Legislative Commission on the Interdisciplinary Primary Care Workforce

February 22, 2024 2:00-4:00pm – NH Hospital Association, 125 Airport Road, Concord 03301 – Conference Room 1

Zoom and Call in information:

Join Zoom Meeting
https://nh-dhhs.zoom.us/j/87051453763?pwd=K1Zud0wzL2t4R0Rsa0lyckl3SzdJQT09

Meeting ID: 870 5145 3763
Passcode: 838525

Agenda

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

2:10 - 2:40 **Loan Assistance/Repayment/Forgiveness for Clinicians (Proposed Legislation and Available Programs);** Whitney Hammond, MSW, MPH, Bureau Chief, Prevention and Wellness, Division of Public Health Services, DHHS & Kristine Stoddard, Public Policy Director, Bi State Primary Care Association.

2:40 – 3:40 **Annual Report on the Health Care Workforce and Data Collection;** Danielle Hernandez - Administrator, Health Professions Data Center, Rural Health and Primary Care

3:40 - 4:00 **Legislative & Updates**; Group discussion

4:00 **Adjourn**

Next meeting: Thursday March 28, 2024 from 2:00-4:00pm NH Hospital Association, 125 Airport Rd. Concord, NH

State of New Hampshire

COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: February 22, 2024 TIME: 2:00 – 4:00pm

LOCATION: NH Hospital Association, 125 Airport Rd, Concord, NH 03301 – Conference Room 1 & Zoom Conferencing

TO: Members of the Commission and Guests

FROM: Amara Hartshorn

MEETING DATE: February 22, 2024

Members of the Commission:
Mary Bidgood-Wilson – Commission Chair
Kristine Fjeld-Sparks, Director, NH Area Health Education Center– Vice-Chair
Jeanne Ryer, Director, NH Citizens Health Initiative, IHPP, UNH
Pamela DiNapoli, Director, Health Law & Policy, Institute for Health Policy & Practice, UNH
Kim Mohan, Executive Director, NH Nurse Practitioner Association
Laurie Harding, Upper Valley Community Nursing Project - Past Commission Chair
Stephanie Pagliuca, Senior Director, Workforce Development & Recruitment, Bi-State Primary Care Association
Jason Aziz, Director of Health Economics, Dept. Of Insurance
Shawn Jackson, Section Chief, Rural Health and Primary Care Section
Lisa Bujno, Administrator-Chief Quality Officer-Ammonoosuc Community Health Services
Alexander Brown, Ph.D., Associate Program Director & Core Faculty, NH Dartmouth Family Medicine Residency, Concord Hospital Family Health Center
Laurie Harding- Upper Valley Community Nursing Project - Past Commission Chair
Guests:
Danielle Hernandez, Administrator, Health Profession Data Center, Rural Health & Primary Care
Jonathon Santiago, Data Scientist, Health Professions Data Center, Rural Health & Primary Care
Don Kollisch, Associate Professor of Community & Family Medicine, Dartmouth Geisel School of Medicine
Paula Smith, Director, Southern NH Area AHEC
Jan Wainwright, Primary Care Workforce Program Specialist, Rural Health & Primary Care
Guy Defeo, MD, Associate Dean for Clinical Education, UNE
Laura Remmick, Deputy Director, North Country AHEC
Tina Kenyon, Faculty, NH Dartmouth Family Medicine Residency, Concord, NH
Janet Hunt, Workforce Initiatives Facilitator, Bi-State Primary Care
Amara Hartshorn, Program Assistant, Rural Health and Primary Care

Erica Tenney, Clinical Services Program Administrator, DHHS, Maternal & Child Health Services
Christine Keenan, Administrative Director of Graduate Medical Education, PRH
Whitney Hammond, Bureau Chief, Prevention & Wellness, Division of Public Health Services, DHHS
Kristine Stoddard, Bi-State Primary Care Association
Karl Dietrich, Director Cheshire's Family Medicine Residency Program
Benjamin Bradley, VP State Government Relations
Sydra Cooperdock, DO, NH Dartmouth Residency

Meeting Discussion:

2:00 – 2:10 Attendance & Introductions

2:10 – 2:40 Loan Assistance/Repayment/Forgiveness for Clinicians (Proposed Legislation and Available Programs)- Whitney Hammond, MSW, MPH, Bureau Chief, Prevention and Wellness, Division of Public Health Services, DHHS, & Kristine Stoddard, Public Policy Director, Bi State Primary Care Association

Refer to attached presentation: "Loan Forgiveness and Repayment Programs for Healthcare Professionals."

State Loan Repayment Program
National Health Service Corps
Health Resources and Services Administration
Student loans were on a moratorium- now that is has been lifted, we will see an uptake on applications
Behavioral Health is most common type of application
Covid period- fear of commitment for three years during Covid times
Criteria points for waitlist

Bi-State Primary Care Association presents on SB 403
Solving New Hampshire's Health Care Workforce Crisis with Pipeline Investments
SB 403 - relative to the health care workforce

2:40 – 3:40 **Annual Report on the Health Care Workforce and Data Collection**- Danielle Hernandez, Administrator, Health Professions Data Center, Rural Health & Primary Care

Refer to attached presentation: "Annual Report on the Health Care Workforce and Data Collection".

2023 Legislative Report on the New Hampshire Health Care Workforce
Rural Health and Primary Care Reports
Health Professions Data Center
Data Analysist position filled

3:40 – 4:00 **Legislative & Updates-** Group Discussion

HB1609 - grants statutory authority to OPLC for the purpose of sharing crucial information pertaining to workforce-related licensing fields with HPDC

