



# Interim Report

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## to the 84th Legislature

House Select Committee on  
Health Care Education and Training



December 2014

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**HOUSE COMMITTEE ON HEALTH CARE EDUCATION AND TRAINING, SELECT  
TEXAS HOUSE OF REPRESENTATIVES  
INTERIM REPORT 2014**

**A REPORT TO THE  
HOUSE OF REPRESENTATIVES  
84TH TEXAS LEGISLATURE**

**SUSAN LEWIS KING  
CHAIR**

**COMMITTEE CLERK  
BRYAN W. LAW**

**ASSISTANT COMMITTEE CLERK  
COOPER MCLENDON, Intern Texas A&M University**

**COMMITTEE STAFF SUPPORT  
ROBYN WERTHEIM**

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Committee On  
Health Care Education and Training, Select

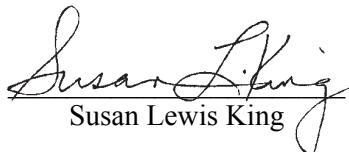
December 1, 2014

The Honorable Joe Straus  
Speaker, Texas House of Representatives  
Members of the Texas House of Representatives  
Texas State Capitol, Rm. 2W.13  
Austin, Texas 78701

Dear Mr. Speaker and Fellow Members:

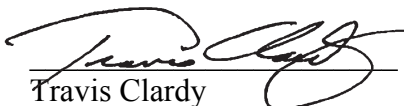
The Committee on Health Care Education and Training, Select of the Eighty-third Legislature hereby submits its interim report including findings for consideration by the Eighty-fourth Legislature.

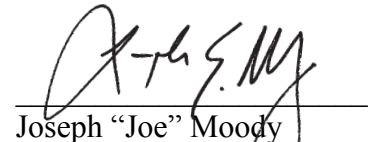
Respectfully submitted,

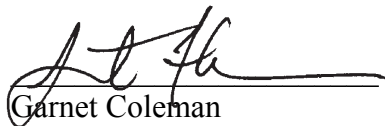
  
Susan Lewis King

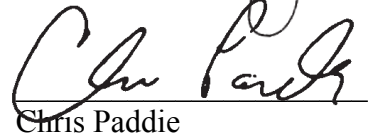
  
Cecil Bell, Jr.

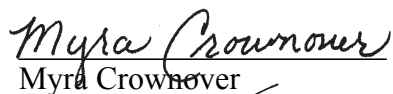
  
Donna Howard

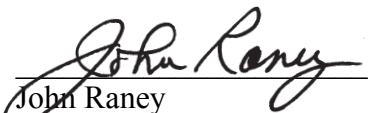
  
Travis Clardy


  
Joseph "Joe" Moody

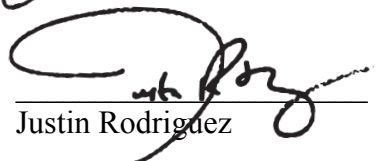
  
Garnet Coleman

  
Chris Paddie

  
Myra Crownever

  
John Raney

  
Bobby Guerra

  
Justin Rodriguez



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## Chair's Letter



**Susan Lewis King**  
State Representative  
District 71

COUNTIES: TAYLOR, NOLAN & JONES

December 12, 2014

To the Members of the 83rd Legislature:

It has been my distinct honor and privilege to serve as the Chairman of the Healthcare Workforce Education and Training Select Committee. My thanks go to Speaker Joe Straus for entrusting me with this important charge and to the superlative committee that he chose to be a part of our team. We are also grateful for the excellent support of the Speaker's office through Chief of Staff Jesse Ancira, and the policy advising of Patricia Shipton, Heather Fleming and Andrea Sheridan in that office. With statewide representation, our committee expertly and thoughtfully listened to and critically evaluated the comprehensive testimony presented to our committee. It was important to me to emphasize a collaborative approach between all committee members and to foster a team perspective throughout the process. To that end, members were asked to speak at the hearings on their most important issues and recommendations at several points during the process. At times, it seemed as though this important group was a blend of the Public Health, Human Services, Public Education and Higher Education committees in our focus. Within this submitted report are our findings in several areas that seemed to naturally emerge. My staff headed by Bryan W. Law and assisted by Robyn Wertheim and our A & M graduate school intern, Cooper McLendon ably crafted a framework to highlight the essence of our findings in these vast and critical arenas. The Speaker had also instructed us to look specifically at the Mental Health areas that would be a part of our study. This directive yielded very important discoveries.

Within the body of this report, the findings presented are a culmination of testimony, both invited and public as well as recommendations and concerns that were brought to our office throughout the process. We were hoping to uncover ideas that would benefit healthcare workforce needs, areas of mental health delivery and the connectivity between education(P-16) and career exposure would be demonstrated. It is the Chair's hope that legislative products that may be brought forth benefit all Texans, healthcare professionals and their patients and can be done so in a fiscally efficient manner.

Sincerely,

A handwritten signature in cursive script that reads "Susan Lewis King".

Susan Lewis King  
Chair

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## HEALTH CARE EDUCATION AND TRAINING, SELECT

### **Speaker's Select Committee Proclamation**

#### PROCLAMATION

#### SELECT COMMITTEE ON HEALTH CARE EDUCATION AND TRAINING

Pursuant to Rule 1, Section 16, House Rules, I, Joe Straus, Speaker of the Texas House of Representatives, create the House Select Committee on Health Care Education and Training.

