

Legislative Commission on Primary Care Workforce Issues

**July 25, 2019 2:00-4:00pm at the NH Hospital Association –Conference Room 1, 125
Airport Road, Concord**

Call in information:

(267) 930-4000

Participant Code: 564-395-475

Agenda

- | | |
|-------------|--|
| 2:00 - 2:10 | Welcome and Introductions |
| 2:10 – 2:55 | Community Health Workers in the School Environment – Victoria Adewumi, City of Manchester, Department of Health and Wanda Castillo, Amoskeag Health Center, Manchester |
| 2:55 – 3:15 | Budget, State Loan Repayment Program Update, Federal Student Loan Repayment and Forgiveness |
| 3:25 - 3:55 | Future of the Commission |
| 3:55 - 4:00 | Update |

Next meeting: NO AUGUST MEETING

Thursday September 26, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: July 25, 2019

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Hospital Association (Rm 1)

Meeting Notes

TO: Members of the Commission and Guests

FROM: Danielle Weiss

MEETING DATE: July 25, 2019

Members of the Commission:

Rep. Polly Champion, NH House of Representatives

Laurie Harding – Chair

Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair

Stephanie Pagliuca, Director, Bi-State Primary Care Association

Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association

Donald Kollisch, MD, Dartmouth-Hitchcock Medical Center

Mike Ferrara, Dean, UNH College of Health and Human Services

Tyler Brannen, Dept. of Insurance

Pamela Dinapoli, NH Nurses Association

Diane Castrucci, NH Alcohol & Drug Abuse Counselors Association

Guests:

Danielle Weiss, Health Professions Data Center Manager, Rural Health and Primary Care

Anne Marie Mercuri, QI Nurse – Maternal and Child Health Section, DPHS

Barbara Mahar, New London Hospital

Phil Heywood, Executive Director, Northeast Osteopathic Medical Education Network, UNE

Mike Padmore, Director, NH Medical Society

Jan Thomas, UNH, Health Policy & Practice

Lea Ayers, Community Health Institute/John Snow Inc.

Ann Landry, Exec. Dir., IDN 1

Victoria Adewumi, Manchester DOH

Wanda Castillo, Amoskeag Health Center

Meeting Discussion:

2:00 - 2:10 **Welcome and Introductions** – Laurie Harding – Chair, NH Commission on Primary Care Workforce Issues

2:10 – 2:55 **Community Health Workers in the School Environment** –Victoria Adewumi, City of Manchester,
Department of Health and Wanda Castillo, Amoskeag Health Center, Manchester

Refer to presentation “CHWs in the School Environment.”

2:55 – 3:15

Budget, State Loan Repayment Program Update, Federal Student Loan Repayment and Forgiveness

Refer to spreadsheet “SB308 Update.”

- State budget vetoed, now the state is working on a continued resolution
 - o It was tabled in March but many budget items were put in other bills, which passed, including:
 - Telehealth
 - Criminal background checks
 - Workforce survey requirement
- State Loan Repayment Program (SLRP) budget item
 - o \$3.25m/year and \$6.7m total
 - Includes funding for a SLRP position and Health Professions Data Center position
- How the veto is affecting state offices
 - o Limited funds from the stop gap under a continued resolution
 - For the 90 days, programs can spend 25% of what was on books in September 2018
 - If salaries and benefits don't fit the model, programs must figure out how to fund them
 - o Cannot fund current SLRP contracts
 - Have \$318k (25% of \$960k) for contracts
 - Not enough for 40 providers
 - o 10 providers short
 - SLRP Director (Alisa) must write letter to participants advising that they can leave without penalty or stay on to see if it works out
 - o Retention is negatively affected because those on the wait list are leaving
 - 3 behavioral health providers have removed their names
 - 3 primary care providers have removed their names
- Mental Health Workforce Coalition is convening in August
- Likelihood continued resolution will be resolved before 90 days
 - o Governor is asking the fiscal committee to come up with temporary funding
 - Specifically for developmental disability program, which needs funding to run
 - o If pressure increases, it may happen sooner
 - o Workforce partners have been asked to write op-eds

3:25 - 3:55

Future of the Commission

- Rural Health and Primary Care (Danielle) to design feedback survey to determine future of Commission
 - o Will be emailed to attendees to complete
 - o Once responses are collected, results will be presented in September

