



# The Senate of the State of New Hampshire

107 North Main Street, Concord, N.H. 03301-4951

November 1, 2016

The Honorable Chuck Morse  
President, New Hampshire Senate  
107 North State Street  
Concord, New Hampshire 03301

Dear President Morse:

Pursuant to SB 439, RSA 161-I:8, Chapter 252:1, Laws of 2016, **COMMISSION TO STUDY THE SHORTAGE OF NURSES AND OTHER SKILLED HEALTH CARE WORKERS FOR HOME HEALTH CARE SERVICES AND POST-ACUTE CARE SERVICES**, please find attached final report.

Should you have any questions or comments regarding the report please do not hesitate to contact me.

Respectfully,

A handwritten signature in cursive script, appearing to read "Audrey Gerkin".

Audrey Gerkin, Chair

A handwritten signature in cursive script, appearing to read "Heather Donnell".

Heather Donnell, Vice-Chair/Clerk

CC: House Speaker Shawn Jasper  
Paul Smith, House Clerk  
Tammy Wright, Senate Clerk  
Governor Maggie Hassan  
Committee Members  
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**FINAL REPORT OF THE COMMISSION TO STUDY THE SHORTAGE OF NURSES  
AND OTHER SKILLED HEALTH CARE WORKERS FOR HOME HEALTH CARE  
SERVICES AND POST-ACUTE CARE SERVICES**

**(SB 439, Chapter 252:1 Laws of 2016)  
November 1, 2016**

**Commission Members:**

Senator Jeff Woodburn	Rep. Stephen Schmidt
Rep. James MacKay	Rep. John Fothergill
Nancy VanVranken- NH Pediatric Society	Audrey Gerkin- Parent Advocate
Amy Schwartz- USNH	Tyler Brannen- NH Insurance Dept.
Mike Ferrara- UNH	Heather Donnell- Parent Advocate
Alisa Druzba- DHHS	Brendan Williams- NH Health Care Assoc.
Julie Reynolds- NH Health Agency	Nancy Wells- Department of Education
Janice McDermott- Found. for Healthy Communities	Deb Scheetz- DHHS
Elizabeth Collins- DHHS	Jonathan Routhier- CSNI
Mary Jean Byer- Chair of NHTI Nursing Dept.	Briana White- NH Nurses Association
Gina Balkus- Granite State Home Health Association	Matthew Lagos- NHAC
Sandra Poleatewich- Home Care Association of NH	

# **FINAL REPORT**

## **Introduction**

This is the final report for Senate Bill 439, relative to establishing a commission to study the shortage of nurses and other skilled health care workers for home health care services and post-acute care services. Our first meeting was on September 22, 2016. We met a total of five times as a full commission. There were four parts to the bill. We broke into three sub-committees that included Recruitment and Retention, Workforce Demands, and Education. The final and fourth part to the bill was to find solutions to the shortage of nurses and other skilled health care workers for home health care services and post-acute care services. The recommendations from each sub-committee helped to address the solutions. The findings and recommendations of the three sub-committees are outlined below:

**Recruitment and Retention Sub-Committee**  
**Chaired by Brendan Williams**  
Responsibility number 2: Recruitment and Retention

***Recruitment and Retention Findings***

The Commission has heard from providers – and those needing care – who are experiencing difficulty recruiting, and retaining, caregivers. These challenges have been driven by such factors as strength in the competing service economy, with the state's unemployment rate recently as low as 2.9%; Medicaid reimbursement, which often bears heavily upon caregiver compensation, being limited by state budget decisions over the past several years; procedural challenges in the processing of licensure applications, specifically criminal background checks; and a lack of educational opportunity and incentives for many who might otherwise choose to go into caregiving.

***Recommendation 1:*** Medicaid reimbursement should be sufficient to pay the Medicaid share-of-cost of living wages that will assist in recruiting, and retaining, caregivers in both the facility-based and in-home care long-term care settings.

***Background:*** The Commission recognizes that continuity of care is essential to quality care, and respects the dignity of Medicaid clients who are served in long-term care settings and those who serve their needs. The Commission believes that caregiving should be a viable profession.