The committee will assess the statewide demand for health professionals, including in the area of mental health. It will also make recommendations to better align institutions of public and higher education with the needs of health care employers. These findings will provide guidance as the Legislature seeks to strengthen the state's health care workforce, which will lead to better care for patients and better career opportunities for many Texans.

This committee may request the assistance of other committees in obtaining information.

The committee shall have 11 members. The following members are hereby appointed to the House Select Committee on Health Care Education and Training:

The Honorable Susan King, Chair  
The Honorable Cecil Bell, Jr.  
The Honorable Travis Clardy  
The Honorable Garnet Coleman  
The Honorable Myra Crownover  
The Honorable Bobby Guerra  
The Honorable Donna Howard  
The Honorable Joseph "Joe" Moody  
The Honorable Chris Paddie  
The Honorable John Raney  
The Honorable Justin Rodriguez

July 24, 2014  
Joe Straus  
Speaker

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## HEALTH CARE EDUCATION AND TRAINING, SELECT

### ACKNOWLEDGMENTS

The House Select Committee on Health Care Education and Training would like to thank all the legislative members and staffers who invested their time and energy into the coordination of committee hearing dates and the overall development of this interim report. The committee also thanks all the invited witnesses, state agency representatives, organizations and members of the public who provided invaluable testimony to the committee that helped to shape the content of this report.

Special recognition to the Baylor College of Medicine for helping to coordinate the committee's tour of the Michael E. DeBakey High School for Health Professions and the Baylor College of Medicine Academy at Ryan Middle School during the committee's experience in Houston, Texas.

The committee also extends gratitude to the leadership and staff of the Coleman College-Houston Community College for Health Sciences for hosting and facilitating the second committee hearing focus on the mental health care workforce on their campus. Thank you to the Texas A&M Health Science Center who provided a highly capable graduate intern (Cooper McLendon) to help staff the hearings and work of the committee.

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## HEALTH CARE EDUCATION AND TRAINING, SELECT

### INTRODUCTION

The Committee in considering the charge issued in the proclamation, determined that to create a meaningful process, the full scope of the health care workforce had to be examined. No one particular sector received a special focus or attention, instead a large swathe of careers located in the health care sector were examined in connection to one another in order to understand the overall challenges facing the health care workforce, while also identifying and respecting the unique and individual needs of each profession.

The committee began its work by exploring the demographic makeup of the workforce. Testimony provided to the committee by the State Demographer, Dr. Lloyd Potter, stated that in 2010 (the last census data available), ***45% of the Texas population was non-Hispanic Anglo, 38% of Hispanic descent, 11% were non-Hispanic African American, and about 6% were non-Hispanic Other (largely of Asian descent).***<sup>1</sup> This data already shows Texas as a minority majority state; however the trend lines when broken down by age and racial categories provide a much clearer picture of the changing demographics of the state. ***“In 2010, at ages 37 and younger, the Hispanic population exceeds the non-Hispanic white population. As the younger Hispanic population ages, the population in Texas will increasingly trend toward Hispanics becoming the majority race/ethnic group.”***<sup>2</sup>

Economically speaking, specifically in the health care sector, the State Demographer identified a stark disconnect between the identified demographic trends of the state and the projected composition of the health care workforce in Texas. To summarize his concern, Dr. Potter concluded the following on the demographic of the health care workforce, which has been condensed below from his testimony.

***“The Hispanic labor force is under-represented in the health diagnosing group occupations that tend to require higher levels of education (physicians, dentists, chiropractors, pharmacists, nurses, etc.) and overrepresented in the healthcare support group (home health aids, physical therapy assistants, occupational therapy aides, etc.) in both gender categories.”***<sup>3</sup>

Compounding the underrepresentation of Hispanics in health careers is the lower level of education attainment among Hispanics. The State Demographer also emphasized this concern in his testimony stating.

***“Educational attainment by race/ethnicity in Texas suggests that adults of Hispanic descent are much less likely to have completed high school compared to other race/ethnic groups. Over time, the percent of persons of Hispanic descent who have completed high school has been increasing more rapidly than for other groups but even at this pace of change it will take numerous decades for Hispanics to achieve parity with non-Hispanics in the percent with a high school degree or greater.”***<sup>4</sup>

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Considering these facts, a key policy challenge identified by the committee is that a strategic and long-term effort is needed to ensure that the state's health care workforce aligns with the demographics of the state.

In addition to demographic shifts, the committee also examined the public and higher educational systems to find ways to better align these two systems for preparing students for health care careers, especially in the area of mental health.

The committee received testimony on the implementation of HB 5, 83R, current programs to align academic and career and technical education courses between secondary and higher education and veteran's college credit and educational attainment initiatives. The committee received testimony from superintendents, health science teachers, high school students, college students, community colleges, private universities, public universities, and health science centers the Texas Education Agency, Texas Higher Coordinating Board, Texas Veterans Commission, and the Texas Workforce Commission in order to comprehend the dynamics of the current educational system.

The committee also explored innovative educational models that serve as direct pipelines for health care careers. Committee members and staff toured the Michael E. DeBakey High School for Health Professions and the Baylor College of Medicine Academy at Ryan Middle School in Houston, Texas. The committee also heard invited testimony on the medical high school model, Holland Medical High School in the Abilene ISD school system. The committee reviewed a rural health science model via testimony by Roscoe Collegiate School District as well as a dental workforce model at Carl Wunsche Sr. High School in the Spring ISD school system.

