Health Workforce Council
Tuesday, April 9 | 11 am to 3 pm

TVW Recording: **Health Workforce Council – TVW**

Welcome and Announcements

Dr. Suzanne Allen, MD, MPH, Council Chair, called the April meeting to order and welcomed attendees. She noted a council member change, recognizing Krista Fox from Office of Superintendent of Public Instruction (OSPI) for her service and welcoming Courtney Peart as the new OSPI representative.

Dan Ferguson, Council Member, then announced that the Allied Health Center of Excellence, along with all 11 Centers of Excellence, will lose funding effective June 30, which also coincides with his retirement after approximately 13 years on the council. Dr. Allen followed by announcing her own retirement from the University of Washington on June 30, with Dr. Suzi Ames assuming the Chair role in July and Dr. Leo Morales joining as Vice Chair. Dr. Allen encouraged the council to use the upcoming transition as an opportunity for strategic planning about the council's future direction.

The next in-person meeting was confirmed for June 24 in Olympia. Renee Fullerton, Council Staff Council, added that September and November meeting dates would be finalized and distributed soon, along with registration information for the June in-person meeting.

CMS Rural Health Transformation Program: Workforce Updates

Jennifer Love-Tillotson, Director of the State Office of Rural Health at the Washington State Department of Health, presented an overview of the Rural Health Transformation Program (RHTP). The RHTP is a five-year cooperative agreement administered by the Centers for Medicare and Medicaid Services (CMS), representing one of the largest federal investments Washington State has ever received for rural health, with over $181 million awarded for budget year one in December 2025. The program is a joint effort across the Health Care Authority (HCA), the Department of Social and Health Services (DSHS), and the Department of Health (DOH), working in coordination with the governor's office.

The presentation focused specifically on Initiative Five, a $32 million investment aimed at developing Washington's rural health workforce. Key strategies include supporting the WWAMI Family Medicine Residency Network, expanding Washington State University's Rural Practitioner Training Programs, growing the Rural Nursing Education Program, funding Grow Your Own workforce training programs such as apprenticeships, and establishing Rural Workforce Incentive Programs for health professionals who commit to at least five years of service in rural communities.

Love-Tillotson also described the newly forming RHTP Advisory Committee, which will include 18 members representing state agencies, tribal nations, rural communities, and other key

partners. The committee will meet quarterly to guide program implementation and provide recommendations to the state legislature and governor's office.

During discussion, council members raised questions about student loan access, incentive structures, and support for tribal communities. Fullerton noted the absence of education and training representatives on the advisory committee, and Love-Tillotson encouraged anyone with relevant expertise to apply. Members were directed to the HCA's RHTP webpage for further information and to submit questions or applications.

Data Resources for Health Workforce Policy and Planning and Discussion

Samantha Pollack, MHS, Research Scientist, and Sue Skillman, MS, Senior Deputy Director, UW Center for Health Workforce Studies, presented findings from a project cataloging and prioritizing health workforce data sources in Washington State, funded in part by the DOH. The team identified 30 currently available data sources spanning Washington-based and national supply and demand datasets. Through a public survey of workforce policy, planning, education, and research stakeholders, the team prioritized key workforce questions. Top priorities included tracking active Washington licensees by occupation, vacancy rates by care setting, and health insurance coverage across populations. The presentation also highlighted significant challenges around data accessibility, including fees, data use agreements, incomplete survey data, and limited sharing of research findings across organizations.

Council discussion focused on how to make data more accessible and actionable, particularly for smaller community organizations that lack the staff capacity to locate and analyze data. Ideas raised included creating a publicly accessible integrated data system, developing a health workforce ecosystem map with embedded links to relevant data sources, and establishing partner agreements to help connect agencies and organizations to related datasets. Members also emphasized the importance of avoiding duplicated efforts, aligning incentives across organizations, and ensuring that data collection serves clearly prioritized policy and planning questions. Renee noted a related effort underway at the Office of Financial Management to update Washington's State Health Plan, with public feedback accepted through April 17. The council was encouraged to consider concrete next steps for 2026 to advance data access and analysis, with the question posed of what actions the council itself could realistically take to move this work forward.

2026 Health Workforce Sentinel Network Preview

Ben Stubbs, MPH, Research Scientist, UW Center for Health Workforce Studies provided an update on the Sentinel Network, a nearly ten-year partnership with the Health Workforce Council designed to gather ongoing signals about employer workforce needs and how those needs are changing over time. Stubbs noted that Sentinel Network data had played a key role in the council's most recent annual report, helping to support recommendations around expanding healthcare pathway opportunities for rural youth and informing discussions around childcare provision for healthcare workers.