***Recommendation 2:*** Steps should be taken to expedite the processing of criminal background checks, including, but not limited to, such ideas as allowing electronic submission by prospective employers; dedicating a Department of Safety position to the processing of health care background checks; and -- to mitigate the effects of delay -- allowing, as do other states, provisional practice by licensed nursing assistants awaiting only background check results to begin work; provided, however, that such provisional practice occur only under the direct supervision of licensed staff.

***Background:*** The Commission respects the necessity of criminal background checks for those serving vulnerable populations, but understands that delay in processing such background checks for a variety of professions can deter those willing, and trained, to enter the caregiving workforce.

***Recommendation 3:*** The state consider ideas such as targeted state funding for higher education sufficient to recruit prospective nursing instructors from clinical placement settings in order to meet unmet educational demand; the state loan repayment program, which does exist already and could be funded to expand to additional practice settings, as an incentive for caregivers to stay in New Hampshire post-graduation; a state loan forgiveness program, which would need to be established and funded, requiring practice in New Hampshire post-graduation; state scholarship program, which would need to be established and funded, for New Hampshire students and state nursing programs working in partnership with agencies on mentoring, and training, those wanting to enter the field of home health care.

*Background:* The Commission understands that educational opportunities are essential to growing New Hampshire's caregiving workforce.

**Workforce Demands Sub-committee**  
**Chaired by Deb Scheetz and Alisa Druzba**  
Responsibility number 3: Workforce Demands

***Workforce Demand Findings***

The SB 439 Commission acknowledges that the State of New Hampshire needs a uniform mechanism to better collect key practice and capacity data from all practicing, licensed healthcare providers supporting individuals through both facility and home and community based settings. Robust, effective data collection will help provide support for local, regional, and statewide resource decisions relative to healthcare workforce policy and investment. Closely related, the Commission recognizes that the State's historical reliance on the voluntary submission of information, to inform predictive analysis and gaps in capacity relative to projected need, has demonstrated to be unreliable and inefficient. The State needs the ability to anticipate healthcare workforce shortages before they hit the crisis level providing timely data to state supported programs and policy discussions affected by health workforce dynamics. A forum, or mechanism, for understanding the changing health system, and how those changes intersect with existing educational options and regulatory systems, is mission critical to the state's evolving needs. In addition, the State should provide support to people who need access to healthcare and home workers by considering how best to improve beneficiary awareness of available, qualified resources. The Commission recommends that the State thoughtfully consider the following three approaches to better track and predict workforce gaps, as well as better connect beneficiaries to resources:

***Recommendation 1:*** Allocate funding to increase the capacity, and expand the scope, of the Health Professions Data Center (HPDC) to include data collection for providers outside of primary care, specifically those that provide home health care and other post-acute services.

***Background:*** New Hampshire must develop a system of data collection to define, quantify, and analyze the workforce shortage. The analysis should include all areas geographically, sites of employment, and other demographic indicators. The Division of Public Health Services, Rural Health and Primary Care Section (RHPC) developed the Health Professions Data Center (HPDC) to collect key practice and capacity data from all practicing, licensed providers in New Hampshire. The HPDC is the first coordinated approach to the collection of NH's primary care workforce data on a consistent basis. It will collect provider data by implementing provider surveys with the respective licensing boards. A Health Professions Data Center helps provide support for local, regional and state resource decisions related to health workforce issues new program start-ups, recruitment/retention programs, etc. It provides the ability to anticipate health workforce shortages before they hit crisis level providing timely data to state supported programs and policy discussions affected by health workforce dynamics. It also creates a forum for understanding the changing health system and how those changes intersect with existing education and regulatory systems.

**Recommendation 2:** Identify specific legislative strategies, in cooperation with NH Primary Care Workforce Issues Commission, and sponsors, to require the collection of the state health care workforce data through state licensing boards.

**Background:** The Division of Public Health Services, Rural Health and Primary Care Section (RHPC) worked with the Board of Medicine (BOM) to implement the survey for physicians and psychiatrists beginning in the 2015 license renewal cycle. The BOM planned to change their rules to include the survey requirement as a condition of license renewal but learned they did not have the statutory authority to do so. During the 2015 survey when we stated it would be required – 2,564 (80.5%) of 3,187 physicians due to renew their license completed the survey. 88.6% of those actively practicing completed it. When the survey was voluntary in 2016 - 235 (7.3%) of 3,235 physicians due to renew their license completed the survey. 4.9% of these physicians reported to be actively practicing.

