



New York State Joint Legislative

Public Hearing on Health

Senate Standing Committee on Finance

Assembly Standing Committee on Ways and Means

Senate Standing Committee on Health

Assembly Standing Committee on Health

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Chairpersons Krueger, Weinstein, Rivera, and Paulin, and members of the Senate and Assembly fiscal and health committees, I thank you for the opportunity to present this testimony for today's New York State joint legislative public hearing on health. My name is Jean Moore, and I am Director of the Center for Health Workforce Studies (CHWS). CHWS is a research center based at the University at Albany School of Public Health. Established in 1996, the mission of CHWS is to provide timely, accurate data and conduct policy-relevant research on the health workforce to support health workforce planning and policymaking. CHWS routinely studies the State's health workforce and over the years we have seen long-standing workforce recruitment and retention challenges reported by the State's health care providers that have worsened since the pandemic.

We would like to applaud the efforts made towards workforce that are included in the proposed Executive Budget and hope that they offer further flexibilities for the industry, including

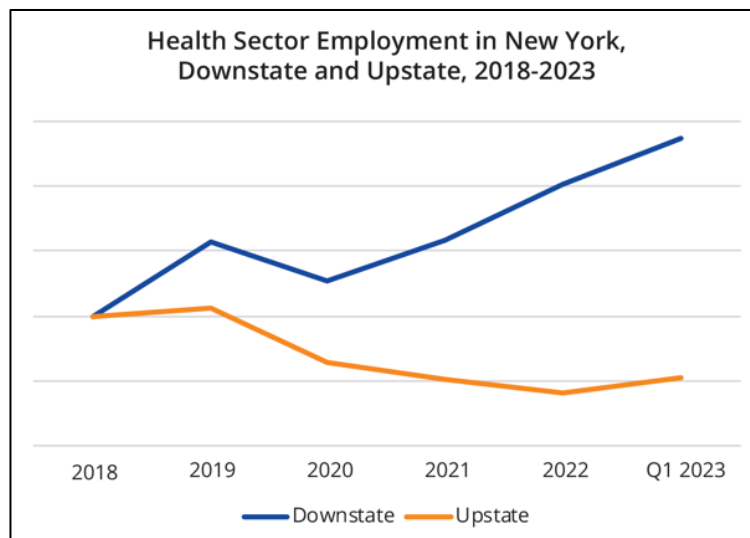
paraprofessional upgrading programs, loan forgiveness, interstate licensure compacts, among others. However, there is more that needs to be done. Lack of health workforce data has limited the State’s ability to fully understand its most pressing workforce needs and to develop the most effective workforce strategies that expand access to care and improve health equity.

I’d like to tell you about our work and share what we know about the State’s health workforce. I hope that these data can be properly leveraged as you continue forward in policy negotiations.

1. Monitoring Trends in the State’s Health Care Employment

CHWS studies health care employment trends and projected future demand.

- Health care jobs downstate are rebounding, while upstate lags behind:



NYS DOL

- Potential reasons for lack of health care job growth upstate:
 - Health worker shortages more severe upstate
 - Greater competition for a more limited supply of available workers
- An analysis of health workforce employment trends suggests growing demand for workers in a wide array of health professions and occupations over the next 10 years.
- Given the current recruitment and retention challenges faced by health care providers, shortages are likely to worsen.
- Health workforce data and research are critical to better understand the causes of workforce shortages and to help identify the most effective strategies to better address health workforce needs.

2. Studying New York's Physician Workforce

CHWS conducts an annual survey of physicians who complete their graduate medical education (GME) in New York:

- Nearly half (48%) of new physicians who completed GME training in New York in 2022 reported plans to practice in the State.
- Sixty-seven percent of family medicine physicians (67%) reported plans to practice in New York after completing GME training in the state in 2022.
- More than three-fourths (76%) of physicians who completed GME training in New York and who had attended high school and medical school in New York plan to stay in New York to practice.
- In 2022, over 2,000 health professionals (including more than 650 physicians) received incentives such as loan repayment in return for practicing in high need areas across the State.

3. Monitoring the Registered Nursing (RN) Education Pipeline

CHWS conducts an annual survey of the deans of New York's registered nursing education programs to monitor RN production. In 2022, New York's nursing deans reported:

- High faculty vacancy rates: 1 in 6 full-time faculty positions are vacant.
- Reasons for faculty departures included retirements, job/career changes, and family commitments.
- Faculty shortages could limit program admissions and jeopardize future production of RNs.
- Recruitment strategies to fill vacant faculty positions include higher salaries and hiring faculty who are in the process of completing advanced nursing degrees.

