

House Resolution 155 Study Group

MINUTES
September 26, 2022
Louisiana Hospital Association
Conference Center
2334 Weymouth Drive, Baton Rouge, LA 70809

CALL TO ORDER

The meeting was called to order by Chancellor Steib at 9:03am.

ROLL CALL

Organization	Designee Name	Title
LDH	Nicole Coarsey	Primary Care Officer, LDH, Office of Public Health
LCTCS	Larissa Littleton-Steib	Chancellor, Delgado Community College
LSU	Demetrius Porche	Dean and Professor of Nursing, LSU Health New Orleans
Southern	Kelly D. Smith	Chair and Associate Professor of Nursing, Southern University at New Orleans
University of Louisiana	Cami Geisman	Vice President for External Affairs & Chief of Staff, UL System
LAICU	Tina Holland	President, FRANU
Louisiana Hospital Association	Michele Sutton	President, North Oaks Hospital System
Louisiana State Nurses Association	Ahnyel Burkes	Director of Health and Policy, Louisiana State Nurses Association
Louisiana State Medical Society	Jeff Williams	Executive Vice President & CEO, LSMS
Louisiana Association of Nurse Practitioners	Jennifer Lemoine	Professor and Interim Associate Dean, College of Nursing and Health Science, UL Lafayette, Health Policy Chair, LANP
Louisiana Nursing Home Association	Mark Berger – Wendi Palermo (proxy)	Executive Director

REVIEW OF AUGUST 18TH MEETING MINUTES

Chancellor Steib requested a motion to approve the minutes. Motion to approve by Dr. Demetrius Porsche and seconded by Dr. Tina Holland.

OLD BUSINESS

The LCTCS landing page for the HR 155 study group was displayed and included instructions for accessing meeting agendas, minutes, and materials. Click [here](#) to access webpage.

DISCUSSION OF SURVEY

Chancellor Steib presented the results of the survey. 57 hospitals (regions 1-9) responded to the survey. The survey did not capture data from assisted living facilities or nursing homes due to the short turnaround time. It was only mailed to acute care hospitals. The survey supplied information on the allied health positions with the greatest need and the positions are (Certified Nursing Assistant, Medical Lab Assistant, Licensed Practical Nurse, Medical Assistant, Pharmacy Technician, Physical Therapy Assistant, Surgical Technician, Ultrasound Technician, Respiratory Therapist, Radiology Technician (added by study group)).

Dr. Jennifer Lemoine commented the quantitative data does not reflect needs. Dr. Steib reminded the study group that the purpose of the survey was only to determine the allied health professions we should review. The survey did its job in providing the allied health occupations with the greatest workforce needs.

Michele Sutton commented that 2,700 nursing openings only reflected acute care settings. Due to short turnaround to complete the survey, respondents may not have provided enough time and effort when responding. The need is much greater than provided on survey.

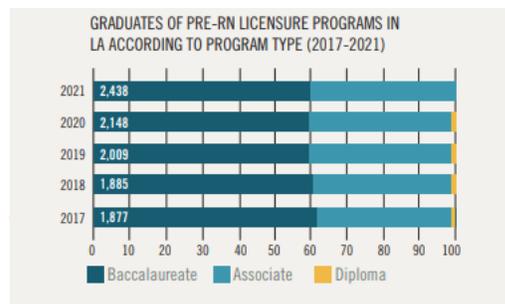
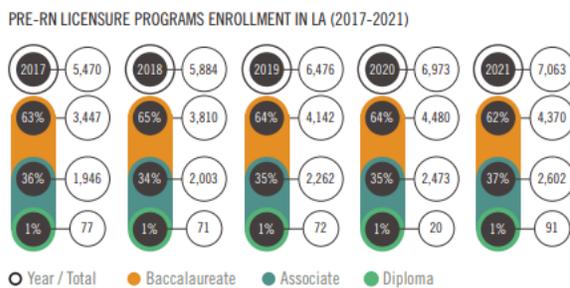
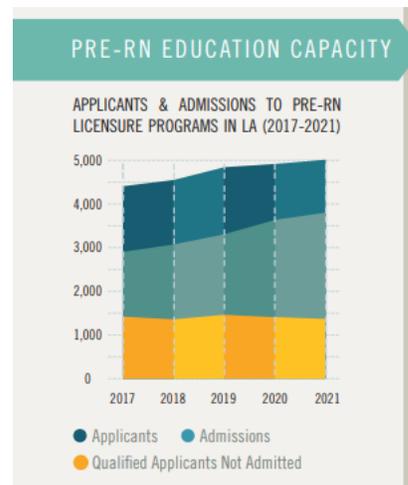
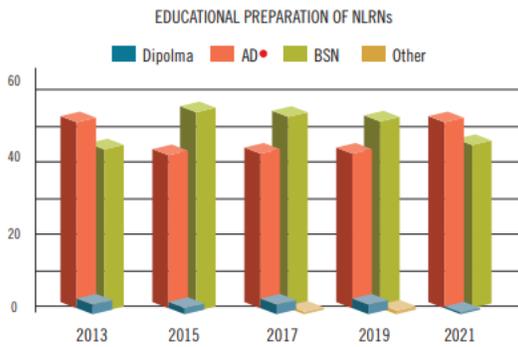
It was agreed that the licensure and education committee would use the allied health occupations in the survey with the greatest need for their review. That list is above.