2023 Preceptor Recognition Awards eBook, presented by the NH AHEC Network | PDF to Flipbook (heyzine.com)

4:00 **Adjourn**

Link to the recording of this meeting:
https://youtu.be/VGbP1-Y9ud8

Loan Forgiveness and Repayment Programs for Healthcare Professionals

Whitney Hammond, MSW MPH

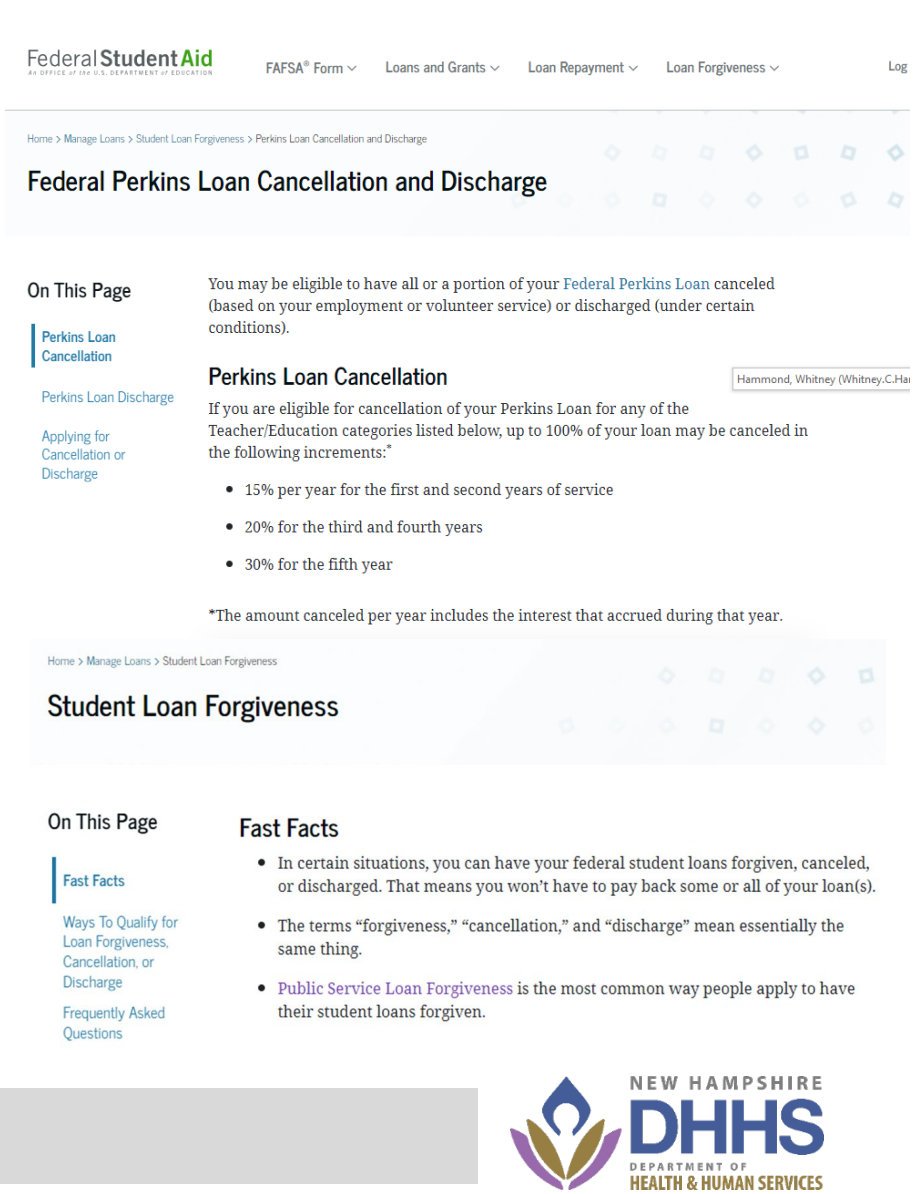
Bureau of Prevention & Wellness

Whitney.Hammond@dhhs.nh.gov

Key Characteristics of Programs

- The disciplines eligible for the program
- The required service commitment for participants
- The types of health care sites where participants may serve
- Service commitment
- When funding is provided
- Funding amount
- Whether funding is taxable