The mental health care workforce received an intentional and critical focus by the committee. One committee hearing was devoted exclusively to the mental health care workforce, twenty-five witnesses testified and substantial input from mental health stakeholders including the Meadows Foundation, Hogg Foundation, Mental Health America of Houston, and many others was received.

The committee also took testimony from the oral health panel at the final committee hearing. While the report is broadly written to address all health areas, specific attention should be given to the dental healthcare workforce in our state. Texas currently has a total of 243 Dental HPSA designations, ranking 50th in the US in the number of dentists needed to address these dental HPSA designations.<sup>5</sup> The state ranks 44th in the US in terms of the number dentists per resident. Considering such statistics, the dental healthcare workforce was also an important focus of the committee.

Veterans' education, licensing and transition into the civilian health care workforce were also a strong and deliberate focus of the committee. The committee explored every part of state government that is responsible for serving and assisting veterans including the Texas Higher Coordinating Board, Texas Veterans Commission, Texas Workforce Commission, the Health and Human Services Commission and the Texas Coordinating Council for Veterans Services.

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Other topics of study included: Graduate medical education, clinical instruction, payer systems, barriers to the workforce, education and clinical practice, and many other issues identified by the committee. This report will address these as well as the broader issues facing the entire health care work force by providing specific and tangible ideas for the Legislature's consideration.

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## HEALTH CARE EDUCATION AND TRAINING, SELECT

### COMMITTEE HISTORY AND TIME LINE

- July 24, 2014** Speaker Appoints House Select Committee on Health Care Workforce Education and Training
- August 28, 2014** First Hearing of the Select Committee held in Austin, Texas at the State Capitol. Committee receives testimony on the composition and demographic data of the state's health care workforce, state programs and initiatives, and testimony from public, private and higher education institutions and the health care industry.
- September 15, 2014** Committee members and staff toured the Michael E. DeBakey High School for Health Professions and the Baylor College of Medicine Academy at Ryan Middle School in Houston, Texas.
- September 16, 2014** Second Hearing of the Select Committee was held in Houston, Texas at the Coleman College-Houston Community College for Health Sciences. The hearing was focused on the mental health care workforce. Testimony was received from Coleman College-Houston Community College leadership, the faculty and student body. Explored were a broad range of topics focusing on mental health providers, local mental health authorities, and state agencies.
- October 6, 2014** Third and final hearing of the Select Committee was held in Austin, Texas at the State Capitol. The committee received policy ideas and recommendations from the National Conference of State Legislatures and reviewed innovative educational models, the dental health care workforce and further explored opportunities for veterans in the health care workforce.

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## HEALTH CARE EDUCATION AND TRAINING, SELECT FINDINGS CATEGORIES

- *Public and Higher Education*
- *Mental Health*
- *State Workforce Regulations, Initiatives and Programs*
- *Veterans*
- *Additional Findings*

The categorical breakdown of findings listed above was based upon testimony received by the committee and committee member statements made at the opening of the 3<sup>rd</sup> hearing on October 6, 2014. A transcription of those member statements can be found at the end of this report.

It should be noted however, that numerous policy objectives are interlinked and will naturally overlap into another subset or even topics outside the charge of the committee. For instance, the committee was not charged with nor did the committee review scope of practice issues. While testimony was received on this topic, the committee referred the issue to the standing committee of jurisdiction, the House Committee on Public Health.

The committee also did not address broader skilled workforce issues or general educational policies leaving those to the jurisdiction of the Joint Committee on Education Policy for a Skilled Workforce and the House Committee on Public Education.

The Findings listed under each category are in priority order based upon testimony received by the committee and feedback from committee members. Where there is an expected fiscal implication, this is indicated as **(FN)**.

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## HEALTH CARE EDUCATION AND TRAINING, SELECT FINDINGS

### *Public and Higher Education*

#### *Public Education*

1. The Legislature should establish a health professions middle and high school incubator program at the Texas Education Agency that will work with school districts to develop and establish dental and health professions pipeline programs in strategic demographic areas of the state, with priority for Hispanic majority and rural areas.<sup>6</sup> An Advisory Committee should be established to oversee, advise and report on the program annually to the Legislature. **(FN)**
2. A pilot program should be designed to allow students residing in Health Professional Shortage Areas (HPSAs) of the state and who can demonstrate proof of planning to return and practice in those areas upon graduation should be granted special admission priority status if all other admission standards are met, especially in the area of mental health and oral health.
3. Expand the Early High School Initiative to increase the number of students who can obtain dental and health professional certifications and dual credit.<sup>7</sup> **(FN)**
4. Include attendance of students in approved night and summer career and technical education (CTE) programs for the purpose of computing weighted state funding under the Foundation School Program<sup>8</sup> in order expand the number of opportunities for students to pursue career and technical training. **(FN)**
5. Restore the statutory minimum cap on the percentage of school finance funds that must be spent on career and technical education (CTE) programs to maximize state investment for CTE programs.
6. Establish a dedicated fund or revolving loan program specifically designed to help defray the costs for school districts to build infrastructure, buy equipment and establish clinical space needed for new and expanded health science training and programs.<sup>9</sup> **(FN)**
7. Direct the State Board for Educator Certification (SBEC) to review teacher certification requirements for high need/demand health professions and determine what is needed to better recruit and retain professionals to teach health careers at the secondary level and report statutory changes needed or take Board action on recommendations.<sup>10</sup>