**Recommendation 3:** Explore establishing a statewide open registry of workers for public use that improves beneficiary awareness of available, qualified home and health care workers. The Department of Health and Human Services should consider the Medicaid administrative match that is available to states to help fund the development and maintenance of the registry. The vetting of such a service should be done in cooperation with providers and take into consideration other states that have built registry services to better connect beneficiaries with home and healthcare workers.

**Background:** Establishing an open registry of workers for public use can help strengthen the identity of the workforce and improve beneficiary awareness of available, qualified home and health care workers. To be most effective, the registry should include individuals who have attained any required educational or training standards, but states can use registries in different ways, including offering it as an option, but not requiring beneficiaries to select home or health care workers from it. Medicaid beneficiaries, and in some instances agencies, could be able to access these registries not only to identify workers but to also add workers, including those who are available for service provision under self-directed service models. Registry(ies) should align with state law and policy with respect to criminal history. Such activities are appropriate to be reimbursed as administrative costs under the Medicaid program. Administrative costs are reimbursed for all states at a 50% FMAP rate. To the extent that the registry is used by non-Medicaid eligible individuals, or non-Medicaid providers, the costs of its establishment and maintenance would need to be allocated between Medicaid and non-Medicaid funding streams.

### **Education Sub-Committee**

**Chaired by Nancy Wells**

**Responsibility number 4: Training and Professional Development**

#### ***Education Findings***

Nursing education in New Hampshire continues to increase enrollment in all programs with the exception of those preparing for Practical Nurse licensure. Efforts have been made to have

students from the Community College system move seamlessly into the baccalaureate programs providing a well prepared qualified nursing workforce. Challenges remain in recruitment of nursing faculty and clinical experience in the areas of home health care and community nursing.

**Recommendation 1:** Develop a nursing workforce providing comprehensive school nursing services, including direct 1:1 nursing services for medically complex children and substitute school nurses.

**Background:** The children and youth of New Hampshire benefit from school health services by the management of chronic diseases during the school day, allowing full participation in school activities and improving attendance and graduation rate. Although the state wide average ratio of school nurse to student is ranked 4<sup>th</sup> in the nation, the coverage is unequal and inequitable in terms of need. The school nurse to student ratio would need development for New Hampshire to reflect student population, chronic health care issues in a given school, and the population of students with complex medical conditions requiring constant nursing care during the school day. This necessitates the development of a rubric to determine requirements for need and qualifications of 1:1 nurses.

We urge the collaboration with home care agencies, staffing agencies, school administrators, and school nursing professional organizations to review and/or propose legislation to address the barriers, salary reimbursement and the parent involvement in choice and work day of 1:1 nurses. We would look to these agencies in developing a school substitute registry to provide for nursing coverage.

We also recommend the collaboration with home care staffing agencies or other entities to develop and propose potential legislation that allows for school nurses to travel seamlessly from student's home to school environment for a consistent care plan and allowing parents to assist in the hiring a nurse for their child.

**Recommendation 2:** Develop a partnership of nursing education, associations of community care (home care, long term care, schools), and economic forecasters.

**Background:** Curriculum for nursing education reflects the basic knowledge, skills, and specialty areas required to succeed at passing the NCLEX licensing examination. Addressing the preparation of nurses for the future requires insight into what is currently imbedded in the nurse preparation and what future needs could be. Discussion of New Hampshire specific needs would support incorporating didactic and clinical instruction in the areas of community care.

**Recommendation 3:** Develop a nursing workforce development program by specifically addressing preparation in the area of community health nursing and opportunities.

**Background:** It is the area of clinical opportunities for nursing students that is challenging. We support the requirement of community clinical experience for all nursing education institutions by identifying appropriate and willing community clinical placement sites, increasing faculty and potential housing for nursing students, and providing financial support to agencies who serve as clinical preceptors for all levels of nursing students.