Federal Scholarship and Loan Repayment Programs



NEW HAMPSHIRE DHHS
DEPARTMENT OF HEALTH & HUMAN SERVICES

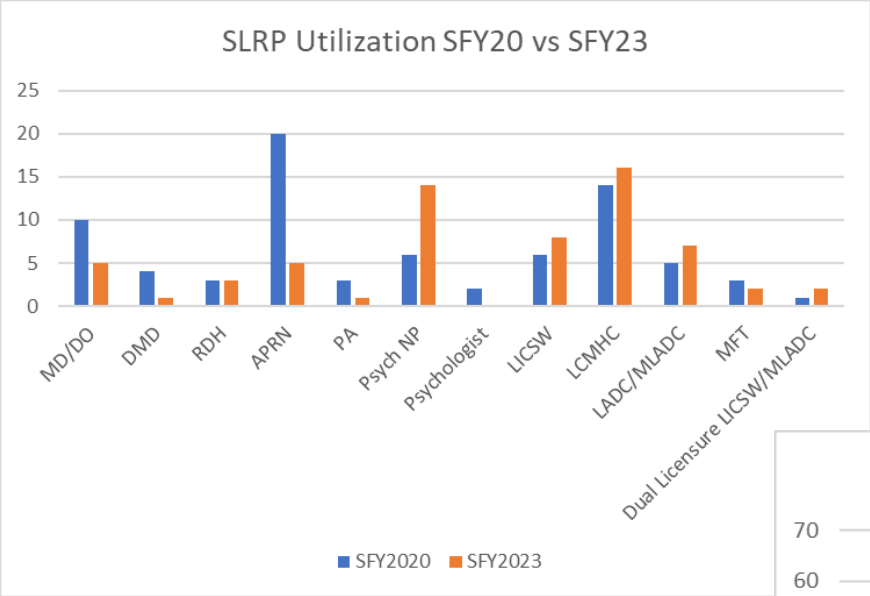
NH SLRP Over the Years

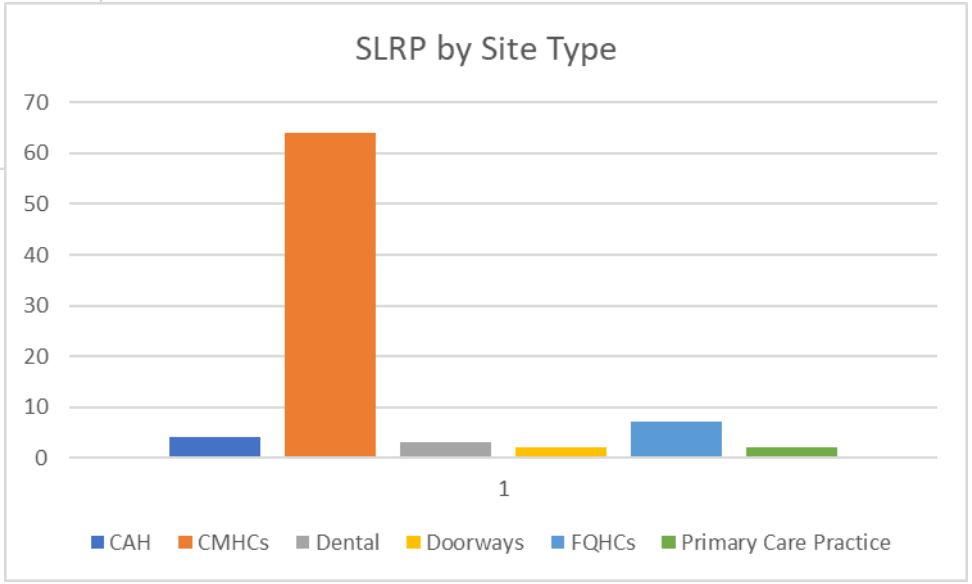
- Est 1994
- NH is not a HRSA Grantee for SLRP
- State General Funds increased from $250k annually to $6.5 million over 2 years through 6/30/2021
- Funding reduced by $4 million during loan suspension
- SLRP Stakeholder Summit 1/2020
- Expanded Eligibility in 2021
  - Primary Care RNs and Hospitalists at CAHs, Behavioral Health, Doorways and several SUD Treatment Centers were added as eligible sites
  - Private Dentists Pilot

NH Student Loan Repayment Program (SLRP)

	1st Year Contract	2nd Year Contract	3rd Year Contract	Cont. Contract 4th Year	Cont. Contract 5th Year	Possible Total Repayments
Tier 1 - MD, DO, DDS, DMD, Psychiatrist General Surgeon & Hospitalist (CAH)	$30K	$25K	$20K	$20K	$20K	$115K
Tier 2 - PA, APRN, (Hospitalists) CNM, CP, PNS, MHC, LICSW, LPC, MFT, MLADC, Behavioral Health under supervision toward licensure	$20K	$15K	$10K	$10K	$10K	$65K
Tier 3 - RDH, LADC, Primary Care RN	$15K	$10K	$5K	$5K	$5K	$40K
Part-Time Tier 1 - MD, DO, DDS, DMD, Psychiatrist	$15K	$12.5K	N/A	$10K	N/A	$37.5K
Part-Time Tier 2 - PA, APRN, CNM, CP, PNS, MHC, LICSW, LPC, MFT, MLADC	$10K	$7.5K	N/A	$5K	N/A	$22.5K
Part-Time Tier 3 - RDH, LADC	$7.5K	$5K	N/A	$2.5K	N/A	$15K

NH SLRP Providers and Sites





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DEPARTMENT OF HEALTH & HUMAN SERVICES

Thank You!

Jan Wainwright – day to day program administration & contracting
Janine.M.Wainwright@dhhs.nh.gov

Shawn Jackson – policy questions
Shawn.E.Jackson@dhhs.nh.gov

Guidelines and Application:
State Loan Repayment Program

Annual Report on the Health Care Workforce and Data Collection

CY2023

Danielle Hernandez, MPH
Administrator
NH Health Professions Data Center (HPDC)
Rural Health and Primary Care
Division of Public Health Services, DHHS

NH Health Professions Data Center
NH DHHS, DIVISION OF PUBLIC HEALTH SERVICES

NH DIVISION OF Public Health Services
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Department of Health & Human Services

Legislative History

- Legislation authorizing SORH to plan and budget for a HPDC (HB1692, 2010)
  - To collect data on the current and anticipated supply of primary care providers
  - Bill also established this commission
- Legislation requiring licensed providers to complete the survey/opt-out form as a condition of license renewal (HB127, 2019)
  - The data collected shall be reviewed, evaluated, and analyzed by the SORH to **provide policy decision makers and the commission** with critical information to develop and plan for NH's primary workforce current and future needs and to identify innovative ways for expanding primary care capacity and resources.
  - Annual report

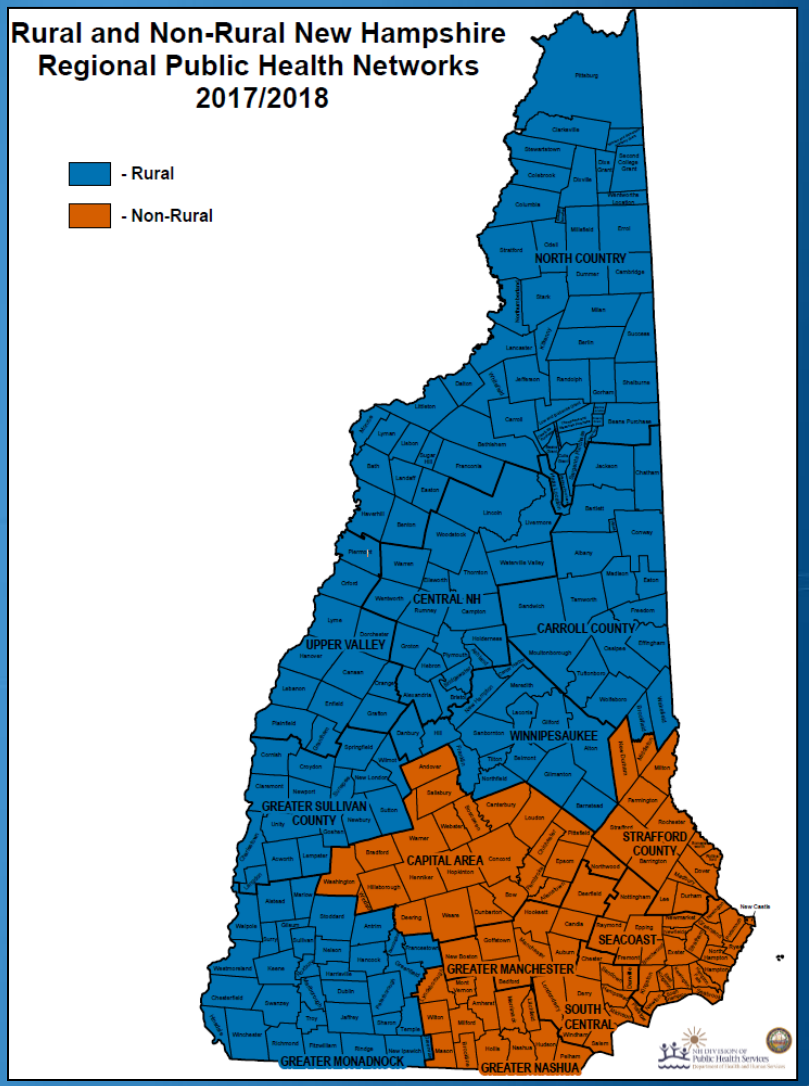
Survey Implementation and Resulting Response Rate

