



CONFIDENTIAL: 2025 NH Health care Workforce Investment Proposal

Last session, the New Hampshire Workforce Coalition proposed investing in tried-and-true programs to grow our health care workforce. We proposed investments in the Area Health Education Centers; funding to support a rural family medicine residency program in the North Country; expanding the State Loan Repayment Program to include additional health care workers; creating a voluntary certification program for community health workers and requiring the State submit a plan to seek Medicaid reimbursement for their services; Medicaid rate increases; the extension of the Commission on the Interdisciplinary Primary Care Workforce; reducing the time required for licensed nursing assistants to become certificated for medication administration to one year of practice rather than two; investments in community-based nursing precepting and mentoring programs; support for the New Hampshire Needs Caregivers Program; and more.

We succeeded on several fronts: New Hampshire made historic investments in the State's Medicaid program; we will soon have certified community health workers eligible to receive Medicaid reimbursement for their invaluable services; the nursing professionals can access an additional \$300,000 in State Loan Repayment Program funding; and LNAs can now become certified in medication administration after one year of practice rather than two. Due to workforce shortages within the Department of Health and Human Services, creating a lack of subject matter experts and it being the second year of the State's biennium budget, many of the investments sought by our Coalition were removed from the legislation apart from the Medicaid rate increases.

For the 2025 session, the Coalition proposes increasing Medicaid rates and investing in the creation of a Public-Private Health Care Workforce Recruitment and Retention Hub. A hub and spoke model will allow the State to leverage its investments with those of for-profit organizations and rely on the expertise of health care leaders across the Granite State to accomplish long-established goals. The Hub will manage the programs outlined below rather than requiring the State to operate the programs.

1. **Creation of a Public-Private Health Care Workforce Recruitment and Retention Hub.** Building on 30 years of experience and lessons learned in recruiting primary care providers for practices throughout the state, this effort aims to grow Bi-State Primary Care Association's Recruitment Center to strengthen the infrastructure needed to sustain and transform community-based primary care services, especially in rural and underserved areas. The expansion leverages Bi-State's existing public and private partnerships that facilitate workforce development, recruitment, and retention of primary care providers including primary care physicians, nurse practitioners, physician

assistants, dentists, dental hygienists and mental health and substance use disorder clinicians. In addition to expanding national marketing efforts to attract more primary care providers to the state, the collaborative will support nursing preceptor and mentoring programs; provide training and technical assistance on recruitment and retention programing; and the establishment of a new a loan repayment program for health care workers currently excluded from state and federal loan repayment programs.

Appropriation requested: \$580,000 in in '26 and \$580,000 in '27 funding to support the Health Care Workforce Recruitment and Retention Hub. \$500,000 for a national marketing campaign.

- 2. Area Health Education Center Workforce Pipeline Development.** New Hampshire's Area Health Education Centers (AHECs) are a statewide network that works to improve health care and access to health care, particularly in rural and medically underserved areas, by enhancing the health and public health workforce of our state. The requested investment will allow the AHECs to "grow our own" health care professionals through programs including but not limited to: engaging middle school and high school students in the exploration of health care professions; offering health professions students opportunities to experience learning in rural or medically underserved regions of New Hampshire designed to encourage participants to settle and work in those regions; and enriching the standard health curriculum by providing health professions students training in aspects of health care such as integration of behavioral health and primary care, social determinants of health, cultural competency, inter-professional team-based care, and addressing the challenges associated with substance misuse, through career ladder training and leadership programming. AHEC will partner with the New Hampshire Nurses Association by convening stakeholders to build a collective voice for nursing excellence and workforce sustainability in NH by determining what initiatives are currently in place to collect demand, supply, and academic workforce data and identify the gaps. With this information disseminated, stakeholders will make recommendations for a future NH Nursing Workforce Center as designated by the National Forum of Nursing Workforce Centers.

Appropriation requested \$3.1 million in '26 and \$3 million in '27 would be required to strengthen the program and impact long term workforce needs.

- 3. Loan Repayment Programs.** The State Loan Repayment Program is a proven program that provides funds to eligible health care providers working in medically underserved areas in exchange for the clinician's agreement to work for the non-profit provider for 24 months for part-time employees to 36 months for full-time employees. These payments are not treated as income and are thus exempt from federal income taxes. However, the program is limited to those serving in medically underserved areas, those with certain licenses, and those within certain health care organizations. The goal in 2025 will be to grow the State Loan Repayment Program at a modest pace via additional funding; require the State to participate in the federal loan repayment program; and broaden the eligibility through the creation of a program at the Hub.

