

March 28, 2024, Health Workforce Council Meeting Highlights

The meeting began at 9:03 am and was recorded by TVW.

Welcome and Announcements

[\(Starting time stamp 0:00\)](#)

Suzanne Allen, Chair of the Health Workforce Council, opened the meeting. Introduced Suzy Ames, Vice Chair of the Health Workforce Council. Dr. Allen introduced a new Council member representing SEIU 775 Benefits Group, Cara Margherio.

Dr. Allen noted the schedule for the 2024 Health Workforce Council Meetings: 6/27/24 (In person in Yakima, WA); 9/19/24 and 11/19/24. The in-person-only meeting on June 27, 2024, is scheduled to occur at Pacific Northwest University of Health Sciences. Topics of discussion include strategies to support Hispanic/Latinx health workforce pathway development, hearing from local students and graduates about what supported them on their journey into healthcare. Also, presentations by three accountable communities of health about their behavioral health training pilot.

Renee Fullerton, staff to Health Workforce Council, was introduced to provide a quick update on the early work of the Council's two priority areas: health workforce data for policy and planning purposes and rural health workforce strategies.

Ms. Fullerton gave a brief overview of the workforce data for policy and planning. She noted being in an information gathering mode, consulting with the research experts at the Workforce Training and Education Coordinating Board (WTB) and University of Washington's Center for Health Workforce Studies among others. The focus will be understanding the supply side of the health workforce. Already there are great data examples from the nursing community and from the Medical Commission. She noted working closely with Department of Health (DOH), and additional data will come starting in 2025 when all of the licensed health care providers have provided us a basic set of information, including disaggregated race and ethnicity and practice location data. A series of planning meetings specific to data going forward will be the first step to determining what our key questions are.

Ms. Fullerton discussed the rural workforce strategies, noted initial outreach is focused on meeting rural healthcare employers in settings where they are already engaged. She noted having attended the Northwest Rural Health Conference where she convened a session centered around employer voice and gave employers a chance to work through questions about their current experiences. At that event employers highlighted the need to access post-secondary training in rural community settings versus students who need to go out to receive that training. Rural housing is also a big inhibiting factor in being able to recruit and maintain staff.

Dan Ferguson noted his biggest take away from the Northwest Rural Health Conference was the number of traveling employees at all levels currently being utilized. It was also noted that many of their current workforce are graduates from our community college system and not as many from other institutions of higher education.

Dr. Allen quickly gave an overview of the agenda.

Health Profession Credentialing Improvements

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Shawna Fox, Director, Office of Health Professions, DOH, introduced herself and her colleagues, Harold Wright, Jr, Deputy Director, Office of Health Professions, DOH and Zach Patnode, Quality Administrator, Office of Health Professions, DOH. Ms. Fox discussed the health profession credentialing improvements including internal reorganization efforts and expected outcomes.

Ms. Fox explained that the Office of Health Professions is part of the Health Systems Quality Assurance Division (HSQA) within DOH. The division regulates both health professions and facilities, including more than 70 different types of health profession credentials. As of May 1, the office will have approximately 75 program staff and 100 credentialing staff.

When Ms. Fox was first hired at DOH there were concerns specifically around credential timelines for the psychology license type. Because of the long timelines for licensure experienced by applicants, the psychology pilot, Project Pathway, was created. Ms. Fox explained in detail the psychology licensing challenges. The main strategy to address these was to create a unified approach that invested responsibility with a single leader and designated resources; there is now a focus on culture, communication and data; and approach: a) driven by frontline staff (program manager and credential reviewers); b) assign resources and tools to solve immediate issues; and c) create a playbook for replication across other professions.

Mr. Wright took the time to discuss the approach for this program. Analysis of the strengths, weaknesses, opportunities, and threats were defined. From this analysis, goals were established and broken into three categories: short; medium and long-term goals. Mr. Patnode explained the importance of understanding the data, why there are backlogs and better understanding the reasons for pending applications. Following the implementation of changes there has been a reduction in the wait times since March 9, 2023, and licensing is more efficient. In order to scale this process from psychology licensing to all licensing, the team discovered there needed to be a cultural and interpersonal framework overhaul.

