



The Hospital + Healthsystem
Association of Pennsylvania

Leading for Better Health

December 7, 2023

The Honorable Josh Shapiro
Governor, Commonwealth of Pennsylvania
508 Main Capitol Building
Harrisburg, PA 17120

Dear Governor Shapiro:

'Shared responsibility' is a valuable thread woven throughout your life in public service. You often note that the commonwealth's biggest challenges require work that is too great for any one person to address. As you say: 'It takes all of us.'

It takes all of us, for example, to ensure that every Pennsylvanian enjoys the opportunity to live healthfully and vibrantly. Federal, state, and local governments; hospitals; educational institutions; insurers; community organizations; providers; philanthropists; advocates; families; and patients must—and frequently do—work together. Even so, we face profound challenges as we strive to provide access to high-quality health care for every person in every community across the state.

As you work with your staff, state agencies, policy experts, and stakeholders to prepare your proposal for next year's budget, the more than 230 members of The Hospital and Healthsystem Association of Pennsylvania respectfully urge you to prioritize the wellbeing of every Pennsylvanian by investing in:

- Health Care Workforce
- Rural Health Care
- Behavioral Health Care
- Maternal Health Care

Please see the attached recommendations for specific ways we believe that you and your administration can increase access to high-quality health care across the commonwealth. You will see workforce recommendations in each of these priority areas, as this is the top challenge faced by all health care settings. Pennsylvania's hospitals and health systems—including the more than 250,000 men and women who dedicate their professional energy and skill in our facilities—affirm our commitment to sharing this responsibility with you and all stakeholders across the continuum of care.

We stand ready to work collaboratively with your staff to develop proposals on any of the suggestions outlined below. Please do not hesitate to reach out if you or your team would like to discuss any of these recommendations.

Sincerely,

Nicole Stallings
President and CEO

c: Secretary Val Arkoosh, Department of Health and Human Services
Acting Secretary Dr. Debra Bogen, Department of Health



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2024-2025 Budget Planning

Recommendations from Pennsylvania's Hospital Community

December 2023

Health Care Workforce

From home-based, long-term, and behavioral health care to inpatient, specialty, and emergency treatment, a workforce shortage is destabilizing every aspect of Pennsylvania's entire continuum of care. One cannot meaningfully address rural, behavioral, maternal, or equitable health care without investing in those who provide it. Among other crises, the lack of providers and shrinking access to other care settings are pushing emergency department patients and staff to frustration and untenable exhaustion.

Hospitals are making unprecedented efforts to recruit and retain health care professionals, reimagining care delivery to better support patients while reducing strain on providers, and partnering with educators and community organizations to develop tomorrow's health care workforce. But more investment is needed to grow the pipeline of health care professionals who will meet the commonwealth's growing need for care.

Among the commonwealth's 67 counties, 63 are full or partial primary care health professional shortage areas and 53 are full or partial mental health professional shortage areas. It is estimated that within the next three years, Pennsylvania will need at least 270,000 more nursing support professionals, 20,300 more registered nurses, and 6,300 more mental health providers.

- **Grow the Number of Nurse Educators and Clinical Training Sites.** Establish flexibility in credentialing requirements to teach nursing and create a grant program to offset the earnings disparity between nurses who practice and nurses who educate. Annually, U.S. nursing schools turn away more than 80,000 qualified applicants due to the limited number of educators and clinical sites. On average, advanced practice nurses earn \$120,000 a year while master's level educators earn about \$84,000 a year. Additionally, implement supports and incentives that expand clinical training capacity, such as investments in nurse preceptors and clinical space.
- **Keep Providers in Pennsylvania.** Expand Pennsylvania's successful loan repayment programs for front-line nurses and primary care providers. For the latter, enhance awards and increase length of service commitments—Ohio, New Jersey, and New York, for example, reimburse up to \$120,000 and incentivize work in underserved areas. Data shows that 80 percent of loan repayment recipients stay in these communities.



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- **Recruit International Professionals.** Increase administrative staffing for, awareness of, and the number of J1 Visas processed by the Department of Health via the Conrad and ARC waiver programs. Explore opportunity to tap unused slots in other states. This program helps to address the shortage issue while also contributing to Pennsylvania’s overall population.
- **Bring Interdisciplinary Partnerships to Scale.** Make investments that bring to scale and deploy proven local programs and partnerships reflecting the current work between the health care sector, education, and workforce agencies. Additionally, existing apprenticeship programs within the Department of Labor and Industry or opportunities within the Department of Education and the Department of Community and Economic Development that are currently made available to other industries could be an opportunity for the health care community to grow the workforce pipeline.