- 2015 – 88% RR
  - Strong requirement language; renewal requirement
- 2016 – 7% RR
  - No requirement language (i.e. voluntary)
- 2017 – 44% RR
  - No requirement language (i.e. voluntary)
- 2018 – 57% RR
  - Weak/Contradictory requirement language
- 2019 – 70% RR
  - Weak/Contradictory requirement language
- 2020 – 95% RR
  - Strong requirement language, enforcement F/U
- 2021 – 91% RR
  - No enforcement F/U

Workforce Data

- In addition to the full report, HPDC releases provider data reports annually, which include the following sections:
  - Response rates
  - Practice status
  - Demographics
  - Recruitment indicators (education/training)
  - Capacity (sites, hours, specialties)
  - Distribution (setting, geographic location)
  - Access (payment assistance, wait times)
  - Anticipated supply (years in practice, NH ties, anticipated practice)
  - Differences in provider/practice characteristics by rurality

- ~37% of the population & 84% of NH's landmass is considered rural
- Population density increases from N to S, ranging from 30 pp mi^2 (N Country) to 676 pp mi^2 (Greater Manchester)
- DPHS uses PHR when reporting on geographic areas of the state
  - Communities with comparable PH issues and priorities to improve health outcomes specific to these regions



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Department of Health & Human Services

Table 1. Data Collection Years for Calendar Year 2023 Report

Provider Type	Data Collection Period
Advanced Practice Registered Nurse (APRN)	SFY 2021
Alcohol & Drug Counselor (MLADC/LADC)	2020 & 2021
*Mental Health Practitioner (LICSW/LCMHC/LMFT/LPP)	SFYs 2021-2022
Physician	2021
Physician Assistant (PA)	2021
Psychologist	2020 & 2021

* Due to the low response rate in SFY 2020, survey data from SFYs 2021-22 was analyzed.

Provider Supply – Licensing List Figures

- No true loss of providers - several license types saw significant gains
- NH COVID-19 State of Emergency EOs
- Limitations of licensing list figures

Table 3. Net Change of Provider Supply, SFY2021

Provider Type	*Year(s)	Eligible to Renew	**Providers Lost	***Providers Gained	Provider Change	Net Change
Advanced Practice Nurse Practitioner (APRN)	SFY2021	1,618	218	595	377	**23.3%**
Alcohol & Drug Counselor (MLADC/LADC)	2020-2021	507	47	79	32	**6.3%**
Mental Health Practitioner (LICSW/LCMHC/LMFT/LPP)	SFY2021	2,344	227	461	234	**10.0%**
Physician	2021	3,698	574	704	130	**3.5%**
Physician Assistant (PA)	2021	553	31	141	110	**19.9%**
Psychologist	SFY2021	616	75	68	-7	**-1.1%**

* MHPs and APRNs were the only provider types with rolling license renewals throughout the listed SFY; all other provider types had set renewal periods (open for 2-3 month) under the respective board.

** Non-renewals/Non-active status license renewals

*** Initial licenses issued

Workforce Statistics, Medical Providers

Table 4.1. Practice Status

% of clinically active providers

	Physicians	APRNs	PAs
Active, Clinical Practice	63.6	76.3	91.3

Includes full-time/part-time practice (including telemedicine-only providers) and practice as a locum tenens at a NH location for one year or longer.

Table 4.2. PCP Practice

% of PCPs

	Physicians	APRNs	PAs
Primary Care Providers	20.2	20.8	16.0

PCP status is determined by principal specialty and corresponding outpatient primary care hours at any listed site (excludes urgent care services)

Table 4.3. Demographics

% of clinically active providers in each demographic group

	Physicians		APRNs		PAs	
	All	PCPs	All	PCPs	All	PCPs
Female	36.8	48.8	87.7	95.1	69.3	81.7
Non-Hispanic White	78.8	81.0	91.1	94.2	89.9	90.1
Median Age	51	54	47	45	38	43

Table 4.4. Distribution

% of total FTE by geography and clinical practice

	Physicians		APRNs		PAs	
	All	PCPs	All	PCPs	All	PCPs
Rural Regions	35.4	6.7	34.2	7.6	28.6	*3.2
Non-Rural Regions	64.6	14.9	65.8	14.1	71.4	12.6

Telemedicine and non-direct patient office setting FTE is excluded from geographic analysis