The Credentialing Reorganization Phases are as follows:

- March 1, 2024: Behavioral Health Professions and Home Care Aides;
- April 1, 2024: Pharmacy, Dental, East Asian Medicine, Nursing Assistants (cert/reg), Medical Assistants (reg); and
- May 1, 2024: Therapy Professions, Medical Professions, Veterinary and Vision Professions.

Early accomplishments show reductions in pending applications and emails for Behavioral Health professions and Home Care Aides. Mr. Patnode discussed the next steps, including data-driven management, policy alignment, technology evaluation, staffing and resource allocation and constituent engagement.

Ms. Fox spent some time explaining the new Health Enforcement and Licensing Management System (HELMS). This is launching on April 24, 2024, in three parts and will be replacing the existing customer application portal. HELMS will allow for people to submit applications via their mobile

devices, update their profiles, delete draft applications, attach required documentation, and print payment confirmation and receipts. Ms. Fox also discussed House Bill 1724 (2023) which included a requirement for DOH to increase portability of all credentials through substantial equivalency, primarily focused on Behavioral Health. DOH was instructed to work with the public, Examining Board of Psychology, and other interested parties on creating recommendations for lowering barriers to licensure.

The question-and-answer period led to additional dialogue on how DOH is moving forward. The group discussed how they are training and bringing on new staff, and how with this building, it will help get people in place when they move to additional credentialing reorganization phases. Specific questions were asked about home care aides and their licensing challenges and backlogs. Ms. Fox noted they have already started on this process and have a team specific for just this credentialing group. It takes approximately 6 months to get credentialed and a home care aide can work for 200 days without their credentialing in place. Ms. Fox explained the process this team is doing to reduce the amount of time this credentialing process takes.

FAFSA Delay Updated/Implications for Washington Students

[\(Starting time stamp 01:05:30\)](#)

Dr. Allen introduced Becky Thompson, Director of Student Financial Assistance, Washington Student Achievement Council. Ms. Thompson started with a brief overview of Free Application for Federal Student Aid (FAFSA). This is how students access both federal and state aid in Washington and throughout the nation, including the Washington College Grant. Washington historically has a very low rate of FAFSA completion. This year the application has gone through significant changes. The overhaul is intended to simplify the application process; however, it has caused delays, one of which was a delay of when the application process opened. Instead of opening in October, it was delayed into December, and when rolled out, there were technical issues. There is a second delay in schools having the correct technology to receive the FAFSA information. Ms. Thompson asked everyone to spread the word that FAFSA is up and running and to start applying.

Ms. Thompson noted there is good news in this: there is an expectation of more students in Washington to have access and increased eligibility to the federal Pell Grant. The new FAFSA has fewer questions and there is a direct connection to tax information reducing the number of follow-ups. There are additional changes to parental information, a new formula and there will no longer be adjustments for households that have more than one student attending college at the same time.

Ms. Thompson also explained the Washington Application for State Financial Assistance (WASFA). This is a form for students or prospective students that don't qualify for federal aid. This is primarily for undocumented students but is not limited to that group. Students who are residents of the state of Washington are eligible. You don't have to complete both the FAFSA and the WASFA to be eligible.

Ms. Thompson noted there was going to be a delay in getting information to the community colleges regarding FAFSA recipients. Dr. Ames noted the 34 community and technical colleges are working with the State Board for Community and Technical Colleges and have engaged the Attorney

General's Office to see if there is potentially a state of emergency that could be declared that might free up the colleges to extend credit to students. Ms. Thompson noted that while we will know how much the students will be eligible for, we just may not be able to get it to them depending on what time they are starting school. It was noted this was an all-hands-on-deck situation and everyone is seeking creative solutions. Students are highly encouraged to apply and continue their plans to enroll in higher education.

Public Comment Period

[\(Starting time stamp 01:35:41\)](#)

Dr. Allen opened the public comment period, noting that as individuals provide input the Council will listen carefully, however the Council may not respond directly to comments or questions today. There may be follow-up questions to understand you clearly, we will then ask our staff to help us with follow-up research, and then bring that information back at a future meeting.