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8. The Legislature should study the effectiveness of the number of school guidance counselors as the frontline workforce to guide and direct students into high demand health care careers and determine what ratio of counseling staff is needed for success.<sup>11</sup>
  9. “Mental Health,” as a career, should be a clearly articulated and developed as a career cluster under the Public Service Endorsement and included with all other health professions to best capture and recruit students into the field.
  10. Direct the State Board of Education (SBOE) and Texas Education Agency (TEA) to collaborate with public and private mental health providers to develop standards for local school district curriculum for mental health courses and certifications.
  11. The Texas State Board of Education should develop standards for local school district curriculum for bilingual language programs for use in health care professions.
  12. A rider should be developed and added into the Article III section of the budget that would direct a percentage of Area Health Education Centers (AHEC) funds towards the support of local school districts health profession classes, training and educational programs. A report on the outcomes of AHEC efforts in school districts should be required.
  13. The Legislature could pass similar provisions for high performing high schools as outlined in HB 2824, 83R (vetoed) but with a more narrow and specific focus on high performing health science high schools in minority and rural school districts to foster school district innovation in health sciences and careers.
  14. The Texas Education Agency should provide more flexibility to the credentialing evaluations, as required by HB 5, specifically if a school district graduates a high number of students in a health science related endorsement.
  15. The P-16 Initiative program at the Texas Higher Education Coordinating Board<sup>12</sup> (THECB) should be expanded to include evidence based and researched strategies for educating children about the health care workforce at the earliest grade level possible to generate interest in health careers and connection to academic study.

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## Higher Education

1. The Legislature should continue the process for funding an increase in Graduate Medical Education (GME) slots in the state. New slots may need to be funded based upon a regional assessment of greatest health need in the state.<sup>13</sup> (FN)
2. The Legislature could consider restoring the state's Medicaid match for Graduate Medical Education (GME) to pull in additional federal funds since current funding for GME/residency slots has not increased.<sup>14</sup> (FN)
3. The Texas Higher Education Coordinating Board (THECB) should coordinate a statewide partnership program with medical/dental schools, institutions of higher education and health science centers in order to develop and form formal partnership programs between those entities and local school districts to help establish health professions pipeline programs at the middle and high school level.
4. The Legislature should consider directing the Higher Education Coordinating Board to administer the Texas Access to Health Professionals (TAHP) loan repayment program for all critically needed dental and health professions.<sup>15</sup> This program would be in addition to the Physician Loan Repayment program. The program could be paid for through a joint federal state matching program called the State Loan Repayment Program (SLRP) and by dedicating and appropriating additional tobacco tax revenues to the program. (FN)
5. The Higher Education Coordinating Board should consider development of a program similar to the *Iowa Practice Support Initiative*, to improve the long term retention of dental and health professionals in the loan repayment program. (FN)
6. The Legislature could consider authorizing a pilot program that would demonstrate the effectiveness of a program similar to Oregon's *Pay It Forward Model*, to increase access to higher education and incentivize study in critical health fields. The state would pay up front for a student's education in a critical need health related field and the student would then pay the state back interest-free upon employment. This would create a revolving fund for future students and a second type of incentive.<sup>16</sup> (FN)
7. The Higher Education Coordinating Board should be directed to coordinate with institutions of higher education the development of expedited training programs in mental health careers that align with new curriculum for mental health that would be developed by school districts.<sup>17</sup>

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## HEALTH CARE EDUCATION AND TRAINING, SELECT FINDINGS

### *Mental Health*

1. Require a joint study of the mental health care system conducted by the Department of State Health Services, (DSHS), Texas Department of Insurance (TDI) and an institute of higher education to evaluate the full spectrum of payment and reimbursements for mental health services in Texas, to determine if payment reform and regulatory changes are needed to better meet the demand for services and strengthen the workforce.
2. The Legislature should thoroughly review and adopt where consensus exists the recommendations offered in the mental health workforce report produced by the Department of State Health Services, (DSHS) as required by HB 1023, 83R.<sup>18</sup>
3. A dedicated statewide mental health internship and residency grant program should be established to provide training stipends for psychiatric trainees, licensed counselor interns and other pre-licensure positions in the mental health professions. This could be funded by federal grants (i.e. The Behavioral Health Workforce Education and Training for Professionals). A single joint and collaborative effort between the state and counties would be needed to secure increased federal funds, especially in mental health shortage areas. Currently grants received in Texas are too widely disbursed and do not have enough financial value to make the difference needed to strengthen the state's workforce.<sup>19</sup> **(FN)**
4. The Legislature should authorize the development of a pilot program that would incentivize and reward institutes of higher education willing and able to develop and demonstrate innovative multimodal and multidisciplinary models for delivering and expanding access to mental and behavioral health services in Texas.
5. The Health and Human Services Commission should develop a strategy for increasing the number of certified peer specialists in the state. The plan/strategy should also indicate ways in which certified peer specialists can help reduce costs in the Medicaid program.<sup>20</sup>
6. Require the Health and Human Services Commission (HHSC) to evaluate and adjust Medicaid reimbursement rates where appropriate to mental health providers to incentivize community based mental health services, increase access to mental health professionals, as well as realize cost savings from care provided by community based providers versus emergency room care or county correctional costs.<sup>21</sup>