**PHR-level geography data is suppressed for outpatient primary care practice due to small numbers*

Figure 1. Rural PHRs

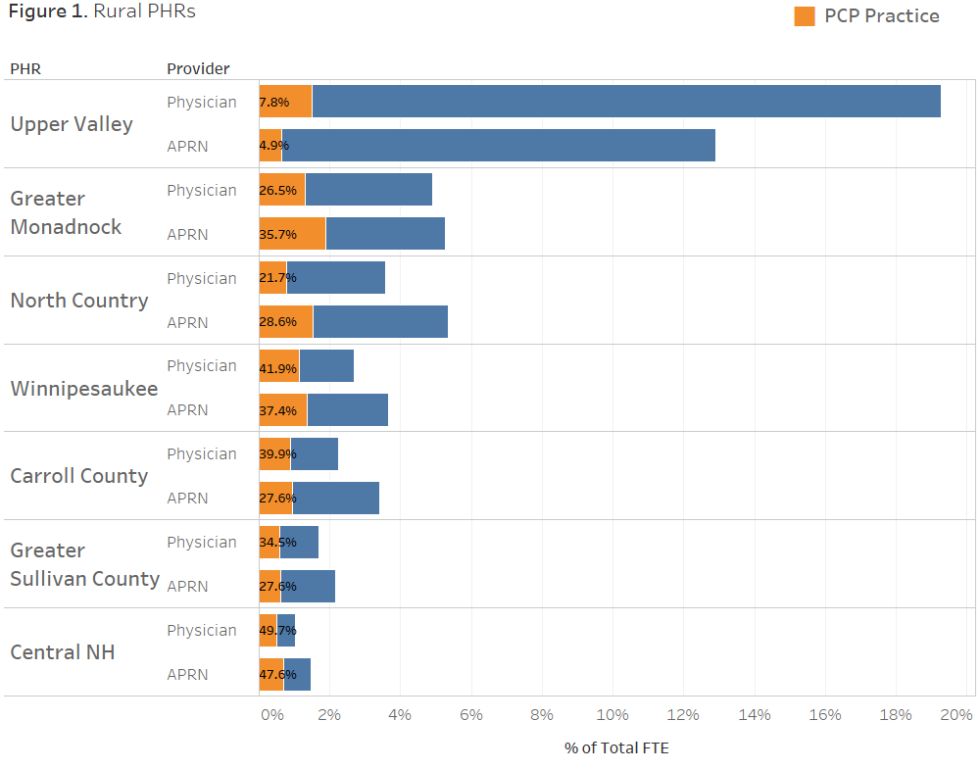


Figure 2. Non-Rural PHRs

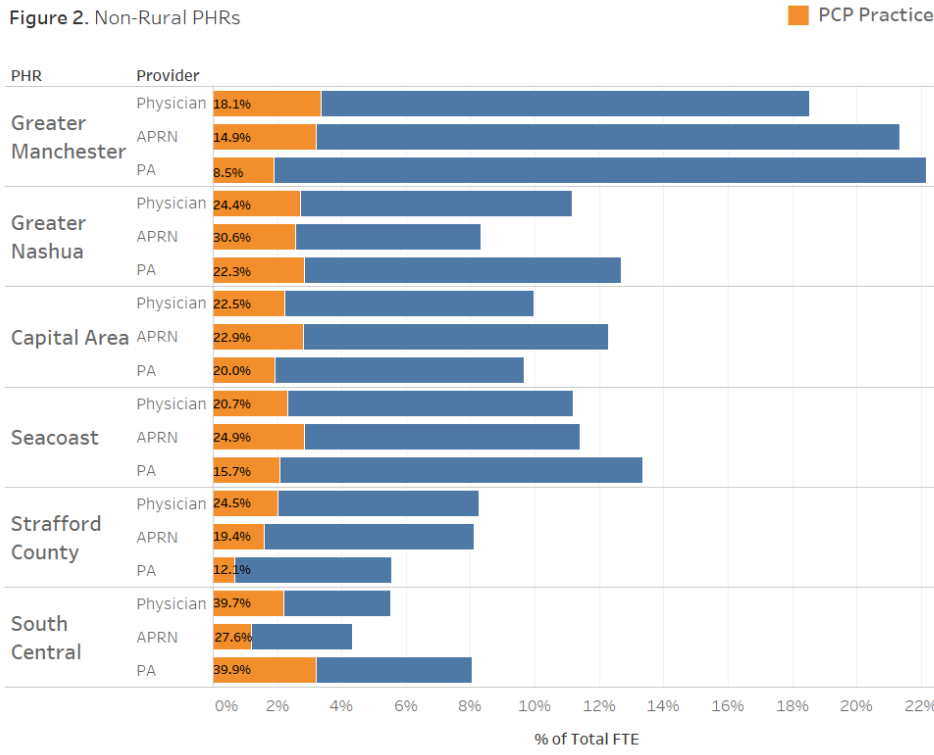


Table 4.5. Anticipated Supply

% of clinically active providers in each indicator group

	Physicians		APRNs		PAs	
	All	PCPs	All	PCPs	All	PCPs
<40 Years Old	15.3	12.1	32.2	34.2	55.1	43.7
60+ Years Old	26.3	30.8	18.4	16.1	7.5	12.7
NH Ties	21.8	25.0	58.3	64.9	61.8	69.0
Less than 5 Years Practicing in NH	23.6	12.6	43.9	34.6	39.9	35.2
*Anticipated Reduction in Practice in 5 Years	29.3	33.2	22.3	19.5	20.8	16.9
- Practice in another state or no intention to practice	14.1	17.3	10.6	8.3	7.8	2.8

** Indicated by an anticipation of reduced hours, practice in another state, or no clinical practice*

Table 4.6. Access

% new patient acceptance and average wait times for outpatient primary care for total sites

	Physicians		APRNs		PAs
	Non-Rural	Rural	Non-Rural	Rural	**All
Accepting New Patients (%)	68.2	77.7	87.2	90.1	82.5
Average Wait for Routine Appointments, Established Patients (days)	8.4	8.5	8.7	6.7	7.3
Average Wait for Routine Appointments, New Patients (days)	18.3	23.4	16.3	15.0	14.9

*** Geography data is suppressed for outpatient PA primary care practice due to the limited size of the provider population.*

* No difference in anticipated practice

Table 5.1. Significant Geographic Disparities, Rural Physicians

More likely to…	*Less likely to…*
Have NH ties prior to receiving initial NH license	Practice a primary care specialty
Have graduated medical school within the last 10 years	Provide outpatient, primary care services
Have graduated from a NH medical school	
Have trained at a residency within NH	

Table 5.2. Significant Geographic Disparities, Rural APRNs

More likely to…	*Less likely to…*
Have graduated nursing school within the last 10 years	Have graduated from a New England nursing school
Have less than 5 years of practice in NH	Have NH ties prior to receiving initial NH licensure
Practice at locations that offer payment assistance	

Table 5.3. Significant Geographic Disparities, Rural PAs

More likely to…	*Less likely to…*
Have graduated PA school within the last 10 years	Be female
Have less than 5 years of practice in NH	Have graduated from a New England PA school
Practice full time (>30 clinical hours/week in NH)	Have NH ties prior to receiving initial NH license

Supply totals
Physician = 8,500
APRN = ~4,700
PA = 1,500

1 PCP for every 1,066 people

Table 6.1. Provider to Population Ratio, Medical Providers, 2021
Total Outpatient Primary Care FTE Providers per 100,000 Resident Population

Provider Type	Year	Statewide Rate	Rural Rate	Non-Rural Rate
Physicians	2021	54.1	56.9	52.9
APRNs	2021	30.5	36.3	28.1
PAs	2021	9.2	6.3	10.4
Combined	2021	93.8	99.5	91.4

Table 6.2. Provider to Population Ratio by Public Health Region, Medical Providers, 2021
Total Outpatient Primary Care FTE Providers per 100,000 Resident Population

Rurality	PHR	Rate per 100,000 population	*Resident Population
Rural	Upper Valley	144.4	46,772
Rural	North Country	127.2	51,539
Rural	Carroll County	111.7	51,500
Non-Rural	Capital Area	108.2	137,172
Rural	Central NH	107.3	31,106
Non-Rural	Seacoast	102.1	149,780
Non-Rural	Greater Manchester	100.1	193,752
Non-Rural	South Central	85.2	147,466
Rural	Winnipesaukee	84.1	80,547
Non-Rural	Strafford County	80.4	132,416
Rural	Greater Monadnock	80.3	101,996
Non-Rural	Greater Nashua	76.5	218,551
Rural	Greater Sullivan County	73.9	46,395

