in Vermont have completed their training.<sup>10</sup> Yet, the State currently has only one family medicine residency program at the University of Vermont Medical Center with six spots per year. Approximately half of the family medicine residency

<sup>8</sup> Retrieved from: <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce> on October 14, 2021.

<sup>9</sup> Retrieved from: <https://repositories.lib.utexas.edu/handle/2152/3687> on October 14, 2021.

<sup>10</sup> 2019 AAMC State Physician Workforce Data Report. Retrieved from: <https://www.aamc.org/data-reports/workforce/data/2019-state-profiles> on October 14, 2021.

graduates at the University of Vermont Medical Center remain in Vermont.<sup>11</sup> Vermont has just one program for dental hygienists with a limited number of graduates each year.

Challenges to expanding residency programs include the cost of training each resident, caps on the number of federally-funded residency slots and securing adequate in-patient training experiences, especially in areas such as pediatrics and OB/GYN. Another challenge in clinical medical education, including medical student training, is support for clinical preceptors. According to a 2018 report by the Advisory Committee on Interdisciplinary, Community Based Linkages (ACICBL) to the Health Resources and Services Administration (HRSA), the preparation of students in all healthcare disciplines relies heavily on clinical training in which a student works closely with a preceptor, a practicing clinician taking on the additional role of educator.

Vermont clinicians echo the finding of the report, that precepting places significant demands on the clinician, decreasing both personal productivity and the financial performance of the clinic. The current compensation model for primary care clinicians does not include reimbursement for precepting and teaching. ACICBL also reported that three-quarters of medical schools in 2016 expressed concern about the number of clinical training sites and the quality and supply of preceptors, especially in primary care. New methods to attract, prepare, and sustain preceptors are needed.<sup>12</sup>

Further, new graduate clinicians (e.g. RN, APRN) require significant support to transition successfully from student to fully productive clinician, often 6 – 12 months. This onboarding period, often named a “residency,” requires substantial investment by the employer as they must pay the newly graduated clinician alongside an experienced preceptor, offer didactic and experiential learning opportunities specific to the care setting, and commit management resources to oversee the program. Many organizations such as home health providers and long-term care facilities cannot afford the additional expense and are unable to recruit these early career professionals into their settings; or if they do, struggle with retention due to lack of support, the pace of work activities, and the resulting feelings of stress and anxiety. Both scenarios prevent many care settings from successful recruitment and retention of new graduate clinicians.

There are various institutions and programs that directly or indirectly support health care career awareness and exploration in Vermont (see Appendix A). Some of these programs have a broad focus on careers in general whereas others are more specifically focused on healthcare. There is collaboration and coordination among programs, and engagement with the K-12 educational system to target programming, and with the higher education system to develop curricula and provide mentors. However, improvements can be made to support better continuity throughout the health care career pipeline and to maximize the participation in existing programs and opportunities.

The Vermont Department of Labor operates an apprenticeship program with opportunities for health care professionals. The following apprenticeships have been approved in Vermont:

- Dental Assistant
- Dental Lab Assistant
- LNA
- LPN
- Medical Assistant
- Medical Secretary-Patient Registration Representative

<sup>11</sup> Retrieved from: <https://www.uvmhealth.org/gme/residencies/family-medicine/family-medicine-faqs> on October 14, 2021.

<sup>12</sup> ACICBL Report to Congress, Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities, 2018. Retrieved from: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/sixteenth-2018.pdf> on October 14, 2021.

- Pharmacy Technician
- Phlebotomist
- Practice Support Specialist
- Surgical Technologist