3:55 - 4:00

Update

Next meeting: NO AUGUST MEETING

Thursday September 26, 2:00-4:00pm



CHW'S IN THE SCHOOL ENVIRONMENT

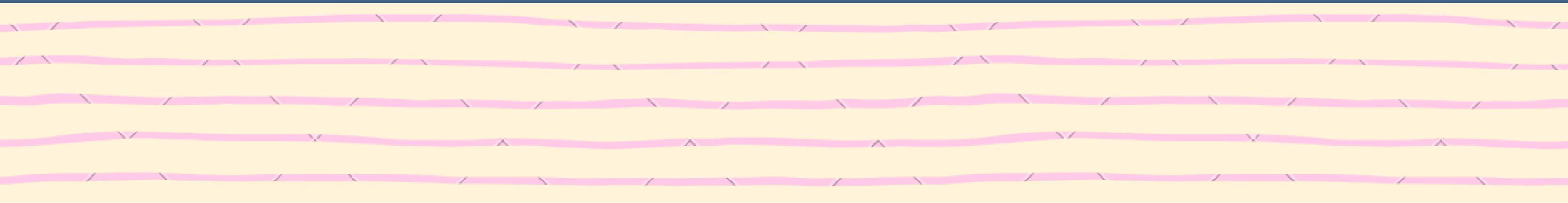
IMPROVING HEALTH ACCESS THROUGH A COMMUNITY SCHOOL MODEL

Victoria Adewumi

CITY OF MANCHESTER, NH
DEPARTMENT OF PUBLIC HEALTH

Wanda Castillo

AMOSKEAG HEALTH
MANCHESTER, NH



INTRODUCTIONS



WANDA CASTILLO

Community Health Worker
Manchester Community Health Center



VICTORIA ADEWUMI

Community Liason
Manchester Public Health Dept.



CONTENT OUTLINE

HERE'S WHAT TO EXPECT:

Introductions

The Manchester Community School
Model

Weaving in Community Health Workers

The Impact of our Work on Community

Q&A

MANCHESTER
VS.
NEW HAMPSHIRE

\$54,000 Median Household Income
3% Unemployment Rate
Total Homeless Population: 919*
80% White Non-Hispanic

\$80,000 Median Household Income
2.6% Unemployment Rate
Total Homeless Population: 1,767
94% White Non-Hispanic

What's Our Strategy?

SCHOOLS AS HUBS FOR THE COMMUNITY

INCREASED SOCIAL CONNECTEDNESS AND SAFETY

PLACE BASED HEALTH INTERVENTIONS



Conventional School Model



Community Schools

WHAT IS A
COMMUNITY
SCHOOL?

GOSSLER PARK ELEMENTARY SCHOOL

86% OF STUDENTS

QUALIFY FOR FREE OR
REDUCED LUNCH

MISSION:
TO PROVIDE
ROBUST

"SCHOOL CULTURE
CHANGE"

