

Legislative Commission on Primary Care Workforce Issues

January 26, 2017 2:00-4:00pm at the NH Medical Society Conference Room, Concord

Call in information:

866-939-8416

Participant Code: 1075916

Agenda

- 2:00-2:10 **Introductions & Minutes**
- 2:10-3:00 **Governor's Taskforce on Healthcare Workforce and Direct Support** -Susan Huard, Chair and President of Manchester Community College
- 3:00-4:00 **What's Happening At the State House?**
Jim Potter- Executive Director of NH Medical Society & Valerie Acres, Government Affairs
Paula Minnehan- New Hampshire Hospital Association, Vice President
Tyler Brannen- Health Policy Analyst for the Department of Insurance
Laurie- Update on HB 322 (healthcare workforce data collection)

Next meeting: Thursday February 23 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: January 26, 2017

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

Meeting Minutes

TO: Members of the Commission and guests

FROM: Alisa Druzba, Vice Chair

MEETING DATE: January 26, 2017

Members of the Commission and guests present:

Laurie Harding, Chair
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Ally Noble, APRN, Ammonoosuc Community Health Services
Mike Ferrara, Dean, UNH College of Health and Human Services
Cathleen Morrow, MD, Geisel Medical School
Kristina Fjeld-Sparks, Director NH AHEC
Tyler Brannen, Dept. of Insurance
Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association
Jeanne Ryer, NH Citizens Health Initiative

Common Guests

Danielle Weiss, Program Manager, Rural Health and Primary Care Section ,
Paula Minnehan, NH Hospital Association
Catrina Watson, NH Medical Society
Rob Kiefner, MD, NH Academy of Family Physicians
Peter Mason, Geisel School of Medicine
Anne Marie Mercuri, QI Nurse - Maternal and Child Health Section
Bert Dibble, Board of Registration in Medicine
Lisa Bujno, ARNP, Assistant Medical Director, Ammonoosuc Community Health Services
Deborah Scheetz, NH DHHS
Kathy Bizzaro-Thunberg, NH Hospital Association
Leslie Melby, Special Projects Administration for the Office of Medicaid
Guy Defeo, MD, Associate Dean for Clinical Education, UNE
Jim Potter, Executive Director of NH Medical Society
Valerie Acres, Government Affairs

Meeting Discussion:

2:00-2:10 **Introductions & Minutes**

2:10-3:00 **Governor's Taskforce on Healthcare Workforce and Direct Support** - Susan Huard, Chair and President of Manchester Community College

See PowerPoint, "Governor's Commission on Healthcare and Community Support Workforce."

- The year-end report is no longer on the state website since the new Governor came to Office

3:00-4:00 **What's Happening At the State House?** Jim Potter- Executive Director of NH Medical Society & Valerie Acres, Government Affairs, Paula Minnehan, Tyler Brannen, Laurie

- Laurie highlights a few Bills pertinent to workforce – all are assigned to House Executive Depts. and Administration Committee (ED&A)
 - HB322 – Adding Rulemaking Authority to Require Completion of a Certain Survey as Part of the License Renewal Process for Health Care Providers.
 - o Names 9 different health professions to be granted authority
 - HB184 – Relative to an Exemption from Licensure by the Board of Medical Imaging and Radiation Therapy.
 - o To exempt medical imaging professions from licensing
 - HB468 – Relative to Licensure of Mental Health Practitioners from other States.
 - o allows persons licensed as mental health practitioners in other states to practice in this state 60 days after application to the board of mental health practice, pending final approval.
 - HB522 – Establishing a Committee to Review Occupational Licensing to determine which licenses could be made Optional for Practitioners.
 - HB538 – Requiring Temporary Licensure of a Person Holding an Occupational or Professional License Granted in another State or Country.
 - o This bill allows persons holding an occupational or professional license granted in another state or country to be temporarily licensed in this state for a 120-day period awaiting approval or denial of licensure by the relevant board or commission.
 - The IDNs established policy group that will tackle how to efficiently integrate providers from other states
 - o Contact is Linda Paquette
 - Question: Anything about approving credentialing without board certification for payment reimbursement?
 - o Currently no Bill but the integrated delivery networks (IDNs) will reach out to the policy group for legislation
 - Right now we see Bills concerned with current state processes
- Jim and Valerie discuss HB1608 – Relative to Uniform Prior Authorization Forms
 - This bill requires health insurers, health maintenance organizations, health services corporations, medical services corporations, and preferred provider programs to use and accept only the uniform prior authorization forms and criteria developed by the commissioner of insurance
 - The purpose of this act is to provide administrative simplification in the prior authorization process for prescription drugs and to encourage the use of electronic prior authorization technology.
 - Signed into law last June
 - The Bill is modeled on MA legislation
 - The Medical Society is working with state organizations to launch initiatives around uniform authorization implementation
 - The point of the Bill is to strike a compromise – just to scale back what's being done
 - Q – Psychiatric Society was considering putting forward legislation that would not require prior authorization for substance abuse or psychiatric drugs
 - o Bill died – carriers not receptive to issue
 - o There's a high cost associated with prior authorizations
 - 17 FTEs – costing about \$36k for the time
 - Inhibits joy of practice
 - HB606 - Establishing a Scholarship Fund for Health Care Providers who Stay in New Hampshire for 5 Years and Making an Appropriation Therefor.
 - o Fiscal appropriation is \$1
 - HB628 - Relative to a Family and Medical Leave Insurance Program.
 - o Family and medical leave insurance will help New Hampshire attract and retain workers, including younger workers, will enable parents to bond with biological, adopted, or foster children, will help meet the needs of an aging population, will advance the health of New Hampshire's workforce and workplace stability, and will enhance worker retention and productivity. The general court therefore finds that it is in the public interest to establish a system of family and medical leave insurance (FMLI) with benefits to be provided to qualified workers on a limited basis.
 - o Bi-partisan – 4 Republican sponsors