### Recommendations for Action:

- **Increase enrollment in nursing programs.** The Office of Professional Regulation should facilitate a working group between the Schools of Nursing and clinical sites/healthcare organizations to establish a preceptor model of clinical training to maximize opportunities for student nurses to obtain required clinical time and minimize the need for nursing programs to recruit additional faculty. The workgroup should consider preceptorships across the care continuum, including home and community-based settings. The workgroup should also evaluate any gaps in compensation between academic faculty and practitioners, identify possible solutions and make any further recommendations necessary including funding. The working group should consider how nurses transitioning to retirement could be incentivized to work as nurse educators. The working group should identify any additional barriers to and recommendations for increasing enrollment in nursing programs.
- **Support transition-to-practice programs for professional roles.** Explore American Rescue Plan Act funding to make start-up investments in transition-to-practice programs. These investments will off-set the cost of hiring new graduate clinicians and support infrastructure (e.g. training materials/technology) and instructors. The State Interagency Task Team should evaluate opportunities for ongoing program funding. Organizations seeking funds for transition-to-practice programs should be required to complete an application and participate in a selection process.
- **Strengthen incentives for preceptors for all professions.** The University of Vermont College of Medicine, in collaboration with primary care physicians, shall identify and implement appropriate incentives for preceptors such as payments for teaching, access to training and career advancement, faculty appointments, or a preceptor income tax exemption (referenced earlier in the report).
- **Explore opportunities to expand family practice residency programs.** The University of Vermont College of Medicine and primary care professional associations, in collaboration with primary care physicians, should convene a work group to explore opportunities to expand and fund family practice residency training and retention opportunities, with an emphasis on increasing the number of family medicine physicians who are trained and remain in Vermont.
- **Modify curriculum to introduce primary care earlier in medical school.** The University of Vermont College of Medicine should modify the curriculum for medical students to put more emphasis on primary care. For example, students should start rotation with primary care early on in their programs and continue into the 2<sup>nd</sup> or 3<sup>rd</sup> year.
- **Establish a Physician Assistant Education Program.** The Vermont State Colleges should study and provide a report to the Legislature on the potential to offer a Physician Assistant Education Program, including an analysis of employer demand for the program. The study should include a timeline to implement and the financial resources necessary to develop, equip, staff and operate such a program, including the timeline to obtain accreditation and set up the first cohort.
- **Modify curriculum to prepare students for work in interdisciplinary teams across the continuum of care.** In addition to preparing students for practice in acute care settings, the Vermont State Colleges and other institutions offering nursing curricula in Vermont should modify curriculum where necessary to prepare students for practice across the continuum of care, including home and community-based settings, long-term care facilities, mental health agencies and public health entities.
- **Develop and identify strategies to streamline advancement through the nursing career ladder and upskill existing staff.** Convene health care providers (e.g. hospitals, long-term care facilities and home health agencies) and higher education programs to develop and identify needs for on-site delivery of

training and education programs to upskill existing staff (e.g. LNAs to LPNs) and to identify ways to streamline advancement through the nursing career ladder.

- **Ensure that health care career education is offered to all students before leaving middle school.** The Agency of Education should recommend a strategy to introduce all students to health care careers prior to leaving middle school.
- **Advertise and recruit for existing apprenticeship opportunities supported by the Department of Labor.** Consider opportunities to leverage foreign education in a health care field as credit towards successful apprenticeship and LPN or LNA.

#### Section Summary: Education and Training

| Advisory Group Recommendation  | Action Required By                                       |
|--|--|
| <b>Increase enrollment in nursing programs.</b>  | OPR, Schools of Nursing, clinical sites/health care orgs |
| <b>Support transition-to-practice programs for professional roles.</b>   | State Interagency Task Team                              |
| <b>Strengthen incentives for preceptors for all professions.</b>   | UVM College of Medicine                                  |
| <b>Explore opportunities to expand family practice residency programs.</b>   | UVM College of Medicine                                  |
| <b>Modify curriculum to introduce primary care earlier in medical school.</b>  | UVM College of Medicine                                  |
| <b>Establish a Physician Assistant Education Program.</b>  | Vermont State Colleges, Legislature                      |
| <b>Modify curriculum to prepare students for work in interdisciplinary teams across the continuum of care.</b>                 | Vermont State Colleges                                   |
| <b>Develop and identify strategies to streamline advancement through the nursing career ladder and upskill existing staff.</b> | Vermont State Colleges                                   |
| <b>Ensure that health care career education is offered to all students before leaving middle school.</b>                       | AOE  |
| <b>Advertise and recruit for existing apprenticeship opportunities supported by the Department of Labor.</b>                   | DOL  |

#### Regulation

According to its website, *The Vermont Board of Medical Practice licenses allopathic physicians, physician assistants and podiatrists, and certifies anesthesiologist assistants and radiologist assistants. Nurses, osteopaths and other health professionals are regulated by the Secretary of State's Office of Professional Regulation.* Licensing requirements can sometimes be an impediment for health care professionals seeking to join the health care workforce. However, Vermont has demonstrated a commitment to retooling its regulatory processes to create clear pathways to clinical practice.

- Effective April 1, 2021, the Office of Professional Regulation (OPR) is using a Uniform Process for Endorsement from other states for professional licensing. This means that all professions regulated by OPR now have an endorsement process that allows someone who has practiced in another state for three years in good standing, regardless of whether that jurisdiction has licensing requirements substantially similar to those of this State.