OPPORTUNITIES

BEFORE



HI-SET /GED
FAMILY SUCCESS
COORDINATORS
HEALTHY EATING
PROGRAMS
NEW PLAYGROUND

AFTER

MCSP Community Health Workers

Key-Features & Programs



BILINGUAL-BICULTURAL

SERVING 4 COMMUNITY SCHOOL NEIGHBORHOODS

SCHOOL CONNECTVITY

MATERNAL HEALTH & HEALTH EDUCATION

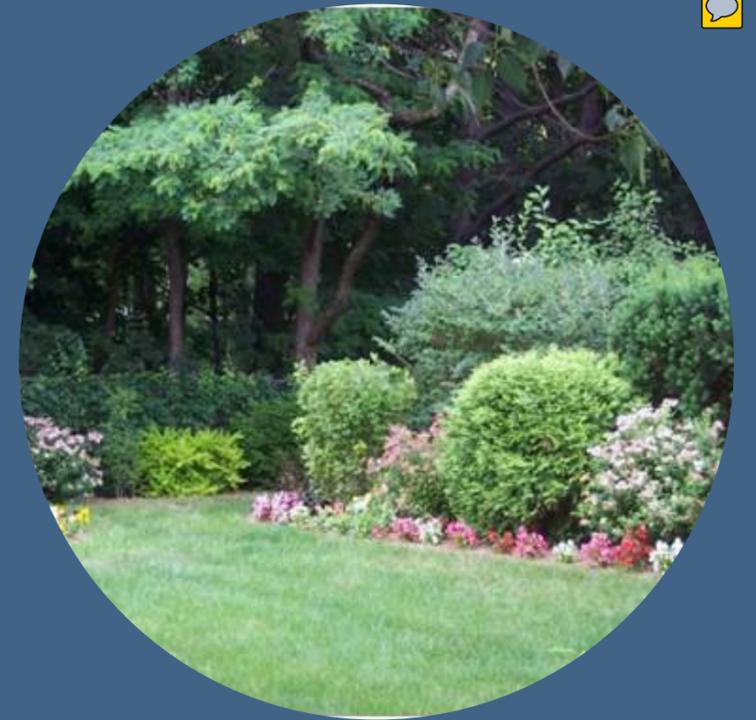
Coordination Across "Home" Environments



SCHOOL



MEDICAL



NEIGHBORHOOD

NAVIGATING THE SCHOOL ENVIRONMENT

How we built it:

- Working with the School District (dynamics in the School Board.)  
- Getting Administration on board (finding your champions.)
- Engaging Families from the beginning.

How we grew it:

- Working with school staff.
- Learning the "rules" of the school/school culture.
- Gentle education to staff about the collaborative relationship between CHW's and School Staff





WORDS OF WISDOM:

"IT IS MY HOPE THAT THE CHANGES WE MAKE TOGETHER TO IMPROVE THE LIVES OF OUR FAMILIES AND NEIGHBORS SETS THE STAGE FOR INNOVATION AND RISK TAKING THAT RESULTS IN THE CREATION OF A JUST AND FAIR SOCIETY."