Amber Hay, Washington State Office of the Student Loan Advocate, noted she serves as a Public Service Loan Forgiveness Advocate with the Public Service Loan Forgiveness Program (PSLF). PSLF is a federal program that forgives the remaining balance on direct student loans after a borrower has made 120 qualifying monthly payments, approximately 10 years under a qualifying repayment plan, while working full-time for an eligible public service employer. The program itself has been used by nonprofit employers as a recruitment and retention mechanism for their employees. Ms. Hay shared a concern with recent complaints her office has received regarding health care employees being unable to connect with appropriate contacts to certify their employment, as it's difficult to locate contact information, especially with larger health care systems, after an individual has separated from employment. We are looking at suggestions or recommendations on how we can connect with larger nonprofit health care system employers to help facilitate PSLF employer certification.

Ms. Hay's was asked what information was needed. Ms. Hay's noted certification forms required the employee's date of employment, whether they worked full-time, 30 hours or more per week, and a signature and date. These forms have been transferred to DocuSign reducing the confusion of what information is needed. Kaity Cazares from Office of Financial Management (OFM) noted there is a report due to the Legislature about expanding access to the PSLF program due December 1, 2024. Mx. Cazares noted they are trying to expand access for the non-profit workforce. If you have thoughts or information you would like to share for the December report, please email Mx. Cazares at PLSF@ofm.wa.gov.

Washington Student Nurse Preceptor Grant Implementation

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Victoria Hayward, Nursing Consultant with Washington State Board of Nursing (WABON) presented on the Washington Student Nurse Preceptor Grant Program (WSSNPG). Ms. Hayward introduced Kaknika Pisith, Acting Preceptor Grant Specialist, Kim Tucker, PhD, RN, CNE, Director of Nursing

Programs at Columbia Basin College and Cheryl Osler, EdD, MS-CNS, MA-LMHC, MSL, RN, CNE, Associate Dean of Nursing at Spokane Community College.

The preceptor grant was created and funded by the Washington Legislature. The program includes \$3 million dollars per fiscal years 2022-2023 to provide grants to nurses who precept nursing students in health care settings. Ms. Hayward outlined how the program was formed, the communication outreach program completed and the eligibility criteria for preceptors.

From Fall 2022 to Fall 2023 the total number of student preceptors was 2,064, total preceptors was 2,046. The data provided indicated level of preceptors per quarter/semester, race and ethnicity of preceptors, number of students per preceptor, type of students precepted, preceptorship by facility type and grant distributions by geographic areas. There was additional data discussing a break out of urban, suburban and rural preceptors.

Ms. Hayward explained that grant amounts are determined to ensure there was sufficient grant money to offer as many nurses as possible the opportunity to apply for the grant. Grants amounts varied between \$725 to \$1,000 depending on the quarter.

Dr. Tucker reported on direct feedback from preceptors, noting the impact from this grant was an absolute blessing for the community of nurses. The funds incentivize them, giving them a little bit of a boost monetarily for the hard work they do in serving their college's students. Dr. Tucker explained preceptors also appreciated the opportunity to stay current in their field. They expressed how they learned so much from the students, especially latest evidence-based practice, and it kept them fresh in their profession.

Washington's Health Workforce Sentinel Network Fall Data Findings/Spring Date Collection

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Ms. Fullerton introduced Ben Stubbs, Sentinel Network Program Director, UW Center for Health Workforce Studies. Mr. Stubbs gave a brief overview of Washington's Health Workforce Sentinel Network. He let us know the Spring 2024 data collection began March 18, 2024. There is a battery of questions that get asked each data collection period, and there is a section of specific questions that change. The questions currently being asked are regarding current and recent retention strategies that employers are implementing, uses of artificial intelligence for administrative purposes and questions regarding use of traveler or contract workers. There are two modules for specific employer types this spring. The first is for behavioral health service providers and includes questions about testing for licenses, substance use disorder treatment training and resources that would be useful for them. The second module is for dental clinics or community clinics to get a feel for their challenges and needs.

The Fall 2023 data collection had the highest number of responses to date. Information was disseminated through webinars, meeting presentations and direct outreach. Due to the high number of responses the UW team was able to prepare additional findings briefs about high-level findings for specific organizations or about specific topics.

Mr. Stubbs continued outlining key themes from all settings and locations from the Fall 2023 results. Positions in lower wage occupations are difficult to hire for and retain due to wage competition and workers pursuing other opportunities. It was also noted in some cases, employees switched to career fields other than healthcare. Staffing challenges persist, hindering organizations from providing comprehensive services across a variety of settings. Employers continue to report access to childcare, housing and transportation as factors. Mr. Stubbs discussed future plans for updating the Sentinel Network tool.