- Governor Scott and Secretary of State Condos both recommended recognizing education, training or service completed by a member of the U.S. Armed Forces toward the requirements for professional licensure. The OPR created a path to provisional licensing and licensing reciprocity for:
  - Licensed Nursing Assistants (LNAs) who have received designation by the U.S. Armed Forces as a 68W Healthcare Specialist and are certified as a National Registry Emergency Medical Technician.
  - Registered Nurses who have received a designation by the U.S. Armed Forces as a 66H nurse.
- The OPR has filed a rule with the Legislative Committee on Administrative Rules (LCAR) to provide a process for applicants who obtained qualifications for their profession in a country or jurisdiction other than the United States to provide an evaluation and equivalency determination to the Office as part of their application for professional licensure in Vermont.

In addition to the significant work described above to create a clear path for health care professional licensure, this strategic plan recommends the following:

### Recommendations for Action

- **Advertise and promote the Uniform Process for Endorsement as the Fast Track for health care professional licensure for all OPR regulated professions.** The OPR, in collaboration with health care employers and the Agency of Commerce and Community Development (ACCD), “Think Vermont” program, should widely advertise the Fast Track for health care professional licensure. Fast track endorsement allows someone who has practiced in another state for three years to quickly get licensed in Vermont. The applicability of this avenue should be emphasized for Mental Health and Substance Use Disorder treatment professionals as well as other regulated health care professionals.
- **Differentiate Canadian health care workers from international health care workers and create an expedited path to licensure.** OPR should evaluate the avenues in statute and rule for differentiating a path for Canadian health care professionals to obtain licensure in Vermont and propose these changes accordingly. In the interim, the Office’s interim Administrative Rule for Assessing Foreign Credentials creates an accessible process for licensure. OPR should create a resource on its website related to those administrative rules while the permanent statutory and rules are being revised.
- **Consider reducing licensing barriers for telehealth practice, taking into account recommendations of the workgroup created by [Act 21 of 2021](#).** The OPR should compile and evaluate methods for facilitating the practice of health care professionals throughout the United States using telehealth modalities and make recommendations to the Legislature.
- **Evaluate further opportunities to remove barriers to licensure for Mental Health and Substance Use Disorder treatment professionals.** Within the next five years, OPR should undertake a systematic review of the licensing process for MH/SUD treatment professionals and make recommendations to address barriers to licensure.
- **Consider temporarily waiving licensure fees for “first time” Licensed Nursing Assistants (LNA).** The State Interagency Task Team and OPR should quantify the annual revenue from “first-time” LNA licensure and propose an alternative funding source in lieu of licensing fees for this group.

## Section Summary: Regulation

| Advisory Group Recommendation  | Action Required By               |
|--|----------------------------------|
| <b>Advertise and promote the Fast Track for health care professional licensure for all OPR regulated professions.</b>  | OPR, health care employers, ACCD |
| <b>Differentiate Canadian health care workers from international health care workers and create an expedited path to licensure.</b>                                  | OPR                              |
| <b>Consider reducing licensing barriers for telehealth practice, taking into account recommendations of the workgroup created by <a href="#">Act 21 of 2021</a>.</b> | OPR, Legislature                 |
| <b>Evaluate further opportunities to remove barriers to licensure for Mental Health and Substance Use Disorder treatment professionals.</b>                          | OPR                              |
| <b>Consider temporarily waiving licensure fees for “first time” Licensed Nursing Assistants (LNA).</b>   | State Interagency Task Team, OPR |

## Practice

As stated in the 2020 Rural Health Services Task Force Workforce Subcommittee Report, telehealth has the potential to improve patient access to health care services and make progress in addressing Vermont’s workforce shortage. By increasing the efficiency and extending the reach of existing providers located both within and beyond Vermont, telehealth can maximize the ability of clinicians to meet Vermonters’ needs. Several regulatory barriers limit telehealth’s current usage in Vermont. This report reaffirms support for the proposals included in the Rural Health Services Task Force Workforce Subcommittee Report and supports several additional solutions to remove these barriers:

- Maximize Medicare flexibility and reimbursement through Vermont’s All-Payer Accountable Care Organization Model Agreement.** The Agency of Human Services and the Green Mountain Care Board should negotiate for more flexible reimbursement policy to address service, site and geographic restrictions, including reimbursement for audio-only services that are more expansive than mental health care after the end of the federal public health emergency, reimbursement of more services (e.g. telemonitoring) provided in “urban” settings (which includes areas of Chittenden County), and allowing telemedicine services including primary care and mental health services at skilled nursing facilities.
- Develop commercial reimbursement models for audio-only services.** The Department of Financial Regulation should continue to facilitate the development of value-based, prospective, or capitated payment mechanisms for commercial payers for audio-only services for implementation by 2024.
- Expand telehealth coverage.** Expand coverage of remote patient monitoring/telemonitoring services to include diseases and conditions beyond congestive heart failure. The Department of Vermont Health Access (DVHA) should examine emerging technologies and review associated medical literature on the clinical benefit and current best practice to determine if sufficient evidence is available to support the effectiveness of remote patient monitoring for diseases and conditions beyond congestive heart failure.
- Make telehealth billing requirements clear.** The Department of Financial Regulation should ensure clarity around billing requirements for, and commercial payer coverage of, store and forward telemedicine and interprofessional consultations.
- Explore a statewide telepsychiatry program in emergency departments** similar to the North Carolina Statewide Telepsychiatry Program that would help treat and divert psychiatric patients that

seek care in emergency departments.<sup>13</sup> The Department of Mental Health (DMH) in collaboration with the Vermont Association of Hospitals and Health Systems (VAHHS) should study the potential to establish and offer a statewide telepsychiatry program in Vermont emergency departments.

#### Section Summary: Practice

| <b>Advisory Group Recommendation</b>  | <b>Action Required By</b> |
|---|---------------------------|
| <b>Maximize Medicare flexibility and reimbursement through Vermont's All-Payer Accountable Care Organization Model Agreement.</b> | AHS, GMCB                 |
| <b>Develop commercial reimbursement models for audio-only services.</b>   | DFR                       |
| <b>Expand telehealth coverage.</b>  | DVHA                      |
| <b>Make telehealth billing requirements clear.</b>  | DFR                       |
| <b>Establish a statewide telepsychiatry program in emergency departments.</b>   | DMH, VAHHS                |

#### Recruitment and Retention

##### State of Vermont-Based Support for Worker Recruitment and Retention

Vermont must increase the number of clinical placements and preceptors available for health care professionals to be educated in the state with the goal of ultimately increasing the supply of health care professionals in Vermont. However, even if executed on the fastest possible timeline, these approaches will not yield immediate results. As Vermont actively confronts staffing shortages throughout the health care continuum, the state can work in partnership with private providers to draw more workers to Vermont today and retain the workers who are already here.

The State of Vermont has identified numerous innovative approaches to recruit and retain health care workers. Examples include the Department of Labor's apprenticeship program for health care professions and the program to recruit current and former members of the Armed Forces with health care training.

While Vermont leverages many of its best attributes to attract new workers, it must also work simultaneously to address barriers to residency in the state. One such barrier is the availability of housing. Vermont's available housing is mismatched with the demand; there is not enough housing to meet the needs of the workforce. Employees are driving farther and farther from work to find homes they can afford, and the most vulnerable among us are struggling to find or maintain the foundation to well-being – a decent, warm, dry, safe, and secure place to call home. Health care employers struggle to find housing for traveling staff and when housing is not available potential staff will not sign contracts to work in Vermont.

Section 9817 of the American Rescue Plan Act provides Vermont an unprecedented opportunity to enhance, expand and strengthen home and community-based services (HCBS). This funding can support a wide range of uses to enable HCBS, mental health, and substance use disorder providers and Medicaid members who self-direct services delivered by direct support professionals to meet ongoing and pandemic exacerbated workforce challenges. Vermont currently has allocated \$10M for recruitment and retention and \$5M for workforce training from this funding opportunity. AHS intends to develop an implementation strategy that is evidence-based and

<sup>13</sup> Retrieved from: <https://www.ncdhhs.gov/divisions/office-rural-health/office-rural-health-programs/statewide-telepsychiatry-program-on-October-14,2021>.

effective at improving the HCBS, mental health, and substance use workforce and that considers the impact of these investments on the overall system.

#### Employer-Based Recruitment and Retention

There was growing recognition, even before the pandemic, that burnout causes health care professionals to leave the profession. Burnout has been exacerbated by novel COVID-19 and the additional stress it has placed, particularly in areas where system weakness already existed. Health care exposes its workers to unusual types of stress, including moral distress, when individuals feel constrained from providing the best care. In addition to risking their own health, many healthcare workers have been working longer hours and taking on additional duties due to workforce shortages and colleagues in quarantine or ill. Sustained burnout is contributing to staff retention challenges due to healthcare workers retiring early or leaving their professions.