We urge the New Hampshire state loan repayment program expansion to include nurse educators as an eligible provider. Student to educator ratios require an increase in the need for faculty prepared and knowledgeable in this area. By promoting a loan repayment opportunity, we could increase the number of nursing faculty which in turn provides the support necessary for clinical learning experiences.

The development of residency programs for newly graduated Registered Nurses and Bridge programs for Licensed Nursing Assistants in the community setting can provide seamless transitions to specific workplaces. These would reduce the cost of providing training for a nurse new to the community setting, provide institution specific orientation, and offer an employment opportunity here in New Hampshire. These programs exist for acute care institutions and can serve as a model for community agencies.

**Recommendation 4:** Review the current Licensed Practical Nursing programs and the future need for this level of nursing preparation.

**Background:** Currently the number of institutions preparing this level of nursing personnel has decreased. LPN programs require funding. NHTI- Concord's Community College closed their LPN program due to lack of financial resources, clinical sites and faculty. Under the NHBON Rules and Regulations, NUR 602.12 Curriculum- PN programs need to provide concurrent theoretical and clinical practice instruction to care for individuals, families, groups and communities during various developmental stages across the life span. Under NUR 602.18 Comparable Education- each person seeking licensure as an LPN by comparable education shall provide, prior to sitting for the NCLEX-PN licensing exam, evidence of course completion of: Fundamentals of Nursing, Medical/Surgical Nursing, Mental Health Nursing, Maternal and Child Health, and Pediatric Nursing. The local hospitals do not have clinical placements for LPNs. However there continues to be a need for other community agencies.

The Long Term Care Industry has always used a mix of LPN's and RN's. It is vital that LPN programs remain throughout the state as separate programs in order to best serve the residents of New Hampshire. LPNs can and do become great RNs. Nursing Homes can be the first step in someone's nursing career and LPNs are appreciated and valued in our industry. Lastly, there are economic reasons for using the LPN and RN mix. Medicaid costs tend to be roughly half of actual costs and entry level LPNs fit into the tight budget constraints of the Long Term Care industry.

Consideration should be given to the emerging requirement for nurses to be prepared at the Registered Nurse level. LPN programs have served as a career ladder for LNAs who then pursue their LPN and then move on to their RN. This allows nursing students who must work while following the path towards full RN licensure have a marketable skill and employment opportunity. This creates a bridge and can work to ensure that there are fewer chances for work shortages in the future. LPN to RN pathways do exist within the state and most meet the RN accreditation requirements.

## **Conclusion:**

There is still so much work that needs to be done in order to strengthen the education and workforce demands for nursing and other home health care and post-acute care services in NH. This is an issue that has been evolving and affecting New Hampshire families for many years. Through collaboration we have created a foundation to begin to solve some of the issues. The sub-committees worked diligently in their groups to create recommendations on how to address some of the issues in each category. We hope that the work of the commission members continues past the end date of this commission. This report will be shared with the Governor's Commission on Health Care and Community Support Workforce, which is continuing until December 15, 2016. We would like to thank the legislature for the opportunity to address this challenge and hope that we are able to collectively move forward with all of the recommendations of the subcommittees.

Respectfully submitted by:

Audrey Gerkin: Chair

Heather Donnell: Vice-Chair, Clerk

**Presentations and Parental Statements from Commission Attached**



**Challenges in Home Health Staffing** by Gina Balkus, CEO, Home Care Association of NH, October 6, 2016

**Nursing Data and Process Map of NH Nursing Licensing** by Briana L. White MSN, RN, CPN, NH Nurses Association, October 6, 2016

**Student Loan Repayment Program and Health Professions Data Center** discussion by Alisa Druzba, Department of Health and Human Services, see October 12<sup>th</sup> meeting minutes

**Criminal Background Checks** discussion by Russ Conte, Department of Safety, see October 20<sup>th</sup> meeting minutes

**Nursing Education in NH** by Gene Harkless and Mike Ferrara, University of New Hampshire, October 20, 2016

**Learning to Date-Emergent Support Initiative & Private Duty Nursing Rate Increase** by Deb Scheetz, Director of Integrated Healthcare Reform, Department of Health and Human Services, October 27, 2016

**Understanding Palliative Care** by Janice McDermott, Foundation of Healthy Communities, October 27, 2016