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Michigan Health &  
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# The Crisis of the Hour: Workforce

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# Workforce Sustainability

- MHA formed the Healthcare Workforce Sustainability Alliance to call attention to the workforce shortage and the need for assistance
- Alliance press conference in November called for significant investments in recruitment, retention, and scholarships
  - Michigan Health & Hospital Association
  - Health Care Association of Michigan
  - Michigan Association of Ambulance Services
  - Michigan Community Colleges Association
  - Michigan State Medical Society
  - Michigan Osteopathic Association
  - Michigan County Medical Care Facilities Council

# Workforce Sustainability

- Michigan House approved in December, included \$300 million for healthcare worker recruitment, retention and training
- Senate unable to act immediately due to constitutional parliamentary issues, concerns
- **MHA Call to Action**
  - 835 documented connections to Legislature and Governor
  - Hospital tours for key elected officials
  - Public media appearances and pressure

# Workforce Sustainability

- Final legislative approval Feb. 9
- Governor signed on Feb. 16
- MHA to work with MDHHS on expediting distribution
  - Previous grants have taken 4 – 12 weeks to process

# Workforce Sustainability

## **\$225 Million allocated to MHA to distribute to acute care and behavioral health hospitals**

- *Minimum 10% dedicated to small and rural, critical access hospitals*
- Cannot be used to reimburse costs prior to Dec. 1
- Cannot be distributed based upon vaccination status
- Hospital vaccine mandates must comply with federal rules

# Workforce Sustainability

- MHA serves as fiduciary
- Broad flexibility on how funds can be spent, with some limits, including but not limited to:
  - Student loan payment assistance
  - Tuition assistance
  - Training programming
  - *Cash retention bonuses (no more than 20%)\**
  - *Cash recruitment bonuses (no more than 25%)\**
  - Other items falling under “health care recruitment, retention, and training programming”

# Workforce Sustainability

- Funding distribution likely based on number of employees (pre-COVID numbers)
  - Minimum of 10% allocated to critical access hospitals and small, rural providers (*legislative requirement*)
  - Minimum allocation per facility
  - MHA to work with MDHHS on allocation approval

# Behavioral Health Remains a Priority

- MHA priorities total \$145 million
  - \$100 million to expand inpatient pediatric capacity
  - \$20 million to improve psych services in ED
  - \$15 million for \$250,000 incentives for behavioral healthcare workers
- Passed House in April, Senate introduced in November
- There are indications this is next priority for legislature after focus on completing FY '22 budget, healthcare staffing





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# Licensure Exemption

# Background

- Legislative Policy Panel (LPP) discussed three alternative legislative proposals to allow out-of-state providers to render care in Michigan at the Oct. meeting
  - LPP gave the MHA Advocacy Team approval to work with administration
  - MHA Board discussed in November
- LARA attempted multiple rescissions (Apr, Aug, Oct)
- Announced December expiration, MHA worked to extend to Jan. 11

# December Negotiations

- Extremely short timeline
  - 9 session days
  - Bills take a minimum of two calendar weeks per constitution
- Executive office has historically opposed
  - Interstate nurse licensure compact
- Strong support from legislative leadership
- Deal reached Dec. 9<sup>th</sup>

# Senate Bill 759

- Sen. Curt VanderWall (R-Ludington)
- Public Act 167 of 2021
- Allows out-of-state licensed providers who are in good standing to render clinical care during an epidemic-related workforce shortage who do not have a Michigan license
- Takes effect when the director of the DHHS determines that control of an epidemic is necessary to protect the public health
- **Flexibility**
  - Number of providers seeking to practice in Michigan is unspecified
  - Duration of the epidemic-related staffing shortage are unspecified



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