Burnout needs to be addressed to ensure support and wellness for licensed and unlicensed care providers and to retain the healthcare workforce. Professor and Occupational and forensic psychiatrist Neil Greenberg describes the magnitude and influence of burnout on health care systems by explaining, “We must recover our people before we recover our services.” As health care employers confront the challenge of rebuilding the workforce the job satisfaction and wellbeing of frontline workers becomes ever more critical.<sup>14</sup>

Job satisfaction is also influenced by administrative, management, and regulatory requirements that are pervasive in health care. The Green Mountain Care Board conducted a Clinician Landscape Survey of over 400 Vermont clinicians; the results revealed that regardless of the employment setting or area of specialization, “paperwork, billing and administrative/regulatory burden” were among the most frequently cited sources of provider frustration and threat to practice success.<sup>15</sup>

#### Recommendations for Action

- **Inventory and highlight state programs that support recruitment and retention of health care professionals.** The state interagency task team should inventory and promote existing state programs to assist health care employers in recruiting and retaining staff, both temporary and permanent. For example, The Department of Labor (DOL) should clearly advertise its role and availability to assist Vermont organizations that are seeking international staff members through the Foreign Labor Certification programs H1B, H1B1 and E3. In addition, DOL can promote the apprenticeship program and its efforts to recruit current or former Armed Forces members with health care training.
- **Modify or expand programs that support working and living in Vermont.** The state interagency task team should identify strategies to support workforce development and employment in Vermont. Key strategies include increasing available housing and childcare for all professionals and health care workers. For example, the task team should identify and highlight existing opportunities for health care employers, such as the Vermont Rental Housing Investment Program, and recommend to the Legislature how these programs and others can be modified, expanded, or newly implemented for greater impact. Such initiatives could include:
  - Fully funding the existing pipeline of housing projects (Mixed Income Rental Units, Homeownership Units, Manufactured Homes and improved Farm Worker Housing)

<sup>14</sup> Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8206860/> on October 14, 2021

<sup>15</sup>Retrieved from:

[https://gmcboard.vermont.gov/sites/gmcb/files/files/resources/reports/Vermont%20Clinician%20Landscape%20Study%20Report%20October 1 2017 FINAL.pdf](https://gmcboard.vermont.gov/sites/gmcb/files/files/resources/reports/Vermont%20Clinician%20Landscape%20Study%20Report%20October%201%202017%20FINAL.pdf) on October 14, 2021

- Investing in the successful Vermont Housing Investment Program (VHIP) helping private owners, including health care employers, of vacant rental properties bring units back online providing safe, healthy, affordable housing to low- and moderate-income households.
- Investing in a new private Homebuilder Program focused on creating “missing middle” housing for moderate-income homebuyers. Funding and purchase incentives to improve homeownership.
- **Create marketing campaign to promote health care careers in Vermont.** Capitalizing on existing incentives to live and work in Vermont and promoting new incentives, the state interagency task team, with the lead of the Agency of Commerce and Community Development (ACCD), should create a marketing campaign aimed at recruiting health care providers to Vermont as permanent residents working for Vermont health care employers. The marketing campaign should leverage regional health care employment recruitment centers and their existing networks and resources for drawing health care workers to the State. The campaign should highlight:
  - Vermont as one of the most COVID-19 vaccinated states in the nation.
  - New Worker Relocation Program.
  - The Fast Track for health care professional licensure.
- **Promote health care careers to New Vermonters.** The Vermont Refugee Resettlement program should work with health care employers to incorporate education and resources to encourage new Vermonters to work in the health care field. The Refugee Resettlement program should promote the OPR’s interim Administrative Rule for Assessing Foreign Credentials as an avenue to licensure.
- **Develop a cross system strategy to utilize Section 9817 of the American Rescue Plan Act.** Funding is available through the American Rescue Plan Act to strengthen the Medicaid HCBS, mental health, and substance use disorder workforce. The Agency of Human Services should develop and implement an evidence-informed cross system implementation strategy for use of these funds.
- **Promote wellness and peer support programs; leverage American Rescue Plan Act appropriations to the Department of Mental Health.** The Director of Trauma Prevention and Resilience Development in the Agency of Human Services should support efforts to address clinician burnout. Examples of activities to address clinician burnout include:
  - Facilitating Finding Meaning Discussion Groups (<http://rishiprograms.org/finding-meaning-discussion-groups/>)
  - Clinician Wellbeing Cohorts and webinars (<https://www.lumunoswellbeing.org/>)
  - Ensuring mental health crisis lines are available for health care providers ([https://vtmd.org/client\\_media/files/Vermont\\_Phone\\_Lines\\_Available\\_for\\_MH\\_Crisis\\_Support.pdf](https://vtmd.org/client_media/files/Vermont_Phone_Lines_Available_for_MH_Crisis_Support.pdf))
  - Addressing clinician wellbeing through programs such as the Medicus Integra Award (<https://www.forphysicianwellbeing.org/medicus-integra-award>) or Charter on Physician Well-Being (<https://www.ama-assn.org/amaone/charter-physician-well-being>)
- **Reduce Administrative Burden.** The Legislature should review the results of the reports being submitted pursuant to Act 140 of 2020 and take further action to implement recommendations included in those reports. Those reports call for a review of how EHRs can better streamline prior authorization, how the All-Payer ACO Model can align and reduce prior authorizations, analysis of DVHA’s prior authorization waivers, and updates on commercial payers implementing Gold Card Pilot Programs.