Appropriations requested:

- \$300,000 in '26" and \$300,000 in '27" targeted at those in the nursing profession;
- \$700,000 in '26" and \$700,000 in '27 increase in the base appropriation; and
- \$300,000 in '26 and \$300,000 in '27 to expand loan repayment opportunities to clinicians with bachelors' degrees through the Hub. We understand that there may be tax implications for these contractors but believe it will incentivize health care workers nonetheless.

4. **Funding for Nursing Student Supervisors (Preceptors) and Financial Support for Host Organizations.** Training in health care organizations offers health professions students irreplaceable educational opportunities, particularly in rural and medically underserved areas of the Granite State. It also increases the likelihood of those trainees remaining in New Hampshire after graduation. This investment will provide the necessary support to graduate level nursing preceptors and the health care organizations that act as training sites for interns and apprentices.

Appropriation requested: \$550,000 in '26 and \$750,000 in '27 is needed to support the program which will be managed by the Health Care Workforce Recruitment and Retention Hub.

5. **New Hampshire Needs Caregivers.** The NH Needs Caregivers (NHNC) Program is a workforce pipeline program that promotes, recruits, and funds training for individuals interested in a career in health care as a licensed nursing assistant (LNA). The NHNC Program works with individuals to determine what they need for support (financial support for tuition, wraparound services), helps connect them with supportive services, and/or provides scholarships to cover the cost of tuition up to \$2600. NHNC also assists individuals in finding LNA courses and employment. An investment from the State will allow NHNC to continue its work with individuals to determine the supports needed to become an LNA; connect individuals with supportive services; and provide scholarships to cover the cost of tuition if necessary. The NHNC shall assist up to 500 individuals in finding LNA courses and employment opportunities for graduates.

Appropriation requested: \$500,000 in '26 and \$750,000 in '27. The contract will be managed by the Health Care Workforce Recruitment and Retention Hub.

6. **Family Medicine Residency Program in the North Country.** Coos County Family Health Services received a federal Teaching Health Center grant to create the framework for a family medicine residency program in rural New Hampshire. An investment by the State will allow the residency program to train up to four residents per year in the North Country, beginning July 1, 2026. This will undoubtedly increase the number of trained family medicine physicians in the Granite State because residents typically stay in the geographic area in which they are trained. This is the only residency program in rural New Hampshire, where high rates of chronic disease, substance misuse, and behavioral health disorders exist. In addition to older residents living alone in rural areas, there are also many older adults living in community dwellings who need long-term services and

supports. This family medicine residency program will expose future clinicians to the beauty, unique needs, and opportunities in rural New Hampshire.

Appropriation requested: \$1 million.

- 7. Early Childhood Family Mental Health Credentials.** In 2022, the NH Legislature passed and the Governor signed Senate Bill 444 into law, affirming the need for increased support for young children and their families who have experienced trauma and are at risk of developing longer-term mental health concerns. High quality early intervention in this area can prevent costly lifelong behavioral health impairment. Part of that legislation required the expansion and professionalization of the Early Childhood Family Mental Health credentials. No funds, however, were appropriated for this purpose. Over the past two years, the Institute on Disability at UNH has worked with the Association of Infant Mental Health and state foundations to develop a robust platform to support staff with training and consultation towards obtaining 1 of 4 levels of credential in infant mental health. The IOD is requesting that the legislature appropriate funding to the Bureau of Children's Behavioral Health to support training for 60 staff per year.

Appropriation requested: \$203,500 in '26 and \$205,300 in '27.

- 8. DHHS Staffing.** Many of the programs outlined above, as well as some aspects of the last budget's workforce programs and agency requests, meant that filling vacant positions will be needed to support the state's health care workforce. The Coalition strongly supports the DHHS budget requests for personnel needs as they will help serve the needs of the Medicaid and other providers in the state's health care system. We believe the hub and spoke model included in our proposal will minimize the contract management requirements of the State.

Appropriations requested: Positions and cost TBD.

- 9. Medicaid Rates.** In the last budget a large rate increase of \$300 million was made to adjust rates for all providers except hospitals. That rate increase offered a combination of a 3% across the board rate increase along with targeted rate adjustments by provider type. That effort stabilized the Medicaid program and came after many years of declining rates relative to costs.

In the '25 budget cycle the following approach is proposed:

- A 3% across the board rate increase for all providers. The goal here is to provide modest, annual, and predictable rate increases each budget cycle, rather than waiting for a decade and having to make major investments.*
- The cost for this 3% increase is estimated at \$15 million a year in general funds, which will access an additional \$18 million in Federal funds.*
- While the targeted rate increases in the last budget offer significant investments, stabilization and growth for many Medicaid programs and providers, many still require targeted budget supports. A '25 table of Medicaid rate increase will be*

developed as an add on to the 3% across the board (see attached – estimated cost of \$25 million GF in '26 and \$40 million GF in '27).

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