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State Health Workforce Policy Coordination Strategies

Common Leading Perspectives for State Policy Coordination

About state health workforce policy coordination: Many states have strategies in place to support state health workforce policy coordination. The way in which states formalize these strategies varies but may include: a dedicated state health workforce entity (such as a center, office, commission or council); funding to support coordination activities or a formal charge through state statute or rules. States that have developed this capacity generally have supported such activities through leadership of a state agency, which is done by the agency directly or in partnership with an external entity.

Note: All information captured for the state examples were sourced from publicly available sources which are linked within the text below.

Health & Human Services

Definition: States have a significant role in health and human service functions, such as administration of Medicaid and other public sector programs, public health activities, health facility regulation, and more. States vary significantly in how health and human service activities are distributed into executive branch agencies (ex: one agency that offers all health/human service activities, or two or more agencies that fulfill distinct services). Among the states with formalized health workforce policy coordination strategies, health or human service agencies most frequently lead coordination efforts.

Benefits to this Approach:

- Under this strategy, population health is front and center.
- These agencies are commonly responsible for supporting state Health Workforce Shortage Area designation activities, which may ensure that any policy work done within this agency has a natural connection and foundation of health workforce data.
- If a state has state-based health workforce incentive programming, such as scholarships or loan repayment, these activities are generally housed under health and human services or public health agencies. As such, broader policy coordination activities established through formal mechanisms is a natural alignment.
- Many health care delivery and regulatory activities are within the purview of health and human services or public health agencies, including Medicaid programming, public health activities, health facility/provider licensing, and population- or program-specific initiatives such as behavioral health or long-term care.

Considerations:

- Health and human services agencies are frequently responsible for administration of a number of policies and programs. Care must be taken to ensure the coordination is properly valued and resourced and not lost in other initiatives.

State Example:

- [Georgia Board of Health Care Workforce](#)
- **Who:** The Georgia Board of Health Care Workforce (Board) is a 15-member body appointed by the Governor and confirmed by the state Senate. The Board includes practitioners, health system representatives, and consumer members.
- **What:** The Board meets quarterly to identify health workforce needs (through production of health workforce data reports) and support development of programming to meet those needs (such as loan repayment programming or directing medical education funding).
- **Mechanism of Formalization:** The Board receives an [appropriation](#) from the General Assembly to execute its functions (including separate appropriations for administrative activities and funding for programming). The Board is outlined in [statute](#) and has associated [rules and regulations](#).
- **Example of Outcome:** The Board produces an [annual report](#) which outlines activities completed that year, with financial reporting how funds were directed.



Georgia Board of Health Care Workforce

ANNUAL REPORT

Fiscal Year 2021



Occupational Regulation/Licensing

Definition: States serve a major role in occupational regulation of the health workforce. State entities responsible for health workforce occupational regulation may serve a leading role in a state's coordination of health workforce policy and programming.

Benefits to this Approach:

- States have a major role in determining entry (prohibitions, education/training, examinations, etc.) and practice (services that can be provided and those that cannot, supervision or oversight, etc.) policies.
- Policy coordination strategies that include multiple perspectives (and represent multiple occupations) could neutralize challenging profession-specific policy discussions.

Considerations:

- States vary significantly on how occupational regulation is structured, from a centralized agency that oversees and implements all regulatory activities to a decentralized approach which relies on independent occupational boards to conduct regulatory activities. State structuring of health workforce occupational regulation should be taken into account when determining feasibility of this approach.
- Although significant, health professions' occupational regulation is only one of the many policies related to the health workforce. Alignment with occupational regulatory entities may limit policy coordination in other spaces (ex: Medicaid, health professional shortage area activities, workforce development, etc.).

State Example:

- [Virginia Board of Health Professions](#)
- **Who:** The Board of Health Professions (Board) is an 18-member board that includes one representative from each of the 13 regulatory boards and has remaining citizen members.
- **What:** The Board is responsible for advising the Department of Health Professions, Secretary of Health and Human Resources, the Governor, and the General Assembly on matters relating to the regulation of health care providers, including the need for and appropriate level of regulation for currently regulated and unregulated health professions.
- **Mechanism of Formalization:** [Statute](#) (§ 54.1-2507:54.1-2510)
- **Example of Outcome:**

https://www.dhp.virginia.gov/media/dhpweb/docs/studies/2020_Naturopathic.pdf



REVIEW FOR THE NEED OF REGULATION OF THE
PRACTICE OF NATUROPATHIC DOCTORS
IN THE COMMONWEALTH OF VIRGINIA

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Labor/Workforce Development

Definition: States are responsible for state workforce development activities, including directing pass-through funding to support these activities and developing a state workforce plan. Some states have aligned their health workforce policy coordination activities with broader state workforce development activities to bring a labor-specific lens and see health as a workforce development industry.

Benefits to this Approach:

- States are responsible with creating a state workforce plan. States with a labor/workforce development perspective leading health workforce policy coordination activities are well-positioned to contribute to the health industry section of the state workforce plan.
- The Bureau of Labor Statistics has well-established processes for supply and demand data by occupation and by industry classification. Alignment with labor/workforce development provides states with a solid data foundation to initiate health workforce policy coordination conversations and validate or provide contextual information on data findings.
- Labor/workforce development strategies (earn-and-learn programming, registered apprenticeships, up-skilling, industry credentials, etc.) have historically been siloed from traditional health workforce development strategies (such as loan repayment, scholarships, regulatory policy change, etc.). States with a labor/workforce development perspective leading health workforce conversations adds new strategies to historical health workforce development strategies.

Considerations:

- Generally, workforce development conversations prioritize high-wage, high-demand jobs with minimal entry requirements. Although these jobs do exist in the health sector (ex. Dental assistant, dental hygienist, registered nurses), there are a number of other health occupations that fall outside of these criteria. For example, some health occupations may be high-demand, lower-wage (but critically important to population health activities), such as certified nurse aides and home health aides. Other jobs may be high-wage, high-demand, but have significant education and training requirements, such as physicians, physician assistants, and behavioral health counselors. Alignment of health workforce policy coordination activities with labor/workforce development perspective, may be helpful to identify and meet the workforce needs of the state.

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State Example:

- [Washington Health Workforce Council](#)
- **Who:** The Washington Health Workforce Council (Council) is a workforce development council that reports to the state workforce board (Washington Workforce Training and Education Coordinating Board).
- **What:** The Council is responsible for supporting the state strategic plan for supply of health care personnel, which is a part of the state's overall workforce plan.
- **Mechanism of Formalization:** The state strategic plan for supply of health care personnel is a deliverable that is formalized in [statute](#), and charged to the broad Workforce Training and Education Coordinating Board (Board). The Board then works with the Council as an industry-sector workforce development council to inform development of the plan. There are no references to the Council in statute or rules.
- **Example of Outcome:** The Council hosts the Washington Health Workforce Sentinel Network, which is a network of employers that regularly report real-time supply and demand information on a detailed level to inform state policy and planning. (link: <https://wa.sentinelnetwork.org/findings/>)

