

## **SLO Healthcare Workforce Partnership**

### **Funding & Advocacy Committee**

**November 20, 2024**

**Attendees:** Elias Guzman (CHC, grant writer), Jessica Peckham (DNP, Paso Robles), Sarah Clair (Adventist, located in Roseville, Public Affairs Manager for state and federal legislation and policy), Adam Butler (CenCal Health, Public Policy Analyst in Strategic Engagement Dept., located in Sacramento), Michelle Shoresman (Public Health), Susan McGraw (Partnership Coordinator)

### **Discussion Results:**

- Introductions of new members: Elias Guzman, CHC grant writer, and Sarah Clair, Adventist Health, Public Affairs Manager.
- Review Strategic Action Plan:
  - Funding Opportunities: A lot of things that are being funded now, may lose funding over the next couple of years.
    - MCO Tax: Passed at the state level in CA, but it is dependent upon a waiver from the federal government that expires at the end of 2026. If the state applies for a new waiver, it would have to be approved by CMS, which could be influenced by the new leadership).
      - SLO is no longer designated as “rural” for Medicare/Medi-Cal purposes; very few places in CA are now designated “rural.”
    - HCAI:
      - Tuition reimbursement and loan forgiveness programs may or may not continue to be funded.
      - HCAI already had budget funding cuts in 2024. The Song-Brown program (which focuses on loan forgiveness or scholarship programs primarily for physicians and nurses), along with other healthcare workforce initiatives, was cut during the last funding cycle at the state level.
      - Most HCAI programs are tied to healthcare shortage areas. Some resources include:
        - <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>
        - <https://geocarenavigator.hrsa.gov>
        - <https://www.ruralhealthinfo.org/charts/5>
    - HRSA provides funding for healthcare workforce initiatives at the federal level, overseen by HHS. They have been signaling for 6 to 7 months that they wanted to initiate new funding opportunities and request an increase in budget, but those funding requests are not likely to happen now, due to the change in administration.
    - National Health Service Corps sponsored some student loan repayment options. Organizations can apply to be a health service corp. so that they can offer

student loan repayment to their employees. CHC is an FQHC, so 90% of employees fresh out of school are taking advantage of this.

- Student loan repayment options: This is still dependent upon Senate approval and with a new Dept. of Education Secretary starting in 2024, some of what currently exists could be eliminated.
- State budget is looking very difficult (potential structural budget deficit of \$30 billion?).
- Additional funding for healthcare workforce initiatives could be limited for the next couple of years.
- Other Grant Funding:
  - There was discussion around burn-out for healthcare employees. Any grant funding for this?
- Advocacy:
  - We could research other regions/organizations providing housing for healthcare employees and assess potential advocacy opportunities. Examples from other areas on how to create housing opportunities for people with livable wage jobs, but who can't afford to live here/buy a home.
    - Down payment assistance.
    - Developer in Nipomo coordinating with non-profit housing builders to have a % of units reserved for affordable housing.
    - Housing bonds to help pay for the housing to be built and add supports for people without enough money for down payments or low-interest loans for healthcare workforce.
    - Cottage Health in Santa Barbara is providing housing for employees... selling at below market rates.
    - Housing grants: The state of Nebraska has used workforce housing grants to invest in projects to increase the supply and reduce the cost of workforce housing in rural and urban communities. The grants go to eligible projects investing in high-quality, reasonably-priced homes. Nebraska eligibility requirements include new housing costing no more than \$285,000, new rental housing units costing no more than \$215,000, rehabilitation/conversion of an existing building into house, and other requirements. Allowing non-profit health systems to apply for similar funding to support their staff would be an extra incentive for healthcare personnel. Creating an environment where one can live and work strengthens the community. (Nebraska LB 1011, Nebraska LB1014 , Nebraska [LB 1024](#)).  
<https://nebraskalegislature.gov/laws/statutes.php?statute=81-1228>
  - Tax credits: if an employee lives in the area, give them money back on their taxes so they can afford the area. Sarah mentioned that Adventist Health has been advocating for nursing educator tax incentives. Nursing schools put a cap on

how many students can be admitted into their programs because of the limited number of faculty available to teach the students. Nurses who have obtained a Master of Science in Nursing will often choose to work in a hospital instead of teaching at a school because it will pay more. Offering a tax incentive for nurse educators may help bridge the pay gap between clinical and education work. It would bring more individuals into the teaching field, allowing more students to be trained.

<https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB2473>

- We may need to be more creative and expand our thinking beyond the traditionally healthcare advocacy topics.