

FY22-23 Proposed California State Budget \$51M New Workforce Investments

April 11, 2022



OVERVIEW

Today, more than 1,300 community health centers (CHCs) in California provide high-quality comprehensive care to 7.2 million people – that is roughly 1 in 5 Californians. For decades, CHCs have advanced more equitable health care delivery by providing quality and affordable services to all, regardless of patients' ability to pay, immigration status, or social determinants of health. CHCs offer a wide spectrum of care, from primary to dental to behavioral health care and a variety of wraparound services. As CHCs' workforce serve on the frontlines of the COVID-19 pandemic, they care for patients disproportionately impacted by racial inequities and barriers to health access because of shared languages spoken, cultural experiences, and communities they live in near CHCs.

COVID-19 EXHAUSTING HEALTH WORKFORCE & IMPEDING ACCESS TO CARE

California faces a worsening shortage of healthcare workers. Prior to the pandemic, researchers estimated a shortfall of more than 4,100 primary care clinicians, one million allied health professionals, and 40% fewer psychiatrists than needed in 2028¹. These low estimates do not reflect COVID-19's detrimental impact to the shortage of health care professionals resulting from increased rates of burnout, early retirement, labor market competition among health employers, rising costs of health care, etc. This shortage jeopardizes access to care, especially for patients in rural and areas of unmet medical need served by CHCs.

Greater diversity and cultural competency are key to rebuilding CHCs' workforce and ensuring access as the State promotes coverage for all Californians. Cultivating a health professional pipeline that more closely reflects California's diverse population starts with recognizing the systematic barriers to education inhibiting some students with fewer resources to study, train, and work as healthcare providers. For instance, underrepresented minority medical graduates are more likely than White graduates to have \$100,000 or more in medical

educational debt. They are more likely to choose non-CHC practice settings that do not serve low-income or underinsured patients to repay educational debt more quickly². Despite the health workforce shortage and limited pool of diverse, multilingual, multicultural staff, CHCs train, recruit, and retain talented individuals from their local communities to encourage them to serve and stay in the health field.

California can begin to close gaps in the health professional workforce and provide more equitable entries to the health professional pipeline by investing in loan repayment and scholarships programs for behavioral and allied health professionals, advanced practice clinician training, and graduate medical education. Such investments can increase the number of behavioral and allied health professionals in the health center workforce, improve retention in these careers at CHCs, and advance inclusivity in the health workforce.

THE SOLUTION

CaliforniaHealth+ Advocates respectfully asks the Governor and the Legislature to allocate \$51M in the FY22-23 California State Budget to address the critical health care workforce shortages. We recommend the funds be dispersed through the following programs under the new California Department of Health Care Access and Information to impact more than 3,500 health care trainees and professionals:

- **\$29.3M** for Loan Repayment & Scholarships Programs
 - \$10.6M for the California State Loan Repayment Program to increase the number of awards granted to primary care and behavioral health providers.
 - \$17M for the Allied Health Loan Repayment Program to enhance private investment and provide 1,060 new awards across all underserved areas in the state.

¹ Coffman, J. *California's Primary Care Workforce: 2016-2030, 2017*; *California's Current and Future Behavioral Health Workforce, 2018*, Kemp, *Help Wanted: Will Californians Miss Out on a Billion-Dollar Growth Industry?*.

² Toretsky, B. *Reducing Educational Debt Among Underrepresented Physicians and Dentists, 2019*.

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- \$1.7M for the Allied Health Scholarship Program to build on private investment and double program awards through additional 125 scholarships.
- **\$16M** for Advanced Practice Clinicians Training Programs
 - \$15M to support 150 Nurse Practitioner postgraduate fellowship slots in primary care within underserved communities and through the Song-Brown Healthcare Workforce Training Program.
 - \$1M to support 10 or more Physician Assistant postgraduate fellowship slots in primary care within underserved communities and through the Song-Brown Training Program.
- **\$5.7M** for Graduate Medical Education
 - \$5.7M for Teaching Health Centers through the Song-Brown Primary Care Residency Program to support significant expansion of via an additional thirty-three program awards.

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FOR MORE INFORMATION

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