Dr. Demetrius Porsche suggested adding radiology technician to the list of allied health professions.

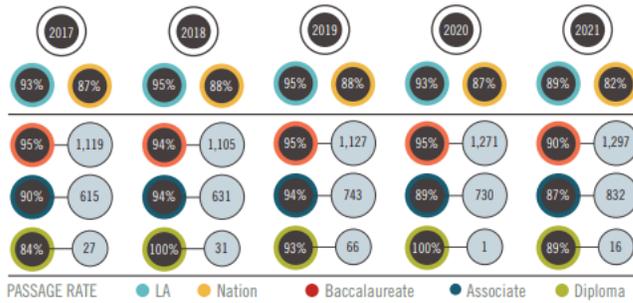
Dr. Wendi Palmero recommended using LWC data to analyze data as it is more comprehensive.

EDUCATION & LICENSURE/CREDENTIALING WORKGROUP UPDATE: Priorities 4,8,10,11,12

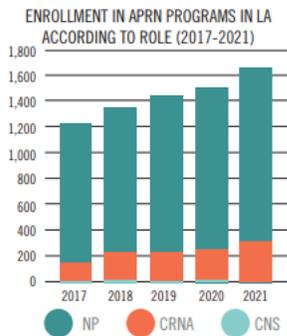
- 1) (4) Outcomes data from health professions education and training programs.
 - a. Data from Louisiana Center for Nursing – 2021 Snapshot



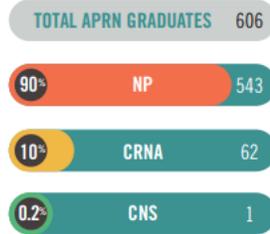
SUMMARY PERFORMANCE OF FIRST-TIME CANDIDATES GRADUATING FROM PRE-RN LICENSURE PROGRAMS IN LA ON NCLEX-RN (2017-2021)



APRN EDUCATION CAPACITY



GRADUATES FROM APRN PROGRAMS IN LOUISIANA ACCORDING TO PROGRAM TYPE 2021



2) (8) Sources of technical assistance and support for establishing new health professions education and training programs in Louisiana.

- Louisiana Council of Administrators in Nursing Education (LACANE)
- Louisiana League for Nursing
- Utilize the national Nursing Centralized Application Service (NCAS) program or create a instate version or something similar.
- Create a unique identifier for nursing school applicants so that qualified and accepted students are only counted one time when reviewing enrollment and training figures.

3) (10) Means for induction of new workers into Louisiana's healthcare workforce and for retention of the state's existing healthcare workforce.

- Induction of new workers into health care
 - Provide student educational stipends for preparation as a health care provider
 - Provide support to educational institutions to provide summer enrichment programs that recruit middle and high school students into the healthcare profession