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7. Clarify in state law, where appropriate, that occupational therapists can be classified as mental health providers and can be reimbursed for such services when provided for individuals with a mental health diagnosis.<sup>22</sup>

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## HEALTH CARE EDUCATION AND TRAINING, SELECT FINDINGS

### *General State Workforce Regulations, Initiatives and Programs*

1. The Legislature should support and fund the Texas Workforce Commission's (TWC) expansion of the *Accelerate Texas Program*<sup>23</sup> and further require the program to include mental health technicians and other entry level dental, medical, and mental health professions as options in the program. **(FN)**
2. The Legislature should clarify, reduce or remove barriers to adult entry into the healthcare workforce including immunization requirements, high school diploma and GED requirements and other potential barriers. A temporary task force on the issue may be needed to provide recommendations.<sup>24</sup>
3. The Legislature should thoughtfully review and consider reforms in the area of criminal felonies that would prevent an individual from entering a health related field.<sup>25</sup>
4. The Texas Workforce Commission (TWC) should deploy rapid entry level dental and health professions training programs in strategic demographic areas of the state, including Hispanic majority, rural and Health Professional Shortage Areas (HPSAs) regions of the state.<sup>26</sup> **(FN)**
5. The Texas Workforce Commission (TWC) should coordinate an initiative with the Texas Higher Education Coordinating Board (THECB) to help individuals receive the education and training necessary to move from entry level positions into critically needed dental, medical, and mental health professionals. This would also open up additional entry level health positions for job seeking individuals. **(FN)**
6. The Texas Workforce Commission should increase the number of *Adult Education and Literacy (AEL) and Self-Sufficiency Fund* projects that include training in dental and health-related occupations.<sup>27</sup> Consideration of new projects should be targeted in Health Professional Shortage Areas. **(FN)**
7. The Texas Workforce Commission (TWC) should allow non-profits (in accordance with SB 307, 83R) to have access to workforce skill development funding without having to partner with a community college.
8. The Texas Workforce Commission (TWC) should consider a strategic program/initiative designed to encourage and support individuals to enter dental and health professions in the TANF Choices and SNAP Employment & Training (SNAP E&T) programs.

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9. The Department of State Health Services (DSHS), Area Health Education Centers (AHECs), and Local Workforce Boards should in partnership create and deploy a coordinated dental, medical and mental health professions recruitment campaign designed to reach both students and young adults promoting the need and benefits of pursuing a career in a critically needed dental and health profession. **(FN)**
  10. The Higher Education Coordinating Board should evaluate all state agencies dental and health profession employment needs and determine if specific programs and curriculum could be developed to better train individuals with the right skills and credentials to fill such positions and improve employee performance and retention for the state. (i.e. CPS case workers, juvenile justice caseworkers, etc.)
  11. The Legislature should fund the state's community and faith-based initiative, through the Renewing Our Communities Account (ROCA), and direct the funds specifically to help build the capacity of non-profits to partner with dental, medical and mental healthcare providers, state and local governments and other stakeholders to support and help implement key health care programs and initiatives.<sup>28</sup> **(FN)**

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## HEALTH CARE EDUCATION AND TRAINING, SELECT

### FINDINGS

#### *Veterans*

1. Evaluate and consider expanding statewide the Texas Workforce Commission's (TWC) accelerated curriculum and training program for veterans in emergency medical services, surgical technology, respiratory therapy, dental hygiene and nursing.<sup>29</sup> **(FN)**
2. Establish in statute that a single state agency is the lead point for both veterans' health care services and veterans' employment in health related fields.
3. All state health licensing boards should establish a clear and streamlined process for a military service member or veteran to submit an application for a license or apprenticeship and consider military healthcare experience where applicable to obtain credit for verified military experience, service and training.<sup>30</sup>
4. Expand the number of Texas Workforce Commission's (TWC) *College Credit for Heroes* partnerships and programs in community colleges and also the number and type of professionals in the program to ensure an increased focus on needed health related professions.<sup>31</sup>
5. Create a statewide public-private partnership to establish and expand veteran peer specialist programs for addressing veterans' mental health needs. **(FN)**
6. Direct the Governor's office of Economic Development to develop recruitment strategies to attract veterans with health care training and experience to Texas.
7. Reform the Veteran's employment preference statute to allow state agencies to post positions to be filled by veterans only and give state agencies the authority to make direct hires without advertising the position; this could help fill critically needed health positions for the state more quickly while also increasing the percentage of veterans hired by the state.<sup>32</sup>
8. The Texas Veterans Commission should be given the statutory authority to require all institutions of higher education to report the academic and graduation outcomes of veterans, and specific information on veteran outcomes in all health care professional programs should be obtained and publicly reported.