**Michael A. McAfee, Ed.D., Senior Director,
PolicyLink**

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
|---|---|
| <p>Section 1 Purpose and Findings. The general court finds that:</p> <p>I. New Hampshire’s health care workforce is the foundation of our health care system, but the residents of New Hampshire will go without necessary care if the cracks in the foundation are not repaired. The state has made great strides through significant investments in the health care infrastructure to increase mental health and substance use disorder treatment capacity and promote integrated care delivery. These investments, however, do not address one fundamental workforce challenge: New Hampshire does not have the workforce to meet either the current health care needs of our residents or the state’s goal of truly integrating primary care, behavioral health, substance use disorder treatment, and oral health. New Hampshire’s health care workforce shortage hinders the state’s economic potential, causes a rationing of necessary care, and adds health care costs systemwide.</p> <p>II. The state of New Hampshire shall address the health care workforce shortage through programs designed to incent students to seek health care degrees and remain in New Hampshire upon graduation; remove career-advancement barriers for our dedicated direct care providers; and equip health care organizations with the tools necessary to secure skilled clinicians.</p> <p>III. It is the intent of the general court to recognize the application of telemedicine for 19 clinically appropriate services and settings, including when such services are delivered from a distant site without in-person contact between the individual and provider.</p> | <p>Tabled in SB 308</p> |
| <p>Section 2 Department of Health and Human Services; Medicaid Provider Rate Increases. The commissioner of the department of health and human services shall increase all Medicaid provider rates by 5 percent in the fiscal year ending June 30, 2020 and an additional 7 percent in the fiscal year ending June 30, 2021. The commissioner shall make the necessary adjustments to the medical rate setting data book and direct the actuary and managed care organizations to pass through the increased funding to rates. Nothing in this section shall be construed to alter the traditional method of establishing the county contribution for Medicaid federal medical assistance percentage.</p> | <p>Senate Finance added 3.1% rate increase to the budget.</p> |
| <p>3 Commissioner of Health and Human Services; State Office of Rural Health. Amend RSA 126 A:5, XVIII-a(a) to read as follows: XVIII-a.(a) The state office of rural health (SORH) established in paragraph XVIII [may] shall receive and collect data regarding surveys completed by participating licensees pursuant to RSA 317-A:12-a, RSA 318:5-b, RSA 326-B:9-a, RSA 328-D:10-a, RSA 328-F:11-a, RSA 329:9-f, RSA 329-B:10-a, RSA 330-A:10-a, and RSA 330-C:9-a.</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
|---|---|
| <p>4 Commissioner of Health and Human Services; State Office of Rural Health. Amend RSA 126A:5, XVIII-a(e) to read as follows: (e)On or before [November 1, 2017] December 1, 2019, and annually thereafter, the SORH shall make a written report to the speaker of the house of representatives, the senate president, the governor, the oversight committee on health and human services established under RSA 126-A:13, the chairs of the house and senate executive departments and administration committees, the chairs of the house and senate policy committee having jurisdiction over health and human services, and the commission on primary care workforce issues established by RSA 126-T:1. The report shall include, but not be limited to, aggregate data and information on current and projected primary workforce needs and the participation rate on surveys completed pursuant to this paragraph. This report shall be incorporated into the report required pursuant to RSA 126-A:5, XVIII(c).</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>5 Dentists and Dentistry; Examinations and Licensing. Amend RSA 317-A:12-a to read as follows: 317-A:12-a Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>6 Pharmacists and Pharmacies; Completion of Survey. Amend RSA 318:5-b to read as follows: 318:5-b Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>7 Nurse Practice Act; Completion of Survey. Amend RSA 326-B:9-a to read as follows: 326-B:9-a Completion of Survey; Rulemaking. I.The board [may] shall adopt rules, pursuant to RSA 541-A, for APRNs only requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this paragraph shall not be a condition of licensure.] II.The board [may] shall adopt rules, pursuant to RSA 541-A, for RNs and LPNs only requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the National Council of State Boards of Nursing regarding minimum data sets. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this paragraph shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
|--|---|
| <p>8 Physician Assistant; Completion of Survey. Amend RSA 328-D:10-a to read as follows: 328-D:10-a Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>9 Allied Health Professionals; Completion of Survey. Amend RSA 328-F:11-a to read as follows: 328-F:11-a Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>10 Physicians and Surgeons; Completion of Survey. Amend RSA 329:9-f to read as follows: 329:9-f Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>11 Psychologists; Completion of Survey. Amend RSA 329-B:10-a to read as follows: 329-B:10-a Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>12 Mental Health Practice; Completion of Survey. Amend RSA 330-A:10-a to read as follows: 330-A:10-a Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
|--|---|
| <p>13 Alcohol and Other Drug Use Professionals; Completion of Survey. Amend RSA 330-C:9-a to read as follows: 330-C:9-a Completion of Survey; Rulemaking. The board [may] shall adopt rules, pursuant to RSA 541-A, requiring, as part of the license renewal process, completion by licensees of a survey or opt-out form provided by the office of rural health, department of health and human services, for the purpose of collecting data regarding the New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T. Any rules adopted under this section shall provide the licensee with written notice of his or her opportunity to opt-out from participation in the survey. [Participation in the survey under this section shall not be a condition of licensure.]</p> | <p>Added to HB 127 in the Senate - Awaits Sponsor's concurrence on amendment adding language to HB 127.</p> |
| <p>14 Department of Health and Human Services; Income Eligibility for "In and Out Medical Assistance." The commissioner of the department of health and human services shall amend the income eligibility requirement for "in and out medical assistance" defined in section 625 of the department's medical assistance manual as less than or equal to 133 1/3 percent of the section 1931 income limit.</p> | <p>Tabled in SB 308</p> |
| <p>15 State Police; Criminal Records. Amend RSA 106-B:14, I-b to read as follows: I-b. The director shall develop forms and procedures to allow for the online application and processing of criminal record information. The director shall not require a paper application or notarization on any paper or online form prior to the release of any criminal record information authorized under paragraph I. The division shall process and report the results of an online request for criminal record information within 48 hours of receipt of the online request. I-c. Any person violating the provisions of this section or any rules adopted under RSA 541A, shall be guilty of a misdemeanor for each offense.</p> | <p>In HB 637. HB 637 is on the Senate Floor calendar for May 30.</p> |