Long-Term Care Initiative Update

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Dr. Allen introduced Donald Smith, Long-Term Care Workforce Policy Manager, Workforce Training and Education Coordinating Board. Dr. Smith gave a brief update regarding the Long-Term Care (LTC) Initiative. He noted the LTC Initiative's approach has been driven by research efforts of partners and independent scientists, including in-house research at WTB. Dr. Smith noted the 2024 legislative report will focus on new research and solutions to the LTC workforce needs. This information has been compiled by contributions from stakeholders including healthcare, state agencies, businesses, educators, LTC providers, labor representatives and direct care staff. Recommendations are being developed through a series of subcommittee meetings with input from all the stakeholders. Dr. Smith outlined each of the four subcommittees and their top focuses. Dr. Smith ended by giving dates for upcoming LTC Initiative subcommittee meetings.

Health Workforce Legislative Update 2024

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Ms. Fullerton gave an update of outcomes from the 2024 Legislative session. She noted some of these bills are still in mixed status as some have been signed by Governor Inslee, while others are still awaiting signature. Mr. Fullerton started with HB 2236 – CTE Core Plus Programs, as this bill directly affects the Council. This bill directs OSPI to develop an allied health high school CTE program for students pursuing industry-recognized credentials that lead to or articulate to other programs. The Council is named as a partner in developing the curriculum.

Compacts: HB 1917 is a physician assistant compact authorizing Washington to participate in the multi-state physician assistant licensure compact with compact privilege model. HB 1939 is a social work licensure compact authorizing Washington to participate in the multi-state social work licensure compact with multi-state license model. Neither compacts were active as of the meeting though bills are being considered in many states. To be active, the compact must be enacted in a triggering number of states, usually somewhere between seven to ten.

Educational debt: There were two House bills, HB 1946 and HB 1950, with implications for health professional educational debt. HB 1946 expands the Washington Health Corps Behavioral Health Loan Repayment Program to include conditional scholarships. HB 1950 adds requirements for state agencies to further remove barriers to state employee participation in PSLF and adds OSPI to the group working to remove barriers to PSLF participation for all eligible public service employees.

Additional passing bills that impact the health workforce included:

HB 2041 for physician assistant collaborative practice, which permits collaborative or supervisory relations between physician assistants and the physicians with whom they work and makes other changes related to the regulation of physician assistants. Essentially physician assistants with fewer than 4,000 hours of postgraduate clinical practice must work under supervision of a participating physician, whereas physician assistants with more than 4,000 hours of postgraduate clinical practice may work in collaboration with a participating physician.

HB 2247 is for the behavioral health workforce. This bill creates changes to licensure, updates credentials, allows master-level associates to work for up to 120 days while licensure is pending, pays supervising clinicians a stipend and allows agency affiliated counselors to work at FQHCs beginning in 2028.

There were two bills from the Senate concerning anesthesiology services. SB 5184 creates the anesthesiologist assistant as a new health profession licensed by the Washington Medical Commission. Anesthesiologist assistants may provide assistance according to responsibilities delegated by a supervising anesthesiologist as consistent with the anesthesiologist assistant's education/training and experience. SB 6286 for anesthesia workforce shortage allows CRNAs to participate in the WABON Nurse Preceptor Grant Program. It also directs UW Center for Health Workforce Studies to complete a study on anesthesia workforce issues.

There was another Senate bill – SB 5940 – creating a new type of medical assistant, an MA-EMT certification. Any person holding an EMT or paramedic certification is eligible for an MA-EMT certification with no additional training/examination requirement. This certification will only be transferable between licensed hospitals in the state. DOH will need to complete rulemaking before this credential is available.

A few budget items of note are the Governor's Interagency Council on Health Disparities, \$1.163M to support additional staff for research and community outreach. Also, Area Health Education Centers (AHECs), \$426K to provide state funds to new AHECs in Central and Southwest Washington.

Wrap-up and Concluding Remarks

[\(Starting time stamp 03:35:49\)](#)

Dr. Allen wrapped up the meeting. Reminded everyone the next meeting will be on June 27, 2024 in person in Yakima, WA at Pacific Northwest University of Health Sciences. Invitations will be sent out to board members first, and we are capping this event to 60 people. Thank you everyone for coming.