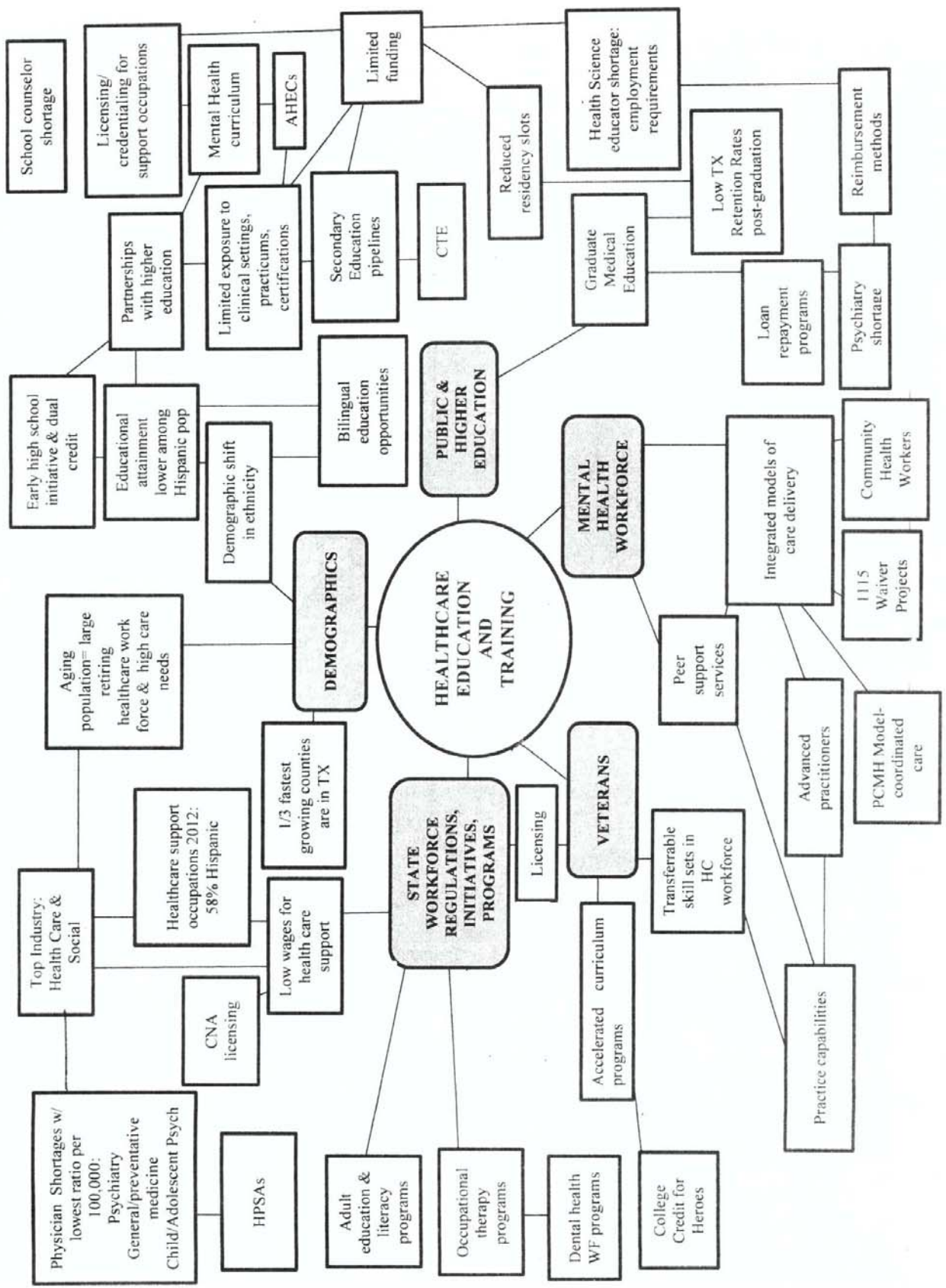
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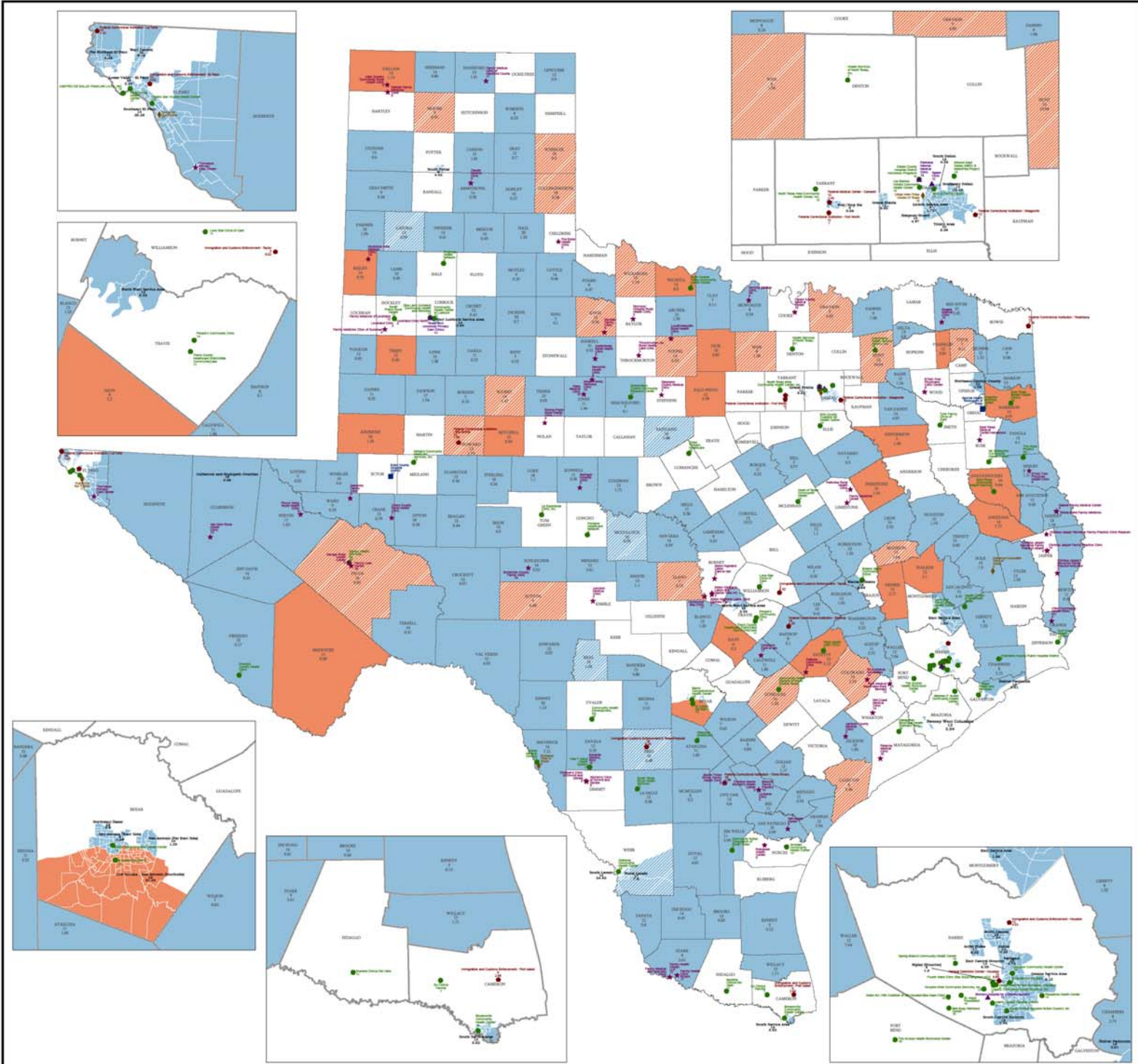
## HEALTH CARE EDUCATION AND TRAINING, SELECT