Sorted from highest to lowest PCP FTE

PCP:Provider Methodology

- Inconsistent w/ published statistics, which use the AMA Physician Masterfile, for state-to-state comparison
- Granular data
  - Calculations applied
    - % active clinical NH practice
    - % outpatient PC practice
    - % PC FTE
- Limitations
  - Exclusion of telemedicine-only practice
  - EOs targeting licensing policy

Workforce Statistics, Behavioral Health

- > ¾ of active status licensees are clinically practicing in NH
- Majority female workforce, little racial/ethnic diversity, median age b/t 50 and 56yos

Table 7.1. Practice Status
% of clinically active providers

	MHPs	Psychologists	ADCs
Active, Clinical Practice	82.8	76.3	82.7

Includes full-time/part-time practice (including telemedicine only).

Table 7.2. Demographics
% of clinically active providers in each demographic group

	MHPs	Psychologists	ADCs
Female	82.5	66.6	71.7
Non-Hispanic White	94.6	93.2	93.2
Median Age	50	56	53

Table 7.3. Distribution
% of total FTE by geography and clinical practice

	MHPs		Psychologists		ADCs	
	All	Outpatient	All	Outpatient	All	Outpatient
Rural Regions	24.0	18.8	32.3	22.3	31.1	18.1
Non-Rural Regions	76.0	60.2	67.7	58.3	68.9	44.5

Telehealth-only practice is excluded from geographic analysis.