- iii. Provide support to educational institutions to ensure that health care students are practice ready – offer programs such as ACLS, EKG interpretation – prior to graduation – decreases orientation burden on health care institutions
 - iv. Provide support to offer certificate or badge program that accompany the health care student’s pre-licensure academic program – increase practice readiness for specialty areas
 - v. Nurse internship license – interns may perform specific nursing functions within the limits of the NE program they are enrolled in (Oregon - HB 4003 2022)
 - vi. Wage caps for staffing agencies (Minnesota & Illinois – can charge up to 150% of median wage over the preceding 3 years)
 - vii. Maximize existing educational capacity statewide (both public and private institutions) by providing a mechanism for “overflow” applicants at public institutions to enroll in private programs with capacity. Subsidized tuition from the state per an agreement between public and private institutions.
- b. Retention of the healthcare workforce can be supported by:
- i. Provision of tax credit for health care workers
 - ii. Provision of tax credit for health care preceptors
 - iii. Provide stipend program for health care educators to remain in Louisiana
 - iv. Provision of incentive program to health care institutions or independent providers who support health care faculty within the health care educational institutions
 - v. Mental health practitioner loan repayment program (Iowa in return for 5 years of service, \$50,000 loan forgiveness)
 - vi. Linking Industry to Nursing Education fund (Florida – provides matching funds to institutions that partner with health care providers to recruit faculty and clinical preceptors & increase the capacity of nurse education programs.
 - 1. · **\$25 million** to establish the Linking Industry to Nursing Education (LINE) fund for schools to recruit faculty and clinical preceptors for their nursing programs, to work toward combating the shortage of nursing instructors, with funds matched dollar-to-dollar by health care partners in their community.
 - vii. PIPELINE fund (Florida – reward higher education institutions that meet nursing education program performance metrics)
 - 1. **\$100 million** to establish the Prepping Institutions, Programs, Employers, and Learners through Incentives for Nursing Education (PIPELINE) program to financially reward colleges and universities for their nursing education programs, based on student success.

4) 11) Inefficiencies in current healthcare professional licensure and credentialing systems and impediments to increasing the number of healthcare workers produced.

- a. Increase the amount of clinical practice time that can be in a preceptor experience
- b. Permit precepting of BSN students by an RN, if there is a graduate prepared nurse monitoring the preceptor
- c. Utilization of dedicated educational units
- d. Permit graduate nurse educator students to function as graduate assistants without counting toward the BSN exemption requirement

- 5) **(12) The extent to which healthcare professional licensing boards should have influence on the structure and operation of educational programs that produce healthcare professionals.**
- a. LSBN should provide complete curriculum autonomy for academic programs that are nationally accredited without the need to approve substantive changes for programs that have not been on probation or suspension
 - b. LSBN regulation should only monitor admission, graduation, program outcomes, and faculty outcomes annually

Recommendations:

- Query LSBNE to determine if interstate nursing compact has created an influx or outflow of nursing
Dr. Lyon: The number of licensed RNs in Louisiana have grown yearly and includes 365 nurses from other state that do not hold a compact license and were reindorsed
- Expand statewide testing sites for licensing exams
- Request for Board to renew retired nurses' license to practice on a limited basis
- Academic program to facilitate health professional transition of careers
- Request Board to support alternate student to faculty ratio
- Encourage health care facilities to develop paths for healthcare career mobility
- LDH to investigate the needs for the numerous nursing schools in Louisiana
- Explore capping travel nursing pay
- Request hospital perform environmental scan

Jeff Williams provided common themes such as travel nursing is creating strain and dedicated dollars are needed to alleviate the gap.

Nursing Centralized Application Service (NCAS) was analyzed. Currently, 4 colleges in Louisiana participate. A central location to apply to nursing school, then application is submitted to partner schools. If an application is submitted to one nursing school and there is no opening, then the application is automatically sent to another school with an opening. It was later determined that while 4 schools participate there is not a mechanism that automatically forwards unaccepted student's information to other schools in the program.

Jeff Williams proposed a centralized application for Louisiana. There is a lack of faculty and sites to train potential nursing students.

Dr. Ahnyel Burkes requested clarification for priority #11 for the education level of the registered nurse (BSN or ASN). Demetrius clarified that it is BSN or ASN.

Dr. Tina Holland: allied health professions (rad tech and respiratory tech) are underpaid in Louisiana compared to other states.

Dr. Jennifer Lemoine: suggested limiting what agency can make for nursing staff employed through nursing agency directly.

Michele Sutton commented many hospitals attempted to do in house contract, which leads to morale issues with existing staff.

Dr. Ahnyel Burkes caution limiting the amount in which registered nurses can make which may lead to adverse actions. Difficult to find APRN preceptors.

Also, emphasized not being in favor of restricting pay for nurses as related to the recommendations put forward by the licensing workgroup. Her association (Louisiana State Nurses Association) which serves all nurses would never want to limit the abilities of any nurses in their earning capabilities regardless of their form of employment.

