First Person: A Plan to Address Shortages in Indiana’s Health Workforce

New law identifies where needs are; legislation proposes loan repayments

by Indiana Rep. Ethan Manning

Workforce shortage issues are nothing new to legislators. We hear from constituents, employers and others that more people are needed to work in our various industries across the economy.

One area I have been focusing on in Indiana is the health care workforce. In this former State, we are 127 communities in federally designated primary care shortage areas, 87 in dental care shortage areas, and 76 in mental health workforce shortage areas. I know we are not unique in searching for solutions to this workforce challenge.

Our state is fortunate to have a great resource in the Bowen Center for Health Workforce Research and Policy at Indiana University. This center is headed by Dr. Hannah Maxey, who has been a true leader and is helpful to us not only in Indiana, but to states across the country on health workforce issues.

Thanks to Dr. Maxey’s leadership, SE 223 became law in 2018. This measure requires the Indiana Professional Licensing Agency to collect data from licensees in our health workforce (physicians, dentists, psychologists, pharmacists, nurses, etc.). Because of this law, we are now gathering information on:

• a licensee’s specialty or field of practice,
• the address of the locations in which he or she practices,
• the types of services offered and in what setting,
• the average number of hours worked weekly,
• a licensee’s background and training, and whether he or she practices telemedicine.

We began collecting this data at the start of last year. Since we have two-year renewal cycles, the full dataset won’t be completed until later in 2020, but the first round of data collection has proven effective in helping us identify shortage areas in a very detailed manner. There is no sunset on this law, so we will be able to continually identify shortage areas in multiple ways.

It’s my understanding that Indiana was the first state in the nation to pass legislation like this.

Next Step: Address Shortages with Student Loan Repayments

This session, I filed HB 1110, which would create a student loan repayment program for our health care workforce. The legislation was crafted to allow for a lot of flexibility, because we have to recognize that shortages are very dynamic and require distinct approaches in different areas of the state, in different medical specialties, and more.

For example, I represent a rural area, and every time I visit a school, I hear how difficult it can be to find a speech language pathologist. These licensed professionals are among the 13 that would be eligible for assistance under HB 1110.

Licensed Professions Eligible for Student Loan Repayments under HB 1110

- dentist
- physician
- nurse
- clinical social worker
- marriage and family therapist
- mental health counselor
- clinical addiction counselor
- pharmacist
- physician assistant
- psychologist
- podiatrist
- speech-language pathologist
- audiologist

The legislation also would establish in statute a 16-member Indiana Health Workforce Council made up of legislators, state agency leaders, medical providers, our state’s rural health and hospital associations, representatives from the Bowen Center, and other stakeholders. (A version of this council already exists under the Governor’s Workforce Council.) With consultation from our state’s licensing boards, the Health Workforce Council would create rules for the loan-repayment program. It would then disperse funds accordingly — to providers working in our state’s shortage areas. The council would determine a shortage area, which could be a very rural area of the state, or a specific medical provider identified as needed in Indiana’s large metropolitan areas.

Under the program, providers would need to work in a shortage area for a year before receiving loan repayments. By having the payments made only after this one-year requirement is met, we would not have to worry about including claw-back provisions.

Research shows that loan-repayment programs are effective. The reasons: Recipients are paying off their loans, and they see an immediate difference in the monetary assistance that they receive. (Seventeen states already have some kind of loan-repayment program for providers.) HB 1110 does not put a cap on the amount of the loan repayment, and there is no limit on how many years a provider can participate.

The Plan for Funding the Loan-Repayment Program

In order to pay for this initiative, HB 1110 imposes a small additional fee on the licensing renewals of the providers who are included in the program. For professions with renewal fees of less than $100, the fee will increase by $10. For professions with renewal fees of more than $100, the fee will be $20.

According to our Legislative Services Agency, this raises $2.7 million over two years. In order to make this program budget-neutral, we allow the state agency in charge of it to retain $250,000 for administration costs.

Of the remaining funds, half goes to the Health Workforce Council for statewide distribution. The other half goes back to the provider licensing boards in amounts based on the number of providers they have. Since we have more nurses than any of the other professions, the Nursing Board will get the largest share of this half. This creates a balanced formula, and our provider groups have been very supportive. They all recognize the great potential of this program, and know firsthand about our health workforce challenges.

While the bill won’t become law this year, I can report there is broad support among my fellow legislators and stakeholders. The biggest issue we need to work out is determining which state agency will administer the program. I believe working with agency leaders and others during the interim to finalize an improved bill for the 2021 session.

With health care issues top-of-mind for many people in the current climate, one component we frequently discuss is access to care. In certain areas of our state, we may have a shortage in the pure number of providers, or we may lack certain professions and specialties that we need, or certain skills and services. There is much more we can do over the long term than just this program, but I believe HB 1110 would make an immediate difference while we work on other solutions.

A loan-repayment program for students — one that recognizes it is not just about the numbers, but about the full picture of access to and delivery of care — will help Hoosiers lead healthier, more productive lives.

Ethan Manning has been a member of the Indiana House of Representatives since 2018. He is a 2019 graduate of CSG Midwest’s Bowhay Institute for Legislative Leadership Development (BILD).