Figure 3. Rural PHRs

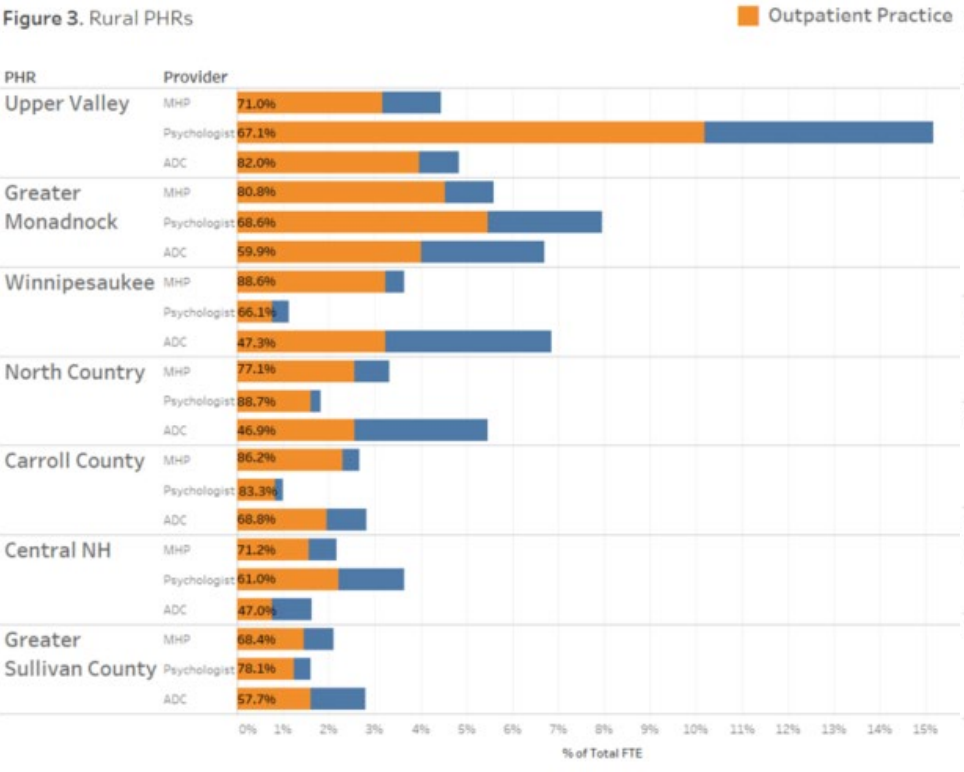


Figure 4. Non-Rural PHRs

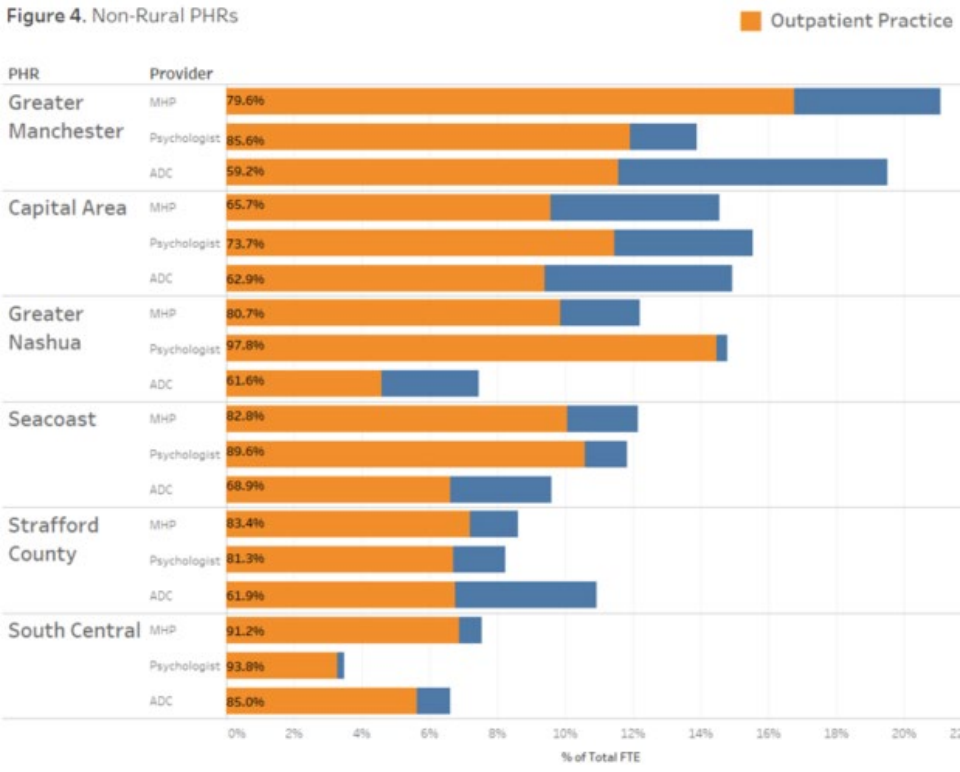


Table 7.4. Anticipated Supply

% of clinically active providers in each indicator group

	MHPs		Psychologists		ADCs	
	All	Outpatient	All	Outpatient	All	Outpatient
<40 Year Old	23.0	21.0	14.2	22.5	21.2	13.9
60+ Years Old	29.8	31.4	42.5	43.1	29.6	29.2
NH Ties	89.5	89.9	67.2	67.2	94.1	94.2
Less than 5 Years Practicing in NH	23.4	22.2	20.5	21.0	43.4	42.0
*Anticipated Reduction in Practice in 5 Years	23.1	23.0	32.5	31.4	13.9	14.2
- Intention to practice in another state or no longer clinically practice	7.4	6.9	9.3	8.1	3.5	3.4

** Indicated by an anticipation of reduced hours, practice in another state, or no clinical practice*

Table 8.1. Significant Geographic Disparities, Rural MHPs

More likely to…	*Less likely to…*
Be older than 51 (median age)	Have NH ties prior to receiving initial NH license
Practice at locations that offer payment assistance	Practice full time (>30 clinical hours/week in NH)
Have wait times 7 days or less for established patients	

Table 8.2. Significant Geographic Disparities, Rural Psychologists

More likely to…	*Less likely to…*
	Be female
	Work in outpatient/office-based settings
	Practice full time (>30 clinical hours/week in NH)

Table 8.3. Significant Geographic Disparities, Rural ADCs

More likely to…	*Less likely to…*
Hold a LADC (not MLADC) license	Practice full time (>30 clinical hours/week in NH)
Be older than 54 (median age)	Have completed their highest level of education prior to licensure in New England or NH

Program Updates

- Termination of the data sharing agreement between HPDC & OPLC
- HB1609 to authorize OPLC to share workforce-related licensing fields
- MOU listing specific data fields & to reinstate compliance activities
- Fields excluded from the public data file
  - Full license status
  - Specialty/Role
  - All practice locations
  - Education/Training
  - Active clinical practice in NH
  - Emails

Data Use

- Supports & strengthens
  - Federal shortage designation
  - R&R initiatives
  - Educational & employment training programs
  - Emergency preparedness
- Data requests continue to increase each year
  - Higher education
  - Provider associations
  - Health policy & practice organizations
  - DHHS public health programs

HPDC Staff

- Administrator, Danielle Hernandez– 1 FTE
- Programmer/Analyst, Jonathan Santiago – 1 FTE
- Program Assistant, Amara Hartshorn– 0.25 FTE

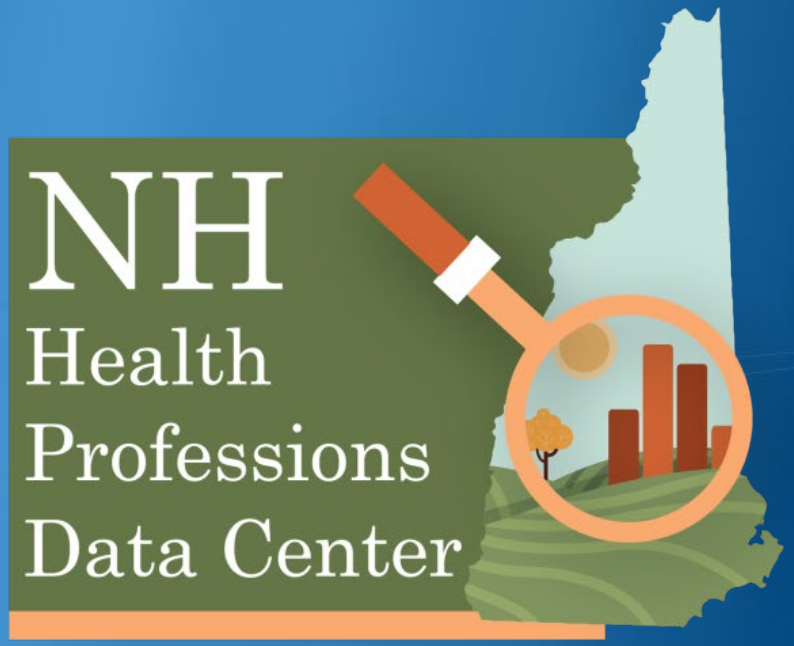
HPDC Resources

Danielle Weiss, MPH
Administrator
NH Health Professions Data Center
Rural Health and Primary Care

Danielle.H.Hernandez@dhhs.nh.gov
603-271-4547

HPDC Website:
https://www.dhhs.nh.gov/programs-services/health-care/rural-health-primary-care/health-professions-data-center

Statute:
RSA 126-A:5, XVIII-a



NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health & Human Services

Mary Bidgood-Wilson
Chair

NEW HAMPSHIRE COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

Concord, NH 03301

https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/legislative-commission-interdisciplinary-primary-care-workforce

February 15, 2024

Chairman Wayne MacDonald
Health, Human Services and Elderly Affairs Committee
Legislative Office Building Room 205-207
33 N. State Street
Concord, NH 03301

Re: **HB 1609** relative to the commission on the primary care workforce and the state office of rural health

Dear Chairman MacDonald and members of the Health, Human Services and Elderly Affairs Committee:

My name is Mary Bidgood-Wilson and I have been a Family Nurse Practitioner and a Certified Nurse Midwife providing primary care in the Lakes Region for the last 40 years. I am also the chair of the Legislative Commission on the Interdisciplinary Primary Care Workforce.

The New Hampshire Legislative Commission on the Interdisciplinary Primary Care Workforce, established in 2010 under RSA 126-T, is comprised of leaders from organizations representing a broad array of professionals and organizations with a focus on primary care workforce in New Hampshire. For the past 14+ years, this robust group has identified pressing workforce issues and strengthened the interdisciplinary workforce by creating opportunities to increase communication, collaboration, and advocacy among leading primary care workforce stakeholder groups in New Hampshire.

