

**From:** Hoffer, Doug <Doug.Hoffer@vermont.gov>

**Sent:** Friday, January 12, 2024 7:39 AM

**To:** Andrew Hegarty <AHegarty@leg.state.vt.us>

**Cc:** Clare Neal <CNeal@leg.state.vt.us>; Michael Marcotte <MMarcotte@leg.state.vt.us>

**Subject:** RE: Testimony Request - House Commerce 1-12-24

1. How to ensure the state collects the data needed to evaluate these investments?
  - a. Have AHS CO and VDH develop quantifiable performance measures to determine the efficacy of the incentive programs they administer. This should compel AHS to think about what data they need and how to go about collecting it.
  - b. As a condition of receiving an incentive, have the recipients provide basic data for a period of time after their service obligation to facilitate program evaluation. The data should include, at least, employer and physical place of employment.
  
2. How to strengthen needed internal controls?
  - a. Have AHS CO and VDH develop internal controls to ensure recipients are not completing concurrent service obligations (i.e., ensure that a single year of service is not satisfying a service requirement for more than one program at a time).
  - b. Align all State-funded incentive programs by establishing standardized service obligation and reporting requirements.
  
3. How to better coordinate or manage incentives to ensure the benefits are shared for whom and where they are needed?
  - a. Have AHS conduct outreach to nurses who have left Vermont to practice in other states to assess if retention efforts could have impacted their decisions and gather information about why they relocated.
  - b. Additionally, the Legislature could consider having AHS perform a study of the incentives funded by the federal & state governments, along with local hospital programs to identify gaps and areas of overlap.

Some additional areas for context/consideration:

- a. During our research, we found that Massachusetts and New York required longer service obligations for similar investments. Another suggestion for legislative consideration is to increase the service obligation for Vermont's incentive programs.
- b. Some data gathering efforts are underway - Act 183 (2022) appropriated \$750,000 in ARPA funds for AHS to establish and operate a Health Care Workforce Data Center (Sec. 32). The Health Care Workforce Data Center was recently established and is first identifying what data the State is currently collecting. Once data gaps have been identified, they plan to determine methods for gathering the additional data. This project will use a data mart that is managed by VITL.