Section Summary: Recruitment and Retention

| Advisory Group Recommendation  | Action Required By  |
|--|---|
| <b>State of Vermont-Based Support for Worker Recruitment and Retention</b>   |   |
| <b>Inventory and highlight state programs that support recruitment and retention of health care professionals.</b> | State Interagency Task Team, DOL  |
| <b>Modify or expand programs that support working and living in Vermont.</b>                                       | State Interagency Task Team, ACCD   |
| <b>Create marketing campaign to promote health care careers in Vermont.</b>  | ACCD, State Interagency Task Team, regional health care recruitment centers |
| <b>Promote health care careers to New Vermonters.</b>  | The Office of Refugee Resettlement  |
| <b>Develop a cross system strategy to utilize Section 9817 of the American Rescue Plan Act.</b>                    | AHS   |
| <b>Support Organizational Wellness and Peer Support Programs.</b>  | Director of Trauma Prevention and Resilience Development, DMH, employers    |
| <b>Reduce Administrative Burden.</b>   | Legislature   |

Federal Policy

As stated in the introduction to this report, Vermont joins a nation of states that are seeking more health care professionals across the continuum of care to ensure that its population has access to high quality health care services, inclusive of mental health and substance use disorder treatment and dental care. To this end, Vermont must advocate for federal policy that invests in and supports health care workforce development and that addresses national marketplace factors that limit the availability of employed health care professionals and add mounting cost pressure to an industry that is already growing faster than the economy overall.

**Recommendations for Action in Partnership with Vermont’s Federal Delegation:**

- **Support strategies to minimize the increasing trend towards travel staffing that is resulting in unsustainable cost increases for health care employers.**
  - **Anti-poaching provisions directed at travel staffing agencies.**
  - **Price-gouging prohibitions.**
  - **Reforming federal tax incentives.** Health care organizations find it difficult to compete with travel staffing agencies due to the federal tax benefits under this business model, including:
    - non-taxed housing stipend
    - non-taxed per diems, such as meals and incidentals
    - non-taxed travel reimbursements
- **Support the CONNECT for Health Act of 2021** which makes permanent many federal waivers to enhance telehealth that were extended for the COVID-19 public health emergency.
- **Support the HEAT Act** to eliminate the Medicare telehealth reimbursement penalty to home health agencies.
- **Support the federal Strengthening Knowledge, Improving Learning, and Livelihoods (“SKILLS”) Act** to assist in creation of a pipeline of workers for the long-term care sector.
- **Support the Better Care Better Jobs Act** to increase federal funding for long-term care home and community-based services.
- **Support the bipartisan Healthcare Workforce Resilience Act.** This Act would expedite the visa authorization process for highly-trained nurses who could support hospitals facing staffing shortages and provide protections to U.S.-trained, international physicians who are vitally important to patient care in their communities, but whose visa status puts them at heightened risk should they get sick.

- **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.
- **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 substance use conditions, the Medicare restriction of credentialing only LICSWs and PhD Psychologists limits access to care for Medicare beneficiaries.
- **Support increased funding for Graduate Medical Education/ residency and training slots.**