Members of this commission include: a member of the House of Representatives (Representative Dr. James Murphy) academic institutions (University of New Hampshire, and Geisel School of Medicine at Dartmouth), medical and dental societies; associations (NH Nurse Practitioner's Association, NH Physician Assistant Association, NH Nurse Association, Bi-State Primary Care Association, NH Alcohol and Drug Abuse Councilors Association), Mental Health Coalition; State of New Hampshire departments (Department of Insurance, and Office of Rural Health and Primary Care/Health and Human Services); Area Health Education Centers; NH Citizen's Health Initiative, direct service providers (practitioner, administrator, and pharmacist) and members at large. In addition to the formal members of the commission, a number of stakeholders attend the meetings as agenda topics are of interest and relevant to the current workforce challenges facing a wide array of industries in the Granite State.

NEW HAMPSHIRE COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

Concord, NH 03301

Mary Bidgood-Wilson
Chair

https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/legislative-commission-interdisciplinary-primary-care-workforce

Furthermore, the commission reports data related to the availability, accessibility, and effectiveness of primary care in New Hampshire, with special attention to data from rural and underserved areas of the state. The State Loan Repayment Program (SLRP) and Health Professions Data Center (HPDC) reports are important tools for this Commission to continue to highlight the needs of the current and future workforce. **The data, collected by the State Office of Rural Health (SORH), is intended to provide this commission with critical information to develop and plan for New Hampshire's primary workforce,** with a focus on identify innovative ways for expanding primary care capacity and resources. Workforce licensing fields collected and maintained by NH Office of Professional Licensure and Certification is fundamental component of this effort. This data supplements survey data and enables the State office of Rural Health to provide comprehensive workforce reports on the primary care landscape in NH.

HPDC is the only entity in the state that can provide the level of granularity necessary for accurate medical, behavioral health, and dental workforce estimates. In addition to informing the work of and recommendations by commission, the HPDC fulfills data requests for a number of commission stakeholder groups, including higher education institutions, provider associations, and health policy and practice organizations. As a result of the work of the Commission and the Health Professions Data Center, recent successes include:

- The establishment of three new family medicine residencies in NH: Portsmouth Regional Hospital's family medicine and internal medicine residencies (2020), and psychiatric residency (2021), Cheshire Medical Center's family medicine residency in Keene (slated for 2024), and Coos County Family Health Services' Teaching Health Center Residency Program in Berlin (slated for 2025),
- Increase participating in NP fellowship in southern New Hampshire, and
- Successful award of federal grants to organizations noted, including the renewal of the NH AHEC grant.

I support HB 1609 for reasons outlined above as it will both extend the important work of the Legislative Commission for the Interdisciplinary Primary Care Workforce until 2029 and authorizes the NH Office of Professional Licensure and Certification to provide the data for NH State Office of Rural Health's Health Professions Data Center to create and disseminate workforce data.

Mary Bidgood-Wilson, FNP, CNM
Chair, Legislative Commission on the Interdiciplinary Primary Care Workforce

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

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Testimony for HB1609, relative to relative to the commission on the primary care workforce and the state office of rural health.
House Health and Human Services Committee
Thursday, February 15, 2024

Representative MacDonald and Members of the Committee:

The New Hampshire Department of Health and Human Services ("the Department") is providing information in support of ***HB1609, relative to the commission on the primary care workforce and the state office of rural health.*** HB1609 supports the reinstatement of data sharing to support the State Office of Rural Health's (SORH) statutory duty to evaluate and report on the current and anticipated primary care landscape in New Hampshire. The Office of Professional Licensure and Certification (OPLC) collects and maintains a number of licensing list fields fundamental to provider surveying, federal shortage designation, and workforce assessment. Without access to these fields, SORH's Health Professions Data Center (HPDC) is unable to provide critical workforce statistics on provider supply, distribution, and capacity that workforce stakeholders across the state rely on for workforce planning and health care assessment. To enable HPDC to continue to serve as the central repository for primary care workforce data, we are supporting HB1609.

HPDC was created to collect and organize data regarding the current and anticipated supply of health care professionals who make up the state's primary care workforce and the current and anticipated demand for primary care services in the state (HB1692, 2010). **RSA 126-A:5, XVIII-a** stipulates that the SORH "shall ***receive*** and collect data regarding surveys completed by participating licensees" pursuant to their respective statutory practice acts ***(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)***. The data shall be reviewed, evaluated, and analyzed by the SORH to provide policy makers and the commission on the interdisciplinary primary care workforce established under **RSA 126-T:1,** with critical information to develop and plan for New Hampshire's primary care workforce's current and future needs and to identify innovative ways for expanding primary care capacity and resources. In addition, HPDC data, including licensing fields received, is a critical component of our office's federal requirement to coordinate shortage designation within the state, which brings both providers and federal funding to rural and underserved areas of the state.

HB1609 grants statutory authority to OPLC for the purpose of sharing crucial information pertaining to workforce-related licensing fields with HPDC. This initiative is intended to assist SORH in fulfilling its obligation, as outlined in **RSA 126-A:5, XVIII**, to receive and compile data for the evaluation of primary care supply within the state. Once OPLC was established as the central regulatory agency with one licensing process for all state licensing boards, the authority for data sharing shifted from individual licensing boards to OPLC. HB1609 will solidify statutory support for data sharing agreements between SORH and OPLC, thereby reciprocating SORH's legislative authority.

Currently, the public data file published biweekly on OPLC's website does not contain all of the data fields necessary for survey implementation, compliance tracking, and primary care workforce evaluation by HPDC. All but one workforce licensing field necessary to support SORH activities are considered public data.

The non-public field, provider email, is needed for DHHS to conduct compliance follow up and to increase survey response rates. While provider completion of the workforce survey or opt-out form exists as a required component of license renewal, licenses are issued with provider attestation that the requirement has been met. However, the non-response rate 3+ years after implementation of the survey requirement hovers at about 10-15% of renewals. After reminder emails are sent by HPDC, the non-compliance rate drops to about 1-3% of renewals. Without HPDC supporting compliance efforts using provider emails, there would be a substantial rise in the number of licensees on the final non-compliance lists submitted to OPLC. Furthermore, survey data is more representative of the health care workforces as a whole when response rates are high. If enacted, HB1609 would prevent the loss of reliable health workforce statistics that help to inform and strengthen New Hampshire's health care workforce.

Thank you for the opportunity to provide testimony on this legislation. I would be happy to answer any questions that the Committee may have.

Respectfully Submitted,

Danielle Hernandez
State Office of Rural Health
Division of Public Health Services

Iain Watt
Interim Director
Division of Public Health Services

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