Stubbs announced that the Spring 2026 Sentinel Network survey opened on April 6 and will remain open through approximately May 3. This year's survey includes the usual questions about occupational vacancies and turnover, as well as new questions on organizational workforce challenges, how organizations are preparing for potential changes in federal and state funding, early career development strategies, and technology adoption including AI. Focused modules on primary care, long-term care, and behavioral health are also included, reflecting topic areas identified as priorities by the council's Advisory Committee.

Council members were encouraged to help promote the survey through email templates and flyers with QR codes.

HELMS Update

Kristopher Holliday provided a brief update on the implementation of HB 1503 data collection within the HELMS system. The survey is now live for new applicants and online renewals, though it still needs to be added to the paper application. Because credentials renew on cycles of two years or more, it will take approximately two and a half years before all required licensees have had the opportunity to complete the survey, meaning usable data will be limited until then. Additionally, there is currently no funding for a public dashboard to make the data accessible. Access will instead be managed through data sharing agreements for partners with a demonstrated business need, and public disclosure requests for all others. Holliday acknowledged that data sharing processes will still need further development and encouraged council members to submit questions as they arise.

Youth Health Career Opportunities: Updates and Next Steps

Renee Fullerton, Council Staff, provided an overview of the council's work over the past year focused on increasing access to health workforce pathways for rural youth. Drawing from a comprehensive report developed through conversations with rural educators, employers, and students across the state, Fullerton highlighted key findings most relevant to the council's role in convening partners, researching issues, and advancing policy recommendations.

Key findings included a confusing information environment for students, educators, and employers around early health career opportunities; difficult and slow state processes for programs such as high school nursing assistant programs; and funding as a persistent universal challenge. Fullerton framed the discussion question for the afternoon session around where the council should focus its efforts next on youth health workforce pathways statewide.

Dr. Carrie Perkins, Qualitative Research Scientist with DOH, presented findings from research conducted with students, teachers, and advisors at HOSA leadership conferences in Washington State. The study included 12 students across two feedback sessions and 23 teachers and advisors across two fishbowl discussion sessions, with data analyzed using systematic thematic analysis.

Three key themes emerged from student perspectives. First, hands-on, relational, and real experiences were the most powerful drivers of interest in health careers, with students citing site visits, simulations, and opportunities to see healthcare in action as transformative. Second, mentorship and trusted adults were critical navigators of the system, though access to quality mentors was unevenly distributed and largely dependent on chance. Third, structural and financial barriers limited even highly motivated students, including age restrictions on internships, pay-to-play programs, and rigid school curriculum structures.

From teachers and advisors, five themes emerged: strong pathways exist but lack consistent structural support; under-18 age restrictions and liability concerns severely limit work-based learning opportunities; rural geography and transportation compound inequities; simulation space and equipment are essential but unequally funded across districts; and teachers are experiencing burnout while navigating student disengagement, academic readiness gaps, and poor course sequencing.

Perkins outlined three priority recommendations for the council: expanding early experiential exposure through coordinated applied learning, simulations, and structured site visits beginning in grades nine and ten; reducing reliance on individual gatekeepers by formalizing mentorship roles and building centralized pathway guidance resources; and reducing structural barriers to work-based learning through policy alignment, scalable employer entry points, investment in simulation infrastructure, and centralizing funding communications.

Mary Ramolette and James Ramirez from the SEIU 1199 Northwest Multi-Employer Training Fund presented on their youth apprenticeship programs in healthcare. The Training Fund, which originally focused on supporting current union members, expanded into youth apprenticeship approximately three years ago, recognizing the value of hands-on learning and the need to grow the healthcare workforce pipeline while reducing educational debt for young people.

The fund offers four programs. The Introduction to Healthcare Employment and Apprenticeships Program (IHAP) is an 80-hour pre-apprenticeship open to students in grades nine through twelve, covering healthcare career exploration, job readiness skills, basic life support, and team mental health. Three full apprenticeship programs are geared toward juniors and seniors: the Behavioral Health Technician program, a two-year curriculum that includes nursing assistant certification; the Medical Assistant program, a one-year partnership with YV Tech in Yakima Valley offering 21 college credits; and the Pharmacy Technician program, a two-year partnership with Snohomish-Isle Skill Center in Everett offering 24 college credits, now in its third successful year. All full apprenticeship programs provide instruction first, followed by 1,000 to 2,000 hours of on-the-job training completed after high school graduation.

In discussion, Ramirez noted that pharmacy employers have been the most receptive partners, while medical assistant partnerships require more navigation due to age and licensure requirements. Ferguson recognized the significant effort required to recruit and sustain

employer partnerships and highlighted the critical role of skill center faculty in assuring industry partners of student readiness.