## Future Considerations

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- The current and future need and demand for dental professionals in Vermont should be reflected in the Vermont State Oral Health Plan and compiled by an informed group of key stakeholders including but not limited to: VDH Office of Oral Health, Vermont State Dental Society, Vermont Dental Hygienist's Association, VT Technical College (future Vermont State University), home of the state's dental hygiene program and future dental therapy program; Center for Technology Essex, a training entity for dental assistants and expanded function dental auxiliaries; VT AHEC, and Bi-State Primary Care Association. The purpose of the Oral Health Plan, to be led by VDH's Office of Oral Health, is to provide a roadmap to reduce the burden of oral disease among Vermonters. The Plan is developed and accomplished through a collaborative process. Key tenants are to align with existing statewide and federal efforts and attending to highest priority areas such as workforce.
- Vermont has seen children in need of psychiatric care waiting for weeks in emergency departments and similar delays in discharge for older Vermonters needing psychiatric care in a long-term care settings. Future workforce discussions should include policy proposals developing workforce in psychiatric care for pediatric patients and mental health care in long term care settings.
- Advance a coordinated approach to promote health care careers in K-12 educational settings. Leverage AHEC, VSAC, Vermont After School, Vermont Career and Technical Education Centers and Vocational Rehab programs to clearly document and develop a plan to actively promote health care careers in K-12 educational settings. Ensure adequate funding for AHEC and other entities conducting middle and high school health careers outreach to develop health career pipelines are inclusive of dental careers including dentist, dental hygienist, dental therapy, and dental assisting.
- Consider simulation for clinical experience for all health care professionals. When health care professionals are not able to access enough hours of clinical training, simulation may be an appropriate substitute. For instance, mental health screenings are frequently an area where students are not able to get an appropriate number of clinical hours. The University of Vermont College of Medicine, Vermont State Colleges, and private educators should determine which areas would best benefit from increased simulation access and recommend and prioritize the appropriate investment for faculty training in providing simulation experiences.

## Appendix A: Health Care Workforce Strategic Plan Advisory Group

| <b>Representation Category</b>                                 | <b>Representative</b>   | <b>Alternate</b>       |
|--|---|------------------------|
| <b>Green Mountain Care Board's Primary Care Advisory Group</b> | Katherine Marvin, MD  |                        |
| <b>Vermont State Colleges</b>                                  | Angie Smith, DNP, RN and Patricia Moulton (replacement due to job change) |                        |
| <b>Area Health Education Center's workforce initiative</b>     | Elizabeth Cote  | Charles D. MacLean, MD |
| <b>Federally qualified health centers</b>                      | Stephanie Pagliuca  | Mary Kate Mohlman, PhD |
| <b>Vermont hospitals</b>                                       | Steve Gordon  | Devon Green, JD, MHCDS |
| <b>Physicians</b>  | Jessa Barnard, JD   |                        |
| <b>Mental health professionals</b>                             | Anne Bilodeau   |                        |
| <b>Dentists</b>  | Patrick Gallivan  |                        |
| <b>Naturopathic physicians</b>                                 | Barron Glasgow  | Joshua Green, ND       |
| <b>Home health agencies</b>                                    | Johanna L. Beliveau, RN   | Jill Olson, MPA        |
| <b>Long-term care facilities</b>                               | Laura Pelosi, JD  |                        |
| <b>Chair (Director of Health Reform or designee)</b>           | Ena Backus, MPP   |                        |