Dr. Karen Lyon encouraged study group to review nursing workforce center qualitative comments from newly graduated and licensed nursing survey. Every 2 years the survey is distributed.

Nicole Coarsey mentioned the rural healthcare workforce development program, participants are required to provide a copy of recruitment and retention plan. Many rural facilities did not have a comprehensive recruitment and retention plan. More technical support is needed to support plans. Clinicians were once provided a tax credit for work in a rural and underserved areas of Louisiana. Application required annually. Physicians and nurses were eligible for tax credit. Suggested legislature sponsor a bill reinstating the tax credit program.

Dr. Jennifer Lemoine: 4 states have passed legislation for tax credit for preceptors. Physician Assistant, Medical Doctor, and Advanced Practice Registered Nurse are eligible for preceptor pay. Registered nurses are not paid as preceptors.

Michele Sutton: We cannot make a blanket statement that RNs are not paid as preceptors; at North Oaks we pay preceptor differentials.

Dr. Demetrius Porche: There is a need for an incentive for healthcare organization to provide sufficient clinical rotations.

Dr. Ahnyel Burkes mentioned there may be federal legislation approved for registered nurses only for a \$2K tax credit. Nurses would be eligible for state and federal tax credit.

Dr. Demetrius Porche suggested including preceptors in the tax incentive model as a recruitment incentive, because it is difficult to locate preceptors.

WORKFORCE WORKGROUP UPDATE: Priorities 1,5, and 9

1) Priority 1- Healthcare workforce training and development priorities for Louisiana

- 1) Utilize Data compiled by the Nursing Supply and Demand Council to identify workforce needs in Nursing.
- 2) Preceptor Tax Credit / Incentive
- 3) Faculty support- Loan repayment or tax credit (including clinical adjunct if they work X amount of time)
- 4) Retention stipends for staying in the state (All Nurses)

2) Priority 5- Systems for prioritizing health professions education and training needs of Louisiana communities

- 1) Standardized basic requirements for entry into all state funded nursing programs. School can have preferred criteria, but all have the same basic entry criteria
- 2) Create a second chance repository to capture qualified students declined admission. This would be accessible by other schools to offer admission into available nursing programs
- 3) Holistic admission process
- 4) Develop a consortium academia and practice to ensure clinical placement at a statewide level (ex: Texas)

3) Priority 9- Means for establishing and enhancing health professions career ladders and pathways

- 1) Leverage Dual Enrollment, and Pre-apprenticeships
 - i) Allow students in dual enrollment to begin before 18 years old throughout the state for LPN (Delgado piloting now)
- 2) Develop a Statewide Apprenticeship Program and Healthcare sector partnerships
- 3) Academic Practice Partnership

- i) Ex:
 - (1) *LCMC - Lab tech - MT*
 - (2) *Ochsner - LPN, Surge Tech , MA (customized training)*
 - (3) *OLOL- LPN (BRCC) -Surge Tech*
 - ii) Shared staff between practice and academia to support as clinical faculty
- 4) Leverage state and federal funding as well as grants to support work (Ex WIOA and others).
 - 5) Accelerated Nursing Degree programs for those with degrees in other areas
 - 6) Investigate paid clinical time (ex: Oklahoma)

Dr. Karen Lyon mentioned nurse tech roles are limited in what duties they are able to perform.

Dr. Wendi Palermo referenced the Arkansas Rural Nursing Education Consortium (ARNEC) of community and technical colleges location in rural areas of Arkansas. Created to provide LPNs to advance their careers by earning an Associate of Applied Science degree which would allow them to sit for the NCLEX-RN exam and apply for a Registered Nursing license. A model similar can be adopted in Louisiana.

FUNDING WORKGROUP UPDATE: Priorities 2,3,6,and 7

This workgroup will **1) review current funding that has been appropriated by the Louisiana Legislature for the training of healthcare professionals.** In addition to reviewing current funding, the workgroup will **2) review legislative funding for the last 4 years related to healthcare.** Additionally, the workgroup will also **3) review the legislative funding neighboring states have provided for the training of healthcare professionals.** This workgroup will analyze, list findings, and provide recommendations for the following priorities:

Priority 2 - Optimal uses of funds appropriated by the legislature for healthcare education and training

Priority 3 - Standards and guidelines for health professions education and training programs funded through legislative appropriations

Priority 6 – Options for developing a statewide health professions education and training funding strategy

Priority 7 – Sources of funding to stimulate the expansion of health professions education and training

1. Current funding that has been appropriated by the Louisiana Legislature for the training of healthcare professionals

HB 406, Act 167

Authorized and directed to transfer \$8,020,902 from the Louisiana Rescue Plan Fund to the Rural Primary Care Physicians Development Fund.