### ADDITIONAL FINDINGS

1. The Department of State Health Services (DSHS) should develop a modern, more precise and Texas specific health needs assessment model, in order for the state to monitor and evaluate and report on the impact of all state programs in dental and health shortage areas to determine the effectiveness of such programs. The report should also provide specific and real time information for best strategies to reduce the number of medical and dental Health Professional Shortage Areas (HPSAs) in Texas. **(FN)**
2. The Legislature should establish a Task Force to study and provide a full and comprehensive review of all entities that offer dental or medical health care training and determine what educational models are the best investment of state and federal tax dollars for student loan and grant assistance purposes.
3. The Legislature should evaluate and determine if prerequisites for nursing programs, specifically the Certified Nursing Assistant (CNA) courses are truly a proper and necessary prerequisites for entry into nursing school and if any other barriers exist that unnecessarily restrict entry into nursing programs.<sup>33</sup>
4. The Legislature should expand the current Certified Nursing Assistant (CNA) certification program to allow for additional and specialized career options for certification as a nurse aide in Texas. Increased opportunities for certification would provide flexibility for employers to develop tailored job training and more appropriate continuing education standards for nursing aides across the health care sector. The state's expansion of the CNA certification program could also provide more flexibility for instructor requirements and allow for a broader range of qualified health professionals and health science instructors to teach CNA courses. **(FN)**
5. The Legislature should direct the Department of Aging and Disability Services (DADS) to determine the viability of establishing a quality outcome payment system for providers to reward high quality care by Certified Nurse Aides (CNA) or their equivalents that would reward providers with bonus quality payments that must be shared. **(FN)**







- Facility HPSA\***
- Comprehensive Health Center (Score only)
  - Correctional Facility (Score: # Short)
  - Federally Qualified Health Center Look-Alike (Score only)
  - Native American Tribal Population (Score only)
  - ★ Rural Health Clinic (Score only)
  - ▲ Other Facility (Score: # Short)
- County/Facility/Year**  
**SCORE**  
**# SHORT**