Ramolette closed with exciting news that a new partnership is in development that would allow Substance Use Disorder Professional apprentices to graduate with an associate's degree, with bachelor's and master's pathways in progress, and celebrated the first pharmacy technician apprentice to complete 2,000 hours.

Large Group Discussion: Youth Health Career Opportunities
Nova Gattman, Deputy Executive Director at the Workforce Board, facilitated a 30-minute structured discussion around five questions focused on what actions the Health Workforce Council should prioritize to strengthen youth health workforce pathways statewide.

On the question of where the council should focus its efforts, Russell Maier, Council Member, suggested the council examine regulatory barriers and work with agencies or the legislature to remove impediments to high school students participating in healthcare work. Ramirez raised the idea of developing clear scope-of-work guidelines for under-18 workers in healthcare, similar to frameworks that exist in construction, which could increase employer confidence and buy-in.

Regarding near-term, high-impact actions, Ferguson suggested leveraging existing organizations such as HOSA, AHECs, and Educational Service Districts to advance regional conversations and partnerships, noting that regional approaches may be more effective than statewide mandates. Inez Olive, Council Member, proposed identifying employers already engaged in youth apprenticeship work, documenting best practices, and developing a toolkit to help scale those efforts, with community health centers identified as potentially willing partners.

On the question of employer barriers related to hiring workers under 18, discussion centered on liability concerns, HIPAA compliance, and minor employment rules as the most frequently cited obstacles. Elizabeth Carnesi shared that many fully licensed students under 18 are still unable to find employment simply due to their age, and suggested that clear scope-of-work documents and conversations between legal teams at skill centers and employer organizations could help resolve some liability concerns. Tom noted that billing compliance and fraud scrutiny have significantly increased liability concerns in behavioral health settings, and offered to consult with his compliance officer to identify concrete steps the council could recommend.

For rural-specific strategies, Fullerton suggested the council could influence the CMS Rural Health Transformation Program by ensuring the right information reaches trusted rural messengers such as critical access hospitals. Several members emphasized the need for "myth-busting" around common misunderstandings, such as the mistaken belief that students cannot obtain nursing assistant licensure before age 18. Suggestions included developing clear, consistent informational materials and meeting employers where they already gather, such as at annual conferences. Sarah Huling noted strong interest among rural employers in supporting

career pathways but flagged a persistent challenge in connecting working adults back to higher education due to inflexible program scheduling.

Gattman noted that many of the themes — employer engagement, myth-busting, regional coordination, and structural policy barriers — would carry forward into the council's in-person strategic planning session in June. The discussion closed with broad agreement that convening a focused employer conversation, either as a standalone session or embedded within existing conferences, would be a valuable next step.

Legislative Session and General Council Updates
Renee Fullerton provided a brief overview of notable bills and budget items from the 2026 short legislative session relevant to health workforce.

Several passed bills centered on the theme of reducing barriers to credentialing and interstate practice. These included prohibiting non-competition agreements for physicians, effective October 2027 and retroactive to existing contracts; joining the dietitian licensure compact; simplifying transcript submission for in-state nursing graduates; clarifying music therapy licensure exemptions; and extending EMT recertification timelines for experienced practitioners. A pilot program was also established directing the Medical Commission to create a pathway for international medical graduates to practice as primary care physicians under supervision, with the goal of reducing credential loss among immigrant physicians. A bill creating alternative licensure pathways for social workers who struggle to pass the licensing exam did not pass this session but may return in future years.

Two behavioral health infrastructure bills passed focused on aligning fragmented systems for children and youth, with the Washington Thriving Plan's ten-year implementation including a significant workforce component to be tracked going forward.

On the budget side, provisos funding the Health Workforce Council and the Long-Term Care Collaborative were maintained, though a one and a half percent general fund reduction was absorbed. Funding for the Allied Health Centers of Excellence was eliminated, and the Western Washington AHEC will no longer be hosted by its current organization. Positively, high-demand educator salary funding at community colleges was continued, preserving an important incentive for nurse and allied health educators to remain in academic roles.

Closing Comments
Dr. Allen closed the meeting by thanking all presenters and participants for their contributions and collaboration. She reminded attendees of the June 24 in-person meeting in Olympia, where incoming Chair Dr. Suzi Ames and Vice Chair Dr. Leo Morales will be introduced and strategic planning will take place. Renee added that she would follow up with links to resources referenced throughout the meeting.

Dr. Allen adjourned the meeting at 3:01 p.m.