SUBPART S. RURAL PRIMARY CARE PHYSICIANS DEVELOPMENT FUND

§100.146. Rural Primary Care Physicians Development Fund; creation

- Until December 1, 2024, unexpended and unencumbered monies in the fund at the end of the fiscal year shall remain in the fund.
- Monies in the fund shall be used by the Louisiana Department of Health to fund the Health Professional Development Program established pursuant to R.S. 40:1205.1 et seq.
- The provisions of this Section shall terminate on December 31, 2026

R.S. 40:1205.1 et seq

Est. 1991, amnd. 2008, 2009

§1205.1. Health Professional Development Program

In response, LDH is currently creating an emergency rule to implement the “Health Professional Development Program”.

- A. A plan for recruitment and retention of primary health care practitioners to practice in health professional shortage areas or facilities that will provide for identification of shortage areas, prioritize long-term and short-term goals and strategies, provide a special minority component, and provide for public input.
- B. The Louisiana Department of Health will establish a Rural Physician Loan Repayment Program. MDs and DOs.
- C. The Louisiana Department of Health will establish a Rural Health Scholars Program.

Capital Investment

- In 2022 the Louisiana legislature invested in multiple construction projects that will expand the University of Louisiana System nursing school capacity
 - \$20 million expansion of nursing facility at Nicholls
 - \$10 million expansion SLU nursing Baton Rouge
 - \$31.9 million nursing building SLU nursing Hammond

\$4.25 million Health Works Commission for nursing/allied health

\$25 million Rapid Response Fund for nursing/allied health

Representative McFarland added nursing faculty to HB1021 to aid in the re-employment of retirees under certain circumstances.

2. Legislative funding for the last 4 years related to healthcare

- Still Researching

3. Legislative funding neighboring states have provided for the training of healthcare professionals

Part of the reason there is currently a shortage of nurses is because nursing programs have limited capacities. If universities had larger budgets for hiring additional instructors, they could accept more students into their nursing programs. Then, the number of new nurses would increase.

- Arizona recently passed House Bill 2691, which allocates up to \$15 million toward a nurse education investment pilot program.
- Washington introduced similar legislation in 2022. It distributed \$38 million to create and expand nursing programs throughout the state.
- Montana is funneling \$3.9 million in funding from the U.S. Health Resources Services Administration into Montana State University's nursing college and its partners.
- Connecticut also recently announced its decision to use \$35 million in federal funding to fuel healthcare education.

- The State University of New York (SUNY) partnered with ECMC Hospital in Buffalo, NY to offer up to 50 students \$1,500 per year to cover student expenses that federal and state grants won't cover.
- St. John's Univeristy- on Union Turnpike (lol)

Source: <https://nursejournal.org/articles/how-are-states-addressing-the-nursing-shortage/>

LDH partnered with 3RNET nonprofit to assist in job placement.

LDH enters contract directly with healthcare professional. If contract is broken, it will include a \$30k fine.

Jeff Williams suggested converting TOPS recipients' funds to loans if they do not reside in Louisiana for a certain number of years post-graduation.

Cami Geisman commented that over 75% of Louisiana college graduates remain in Louisiana. Others are relocating to Texas and New York.

Nicole Coarsey explained rural health scholars program, which places clinicians of color. University receives \$5K for referring 3rd and 4th year students. If student placed in a facility, it receive \$8K. The program is a 180-hour rotation. Health care facility receives \$5K per student students sponsored. 64 rural health facilities have entered into MOU with LDH.

Dr. Anhyel Burkes mentioned Florida received \$150M allocated to the Hometown Heroes program to provide rebates on the down payment of first-time home buyers for nurses.

NEXT STEPS

Next meeting October 31st in person and work should be 100% complete. Focus on recommendations and conclusions. Fully complete draft due November 28th.

ADJOURN

Meeting adjourned at 11:02am.