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
|---|--|
| <p>16 Medicaid Coverage of Telehealth Services. RSA 167:4-d is repealed and reenacted to read as follows: 167:4-d Medicaid Coverage of Telehealth Services.</p> <p>I. It is the intent of this section to recognize the application of telehealth for covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care by which an individual at an originating site shall receive medical services which are clinically appropriate for delivery through telehealth from a health care provider at a distant site without in-person contact with the provider.</p> <p>II. In this section:</p> <p>(a) "Telehealth services" shall have the same meaning as 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). The use of the term "telemedicine" shall comply with the Centers for Medicare and Medicaid Services requirements governing the aforementioned telehealth services.</p> <p>(b) "Distant site" means the location of the health care provider delivering services through telemedicine at the time the services are provided.</p> <p>(c) "Originating site" means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including, but not limited to, a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient's workplace.</p> <p>(d) "Remote patient monitoring" means the use of electronic technology to remotely monitor a patient's health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time.</p> <p>(e) "Store and forward," as it pertains to telemedicine, and as an exception to 42 C.F.R. section 410.78, means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance.</p> <p>III.(a) Coverage under this section shall include the use of telehealth or telemedicine for Medicaid-covered services provided within the scope of practice of a physician or non-physician practitioner as a method of delivery of medical care:</p> <p>(1) Which is an appropriate application of telehealth services provided by physicians and non-physician practitioners, as determined by the department based on the Centers for Medicare and Medicaid Services regulations, with the exception of also including providers as referenced in Administrative Rules He-M 426.08 and 426.09;</p> <p>(2) By which telemedicine services for primary care, remote patient monitoring and substance use disorder services shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service; and</p> <p>(3) By which an individual shall receive medical services from a physician or non-physician practitioner who is an enrolled</p> | <p>In SB 258. Amended in House HHSEA, awaiting floor vote.</p> |
| <p>17 New Subparagraph; Rulemaking. Amend RSA 167:3-c by inserting after subparagraph XIV the following new subparagraph: XV. Telehealth services under RSA 167:4-d.</p> | <p>In SB 258. Amended in House HHSEA, awaiting floor vote.</p> |

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
|--|---|
| <p>18 New Paragraphs; New Hampshire Telemedicine Act. Amend RSA 415-J:2 by inserting after paragraph II-a the following new paragraphs:</p> <p>II-b. "Remote patient monitoring" means the use of electronic technology to remotely monitor a patient's health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time.</p> <p>II-c. "Store and forward," as it pertains to telemedicine, means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance.</p> | <p>In SB 258. Amended in House HHSEA, awaiting floor vote. Takes effect on January 1, 2020.</p> |
| <p>19 New Hampshire Telemedicine Act; Coverage for Telemedicine Services. Amend RSA 415 J:3, I to read as follows:</p> <p>II If is the intent of the general court to recognize the application of telemedicine for covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care by which an individual at an originating site shall receive medical services which are clinically appropriate for delivery through telemedicine from a health care provider at a distant site without in-person contact with the provider. For the purposes of this chapter, covered services include remote patient monitoring and store and forward.</p> | <p>In SB 258. Amended in House HHSEA, awaiting floor vote. Takes effect on January 1, 2020.</p> |

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
|--|--|
| <p>20 Department of Health and Human Services; Rural Health and Primary Care Section; Positions and Programs Established.</p> <p>I. The department of health and human services, bureau of public health services, rural health and primary care section shall, within 90 days of the effective date of this section, issue a request for proposals to contract with an organization to establish programs designed to improve care and access to care, particularly in rural and underserved areas of this state, and to enhance the health and public health workforce in New Hampshire. Such programs may include engaging under-represented populations in the health care professions in middle school and high school, offering health professions students opportunities to experience learning in rural or medically underserved regions of New Hampshire designed to encourage participants to settle and work in these regions, and enriching the standard health curriculum by providing health professions students training in aspects of health care such as integration of behavioral health and primary care, social determinants of health, cultural competency, interprofessional team-based care, and addressing the challenges associated with substance misuse.</p> <p>II. There is established within the department of health and human services, division of public health services, rural health and primary care section, 2 full-time, unclassified positions. The salary for such positions shall be as set forth in RSA 94:1-a, provided that the salary for such positions shall be determined after assessment and review of the appropriate temporary letter grade allocation in RSA 94:1-a, I(b) for the positions which shall be conducted pursuant to RSA 94:1-d and RSA 14:14-c.</p> <p>III. The department of health and human services, division of public health services, rural health and primary care section shall, within 90 days of the effective date of this section, issue a request for proposals to retain the services of an organization specializing in the recruitment and retention of clinicians in medically underserved areas for the purpose of creating a national outreach campaign designed to recruit qualified clinicians to New Hampshire.</p> <p>IV. The department of health and human services, division of public health services, rural health and primary care section shall contract with organizations located within the state for the purpose of creating and expanding community-based advanced training which shall include, but is not limited to, nurse practitioner fellowship programs, formal mentoring and precepting programs, and training in community-based ambulatory care settings such as community health centers. Each program shall be accredited or eligible for accreditation by a nationally-recognized 30 accreditation agency and officially affiliated with a postsecondary educational institution.</p> | <p>Paragraph I Tabled in SB 308. No amendments offered in Senate Finance as of 5.29.19. Paragraph II added in Senate Finance. Paragraphs III and IV Tabled in SB 308. No amendments offered in Senate Finance as of 5.29.19. Paragraph V. Tabled in SB 308. No amendments offered in Senate Finance as of 5.29.19.</p> |
| <p>21 Governor's Scholarship Program; Health Care Scholarships. The office of strategic initiatives shall conduct a survey of the health care programs of study offered at postsecondary educational institutions or training programs in the state to determine how the funds appropriated in section 23 of this act should be distributed to ensure the development and enhancement of health care programs of study at postsecondary educational institutions and training programs and the financial solvency of the governor's scholarship program.</p> | <p>Exact language tabled in SB 308.</p> |