- Paula points out SB139 - Relative to the Licensure of Medical Imaging Professionals.
 - Related to HB184 - Repealing Licensure Requirements for Medical Imaging and Radiation; and Now establishing rules – issue is scope; who falls under it
 - The Medical Society is working with the Board to see if some of the issues can be addressed through the rule making process
 - HB208 - Establishing a Commission to Study Current Mental Health Procedures for Involuntary Commitment.
 - Tyler – Revising network adequacy requirement
 - See draft here: <https://www.nh.gov/insurance/legal/documents/ins2701networkadeq7-7-16forposting.pdf>
 - Part of operational process is carriers are required to submit network practices and products for approval for the next year
 - The Department of Insurance (DOI) tried to model the new rule against existing carrier networks
 - o Insurance companies are just submitting networks that says whether they're in compliance (Y/N) without additional detail
 - Carriers don't understand how spatial software works
 - Example – one carrier submitted documentation that suggested there were 18 cardiologists in Coos County – some were listed as under CMC and some in other states
 - o When Tyler investigated further, he found there was one, not 18
 - There needs to be greater oversight for compliance submissions
 - The new model is going to raise standards for primary care access and behavioral health integration
 - o DOI wants to move to a service-based model
 - To target services provided instead of just listed specialty and ensure there's access at that level
 - The new requirement will be in place Jan. 2018
 - Q - How should network adequacy be measured?
 - o We have claims to refer to in NH
 - o Idea is to improve transparency in networks through this process
 - Tyler's anticipating some delays but with an end result of improved accountability
 - Q - How is the Department defining adequate access?
 - o Travel time for reasonable access
 - o Different definitions for rural and non-rural
 - Decision made at county level
 - o Behavioral health is more difficult because of the overall shortage of providers
- People are concerned about repeal of ACA
 - See DOI's letter to Senator McCarthy outlining what Congress should be concerned with here: <https://www.nh.gov/insurance/legal/documents/011117-nhid-response-to-majority-leader-kevin-mccarthy.pdf>
- Mary suggests that the Commission write a letter to the Commission of Insurance
 - Around committing the remaining JUA funds towards the State Loan Repayment Program
 - The State Loan Repayment Program was named in the Bill to receive part of the JUA funds "...to be administration by the commissioner of DHHS, which shall be kept distinct and separate from all other funds. All moneys in the fund shall be continually appropriated to the commissioner of the DHHS for the purposes of providing grants in aid to health care providers servicing medical underserved populations."
 - HB508 states "If funds remain in the hardship fund at the termination of the receivership, the receiver shall, with court approval, and before discharge of the receiver, transfer any remaining funds to a charitable organization that promotes aid to health care providers servicing medically underserved populations."

Next meeting: Thursday February 23 2:00-4:00pm

Governor's Commission on Healthcare and Community Support Workforce

May – December 2016

Commission Members

- Susan Huard, Manchester Community College
- Kathy Bizzaro-Thunberg, NH Hospital Association
- Lisa DiMartino, Parent of child receiving long term care services
- Jon Eriquezzo, Crotched Mountain Foundation
- Todd Fahey, AARP
- Mike Ferrara, UNH College of Health and Human Services
- Margaret Franckhauser, Central NH VNA and Hospice
- Yvonne Goldsberry, Endowment for Health
- Brenda Howard, Maplewood Nursing Home

Members, cont'd.

- Judith Joy, NH Nurses' Association
- Joelle Martin, Council for Youths with Chronic Conditions
- Stephanie Pagliuca, Bi-State Recruitment Center
- Dennis Powers, Community Crossroads
- Susan Reeves, Colby-Sawyer College, School of Health Professions
- Deborah Scheetz, NH DHHS

Charge:

1. Project healthcare workforce needs
2. Examine + recommend expansion of workforce + training needs
3. Examine barriers to education + employment
4. Examine pay rates/structures of healthcare workers
5. Identify regulatory barriers + recommend improvements
6. Examine NH loan repayment programs

Data Collection

- Need – cannot identify workers in many fields of healthcare
- Consistency – some segments collect data; others do not
- Expansion of data collection
- Uses

Education + Training

- Shortage areas not fully known
- Little financial support/reimbursement/loan repayment programs
- Absence of training for home and community work
- Critical current need for LPNs in long term healthcare
- Need for more primary care residencies
- Little formal training for Direct Support Professionals

Licensure + Certification

- Barriers

- Delays in time to licensure
- Limited reciprocity for out of state workers
- Limitations on processing criminal background checks
- Inability to issue licenses between professional board meetings
- No vehicles for counting community experience toward licensure

Direct Support Professionals

- No database for families or agencies to access for recruitment
- Low wages
- Low reimbursement rates
- Varied formal training for workers

Financial Concerns

- Medicare/Medicaid reimbursement rates
- Lack of state reimbursement programs/low interest loans
- Limited funding of State Loan Repayment Program
- Limitations on Medicaid reimbursement for supportive technology

More to Think about...

- Future workforce needs in an integrated care network
- Use of older workers as paid and volunteer workforce
- Role of housing for workers
- Behavioral healthcare needs