## Appendix B: Licensed Provider Census Data by Provider Type

| Provider Type                       | Census year        | Number active in VT | Full Time Equivalents (FTEs) | 2-year change in individuals | 2-year change in FTEs |
|-------------------------------------|--------------------|---------------------|------------------------------|------------------------------|-----------------------|
| <b>Primary Care</b>                 |                    |                     |                              |                              |                       |
| Physicians (MD and DO)              | <u>2018</u>        | 615                 | 435.9                        | -21                          | -32.7                 |
| Advanced Practice Registered Nurses | <u>2019</u>        | 355                 | 247.5                        | +27                          | +12                   |
| Physician Assistants                | <u>2018</u>        | 111                 | 87.1                         | +5                           | +4.6                  |
| <b>Specialty Care</b>               |                    |                     |                              |                              |                       |
| Physicians (MD and DO)              | <u>2018</u>        | 1386                | 932.1                        | +85                          | +15.5                 |
| Advanced Practice Registered Nurses | <u>2019</u>        | 371                 | 246.4                        | +82                          | +36.6                 |
| Physician Assistants                | <u>2018</u>        | 244                 | 204.7                        | +42                          | +32.8                 |
| <b>Other Nursing</b>                |                    |                     |                              |                              |                       |
| Registered Nurses                   | <u>2021 (AHEC)</u> | 10727               | ---                          | +1225                        | ---                   |
| Licensed Practical Nurses           | <u>2020 (AHEC)</u> | 1296                | ---                          | -28                          | ---                   |
| Licensed Nursing Assistants         | <u>2016</u>        | 3394                | 2608                         | +544                         | +579.3                |
| <b>Dentistry</b>                    |                    |                     |                              |                              |                       |
| Dentists                            | <u>2019</u>        | 389                 | 298.3                        | +8                           | +8.6                  |
| Dental Hygienists                   | <u>2019</u>        | 566                 | 414.1                        | -1                           | -1                    |
| Dental Assistants                   | <u>2015</u>        | 596                 | 493.2                        | ---                          | ---                   |
| <b>Mental Health</b>                |                    |                     |                              |                              |                       |
| Alcohol and Drug Abuse Counselors   | <u>2019</u>        | 424                 | 264.3                        | ---                          | ---                   |
| Clinical Social Workers             | <u>2018</u>        | 864                 | 685.8                        | +70                          | +50.3                 |
| Marriage and Family Therapists      | <u>2016</u>        | 54                  | 32.2                         | +12                          | +5.8                  |
| Mental Health Counselors            | <u>2017</u>        | 618                 | 423.4                        | +178                         | +123.1                |
| Psychoanalysts                      | <u>2016</u>        | 13                  | 8.1                          | -5                           | 0                     |
| Psychologists                       | <u>2018</u>        | 501                 | 378.1                        | +15                          | +22.2                 |
| Psychotherapists                    | <u>2016</u>        | 747                 | 530.5                        | +309                         | +237.1                |
| <b>Other Professions</b>            |                    |                     |                              |                              |                       |
| Acupuncturists                      | <u>2018</u>        | 144                 | 80.3                         | +14                          | +5                    |
| Naturopathic Physicians             | <u>2016</u>        | 69                  | 45.4                         | ---                          | ---                   |
| Occupational Therapists             | <u>2018</u>        | 318                 | 215.0                        | +19                          | +21.5                 |
| Opticians                           | <u>2018</u>        | 104                 | 97.5                         | +9                           | +11.5                 |
| Optometrists                        | <u>2018</u>        | 96                  | 82.4                         | +4                           | +3.6                  |
| Pharmacists                         | <u>2017</u>        | 609                 | 475.7                        | +57                          | +18.6                 |
| Pharmacy Technicians                | <u>2017</u>        | 999                 | 750.6                        | +31                          | +3.8                  |
| Podiatrists                         | <u>2019</u>        | 25                  | 19.1                         | -2                           | -0.3                  |
| Respiratory Therapists              | <u>2018</u>        | 247                 | 207.8                        | ---                          | ---                   |

## Appendix C: Vermont Healthcare Workforce Development Stakeholders and Programs

| Stakeholder   | Focus  | Role   |
|---|--|--|
| <b>Specific Programs</b>  |  |  |
| <b>AHEC<br/>Area Health<br/>Education Centers</b>   | Healthcare careers awareness                                 | -9-12 Career exploration; limited 5-8 capacity<br>-Summer programs<br>-health careers website <a href="https://vthealthcareers.org/">https://vthealthcareers.org/</a><br>-linked with healthcare education and healthcare delivery system<br><a href="http://www.vtahec.org">www.vtahec.org</a>                          |
| <b>VSAC<br/>Vermont Student<br/>Assistance<br/>Corporation</b>  | College bound students                                       | -guidance counseling and financial services statewide<br><a href="https://www.vtac.org/">https://www.vtac.org/</a>   |
| <b>VT After School</b>  | All students   | -wide variety of enriching extracurricular activities, afterschool, summer, and “third space” programs<br><a href="https://vermontafterschool.org/">https://vermontafterschool.org/</a>  |
| <b>Vermont Healthcare &amp; Information Technology Education Center (Vermont HITEC) or Institute for American Apprenticeships (IAA)</b> | Wide range of careers; some focused on healthcare            | -Registered Apprenticeship programs (in collaboration with employers)<br><a href="https://iaahitec.org/">https://iaahitec.org/</a>   |
| <b>Vermont Career and Technical Education centers</b>   | Wide range of careers; some focused on healthcare            | -well established programs in technical education across the state<br><a href="http://www.vtcte.org/">http://www.vtcte.org/</a>  |
| <b>Broad Stakeholders</b>   |  |  |
| <b>Vermont Workforce Development Board</b>  | Broad scope  | -advisory role<br><i>-The Vermont Workforce Development Board advises the Governor and the Commissioner of Labor on the development and implementation of a comprehensive, coordinated, and responsive workforce education and training system.</i><br><a href="https://vwdb.vermont.gov/">https://vwdb.vermont.gov/</a> |
| <b>Higher education system</b>  | Broad scope with specific healthcare degrees and credentials | -UVM and Vermont State Colleges System<br>-private colleges and universities<br>-Community College of Vermont  |
| <b>Department of Education</b>  | Broad scope  |  |
| <b>Department of Labor</b>  | Broad scope  |  |