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| Sections of SB 308 | Status |
|---|--|
| <p>22 Appropriations; Department of Health and Human Services; Rural Health and Primary Care Section.</p> <p>I. Area Health Education Centers. The sum of \$1,500,000 for the fiscal year ending June 30, 2020 and the sum of \$1,500,000 for the fiscal year ending June 30, 2021 are hereby appropriated to the department of health and human services, division of public health services, rural health and primary care section for the purpose set forth in paragraph I of section 20 of this act. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.</p> <p>II. State Loan Repayment Program. The sum of \$3,250,000 for the fiscal year ending June 30, 2020 and the sum of \$3,250,000 for the fiscal year ending June 30, 2021 are hereby appropriated to the department of health and human services, division of public health services, rural health and primary care section to accounting unit 05-95-90-901010-7965, line 103, Contracts for Op Services, and to fund one of the positions established in paragraph II of section 20 of this act. This appropriation shall be nonlapsing. Of this appropriation, the sums of \$750,000 for the fiscal year ending June 30, 2020 and \$750,000 for the fiscal year ending June 30, 2021 shall be expended by clinicians solely to deliver mental health and substance use disorder treatment services in Carroll, Cheshire, and Coos counties. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.</p> <p>III. Primary Care Workforce Program. The sum of \$120,000 for the fiscal year ending June 30, 2020 and the sum of \$120,000 for the fiscal year ending June 30, 2021 are hereby appropriated to the department of health and human services, division of public health services, rural health and primary care section, for the purpose of funding one of the positions established in paragraph II of section 20 of this act. The commissioner of the department of health and human services may use up to \$20,000 of the appropriation in each fiscal year towards the upgrade of an existing position in the rural health and primary care section. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.</p> <p>IV. Workforce Recruitment, Advertising, and Marketing. The sum of \$250,000 for the fiscal year ending June 30, 2020 and the sum of \$250,000 for the fiscal year ending June 30, 2021 are hereby appropriated to the department of health and human services, division of public health services, rural health and primary care section for the purpose described in paragraph III of section 20 of this act. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.</p> <p>V. Advanced Training Program. The sum of \$2,000,000 for the biennium ending June 30, 2021 is hereby appropriated to the department of health and human services, division of public health services, rural health and primary care section for the purposes established in paragraph IV of section 20 of this act. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.</p> | <p>Paragraph I Tabled in SB 308. No amendments offered in Senate Finance as of 5.29.19. Paragraphs II and III added in Senate Finance. Paragraph IV Tabled in SB 308. No amendments offered in Senate Finance as of 5.29.19. Paragraph V. Tabled in SB 308. No amendments offered in Senate Finance as of 5.29.19.</p> |

UPDATE ON SB 308 as of 5/29/19

| Sections of SB 308 | Status |
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| <p>23 Appropriation; Governor's Scholarship Program. The sum of \$5,000,000 for the fiscal year ending June 30, 2020 and the sum of \$5,000,000 for the fiscal year ending June 30, 2021 are hereby appropriated to the governor's scholarship fund established in RSA 4-C:34 for the purpose of granting health care scholarships to students pursuant to the governor's scholarship program established in RSA 4-C:32 and to distribute funds to postsecondary educational institutions as provided in section 21 of this act. From these sums, the office of strategic initiatives shall disburse up to \$1,250,000 in each fiscal year as scholarships through the governor's scholarship program for the educational costs of eligible students majoring in an approved health care course of study at a postsecondary institution. In order to be eligible to receive the governor's scholarship money for an approved health care course of study, a scholarship applicant shall agree to remain employed in this state in a health care-related field for a minimum of 36 months after graduation from the postsecondary educational institution or training program. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.</p> | <p>Exact language tabled in SB 308. Senate Finance is considering different amendment language.</p> |