4. Tracking Provider Recruitment and Retention Issues

In collaboration with the state's provider associations, CHWS conducts annual recruitment and retention surveys of New York's health care providers to better understand supply and demand gaps. Findings from the 2023 survey include:

- Providers across all settings reported difficulty recruiting and retaining registered nurses and licensed practical nurses.
- Hospitals reported difficulty recruiting and retaining clinical laboratory technicians and technologists.

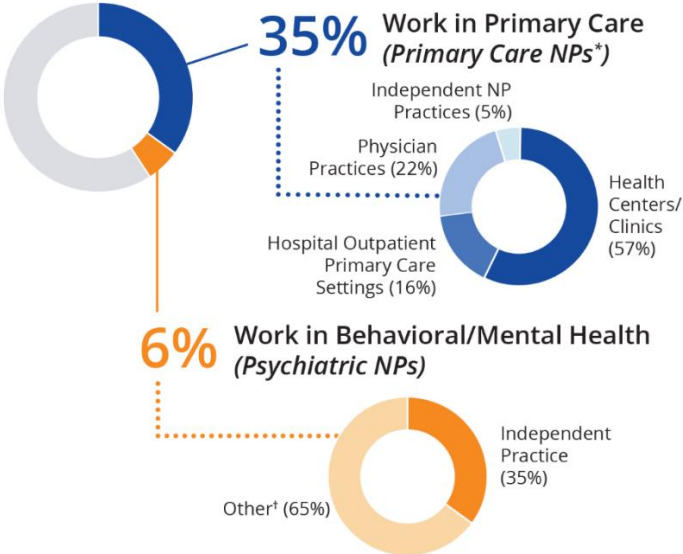
- Long-term care providers reported difficulty recruiting and retaining certified nurse aides.
- Home care providers reported difficulty recruiting and retaining home health aides and personal care aides.

5. Collecting and Analyzing Health Workforce Data

For over 7 years, nurse practitioners (NPs) have been required by the state to provide information on demographic, educational, and practice characteristics. Efforts to collect and analyze the data have been very successful. More recently, registered nurses and licensed practical nurses were required to report data at the time of re-registration.

Here’s what we know about the State’s active NPs:

- Statewide, the supply of NPs has risen over the last 7 years, from 60/100,00 population to 81/100,000 population.
- While the percentage of Black NPs is comparable to their presence in the state’s population, Hispanic NPs remain underrepresented.
- Practice characteristics:



- More than 40% of primary care NPs work in Primary Care Health Professional Shortage

* Primary care NPs are defined as active patient care NPs with a specialty in general practice, family practice, general internal medicine, obstetrics/gynecology, and/or general pediatrics, who work in Federally Qualified Health Centers (FQHCs), rural health clinics, hospital outpatient primary care, independent NP practice, and/or physician private practice.

† Psychiatric NPs who work in other settings including physician practices, hospital inpatient/emergency departments, hospital outpatient specialty care, nursing homes/long-term care, state/county public health departments, urgent care centers, and other non-specified settings.

Areas.

A preliminary analysis of responses to burnout questions included on the re-registration survey for the state's RNs finds:

- Patient care RNs working in hospitals report higher levels of burnout compared to patient care RNs working in other settings.
- Younger patient care RNs report higher levels of burnout than older patient care RNs.
- White, non-Hispanic patient care RNs report higher levels of burnout compared to patient care RNs from other racial/ethnic groups.

Closing Thoughts

- Current workforce shortages, both in and out of health care, are problematic, and it is unclear whether supply/demand gaps for some workers will improve in the near term.
- New York has had a long-standing commitment to health workforce development to assure an adequately sized and well-trained health workforce, particularly for the underserved.
 - Strategies to better inform workforce development decision making include:
 - Monitoring the health professions education pipeline to assure continued production of needed health workers.
 - Evaluating current workforce development strategies to better understand what's working, including: pipeline programs, standardized career ladders, programs to support worker resilience, provider partnerships with education, career readiness training.
 - Assessing workforce impacts of care delivery strategies such as telehealth, team-based care and integration of medical, behavioral and oral health services.
 - Studying the impacts of increased regulatory flexibility.
- The Health Professions Data bill, passed by the NYS legislature and signed by Governor Hochul in 2021, authorizes New York to collect basic workforce information on its licensed health professionals. To date, no resources have been allocated to support the implementation of this program. Data on health workforce supply and distribution can help the State to pinpoint where worker shortages are most extreme and to use this information to better invest their resources for workforce development (e.g., DOL initiatives) and provider incentives (e.g., Doctors Across NY and Nurses Across NY).

I've shared much of what we are learning from our New York focused health workforce research, but we need to know more. An investment in better data, information, and research can further our knowledge about the State's health workforce as well as longer term trends to better inform workforce development programs and policies. We look forward to the opportunity to partner with the State in ensuring we best allocate the State's limited resources while addressing important health workforce challenges.