Rural Health Care

Rural hospitals care for socio-economically challenged and aging Pennsylvanians, are disproportionately dependent on government payors, and serve patient volumes that are often too low to manage high fixed costs and volatile operating expenses. In addition to providing essential care, rural hospitals are also economic anchors in their regions. During 2022, they provided \$64 million in charity care; contributed \$39 million in community health services; and supported more than 79,000 jobs.

- **Ensure Stable Payments.** Ensure the continuation of stable, predictable funding for rural hospitals through innovative payment models. Eighteen Pennsylvania rural hospitals have seen the benefit of a predictable funding source through the Pennsylvania Rural Health Model (PARHM). As Pennsylvania looks to the future beyond PARHM, innovative models that promote financial stability and support transformation efforts can help preserve crucial access to care in rural communities.
- **Increase Number of Nursing Preceptors.** Develop a grant program to encourage experienced nurses to supervise and teach as preceptors in clinical settings, including Federally Qualified Health Centers and other rural care sites. Preceptors are an essential part of onboarding new nurses to new clinical settings and residencies.
- **Support EMS and Transport.** Increase funding for and maximum grant amounts available through the fire company and emergency medical service grant program. Legislate and fund a dedicated budget line to provide sufficient, recurring state support, including provisions to meet the unique needs of rural communities, which have long travel distances and high need for transfers between facilities.



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Behavioral Health Care

More than 1.7 million Pennsylvanians live in communities that do not have enough behavioral health professionals. More than 50 percent of children 12-17 years old have not received care for their depression within the last year. Too often, people with complex behavioral health needs arrive at the emergency department already in crisis and are forced to stay too long in settings that do not best meet their needs while they wait for appropriate treatment to become available.

- **Build out Crisis Care Continuum.** Continue to grow the county mental health budget line and other state programs to stabilize and sustain evidence-based diversion, outpatient, walk-in, mobile mental health, crisis center, crisis residential, and other essential services. Prioritize staffing, infrastructure, and awareness of 988.
- **Grow Number of Peer Support Professionals.** Establish a grant program and provide training and technical assistance for hospitals to develop, maintain, and integrate peer support professionals in their direct care workforces. Funding can also be used to scale local programs regionally or statewide. For example, proven warm-handoff procedures in the drug and alcohol space can be applied to behavioral health episodes in an emergency department.
- **Enhanced Emergency Department Capacity.** Invest in the necessary infrastructure to augment emergency department (ED) triage and treatment capacity for patients experiencing behavioral health emergencies. Hospitals continue to experience a growing number of patients with behavioral health needs seeking care in the ED, leading to lengthy holds when a patient is waiting for the appropriate placement for care. Additional investments could include funding for enhanced training and triage support, development of emPATH (Emergency psychiatric assessment, treatment, and healing) units in EDs statewide, and physical infrastructure improvements to better support patients in crisis.

Maternal Health Care

Nineteen counties are currently designated by March of Dimes as low-access or maternity care deserts. Within the past 18 years, 35 Pennsylvania hospitals ceased providing maternity care. Over a recent six-year period, severe maternal morbidity increased by 40 percent across Pennsylvania. Trends are even more disturbing for people of color and in our rural communities.

- **Reimburse Doula Care.** Expand Medicaid coverage to pay for doula support for parenting families, including, but not limited to, prenatal, birthing, behavioral health, post-partum, and well-child interventions. Partnering patients with a doula throughout pregnancy is associated with better outcomes across a number of metrics.



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- **Cover Community-Based Health Support.** Require Medicaid to reimburse services provided by community health workers who understand and are trusted by those they serve. Such programs grow the diversity of the health team, improve health outcomes, and reduce Medicaid spending over the long term.
- **Expand Home Visiting Programs.** Incentivize Medicaid Managed Care Organizations to expand and collaborate with existing, evidence-based home visiting programs. Such programs have shown positive impact on reducing incidences of child abuse and neglect; improvement in birth outcomes, such as decreased pre-term births and low-birthweight babies; improved school readiness for children; and increased high school graduation rates for mothers participating in the program.
- **Increase Access to Primary and Postpartum Care.** Support policies and investments in every region to boost access to care before and after delivery, including infrastructure that guarantees payment for telehealth options that can be used to supplement necessary in-person care. Convenient and consistent interaction with qualified providers can identify concerns more quickly and increase follow-through with treatment plans.