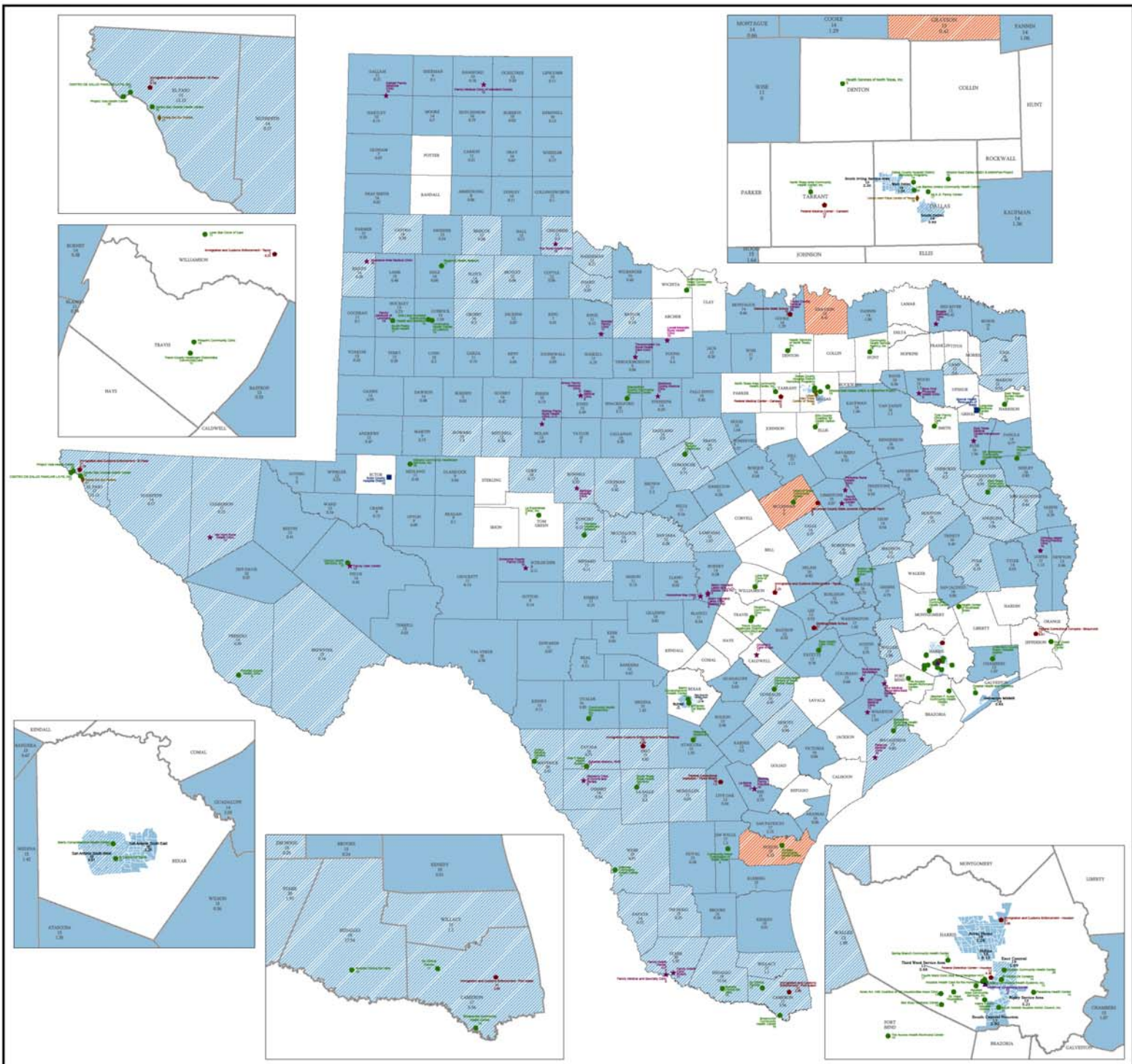
## Primary Care Health Professional Shortage Area Designations 2014

- Geographic Area HPSA<sup>1</sup>**
- High Needs Geographic Area HPSA
  - Low-Income Population HPSA<sup>2</sup>
  - High Needs Low-Income Population HPSA
  - No Designation

**FACILITY HPSA**  
 A facility must:  
 1. be either a hospital and/or acute care hospital institution or a public and/or nonprofit medical facility;  
 2. be a non-teaching or non-teaching university facility;  
 3. provide primary care services to at least 250 patients; and  
 4. have a ratio of the number of primary care physicians to the number of FTE primary care physicians serving the population to be at least 1:500.  
**SCORE:** HPSA scores are developed for use by the National Health Service Corps in determining priorities for assignment of clinicians. Scores range from 1 to 25 for primary care. They are calculated using a combination of the population-to-provider ratio, the percent of population with limited or no primary care, the ratio of health care workers to health care need, and the percent of population with limited or no primary care.  
**# SHORT:** The number of FTE providers needed to resolve the designation (also known as the de-designation threshold).

**1. GEOGRAPHIC AREA HPSA:** Region either has a population to full-time equivalent primary care physician ratio of at least 1,500:1 or has a population to full-time equivalent primary care physician ratio of less than 1,500:1 that exceeds the 1,000:1 and has an extremely high need for primary care services.  
**2. LOW INCOME POPULATION HPSA:** Region has a minimum of 30 percent of the resident population at or below 200 percent of poverty and has a ratio of persons in the low-income population group to number of primary care physicians providing in the area and having the population group of at least 5,000:1.  
**3. HIGH NEEDS:** An area will be considered as having high needs for primary health care services if at least one of the following criteria is met: the area has more than 100 births per year per 1,000 women aged 15-44; the area has more than 20 infant deaths per 1,000 live births; or 20 more than 20 percent of the population or all households have incomes below the poverty level.





**Facility HPSA\***

- Comprehensive Health Center (Score only)
- Correctional Facility (Score, if Short)
- Federally Qualified Health Center-Look-Alike (Score only)
- ▲ Native American Tribal Population (Score only)
- ★ Rural Health Clinic (Score only)
- ▲ Other Facility (Score, if Short)

**Geographic Area HPSA<sup>1</sup>**

- High Needs Geographic Area HPSA
- Low-Income Population HPSA<sup>2</sup>
- High Needs<sup>3</sup> Low-Income Population HPSA
- No Designation

## Mental Health Health Professional Shortage Area Designations 2014

**County/Facility/Point SCORE**  
# SHORT

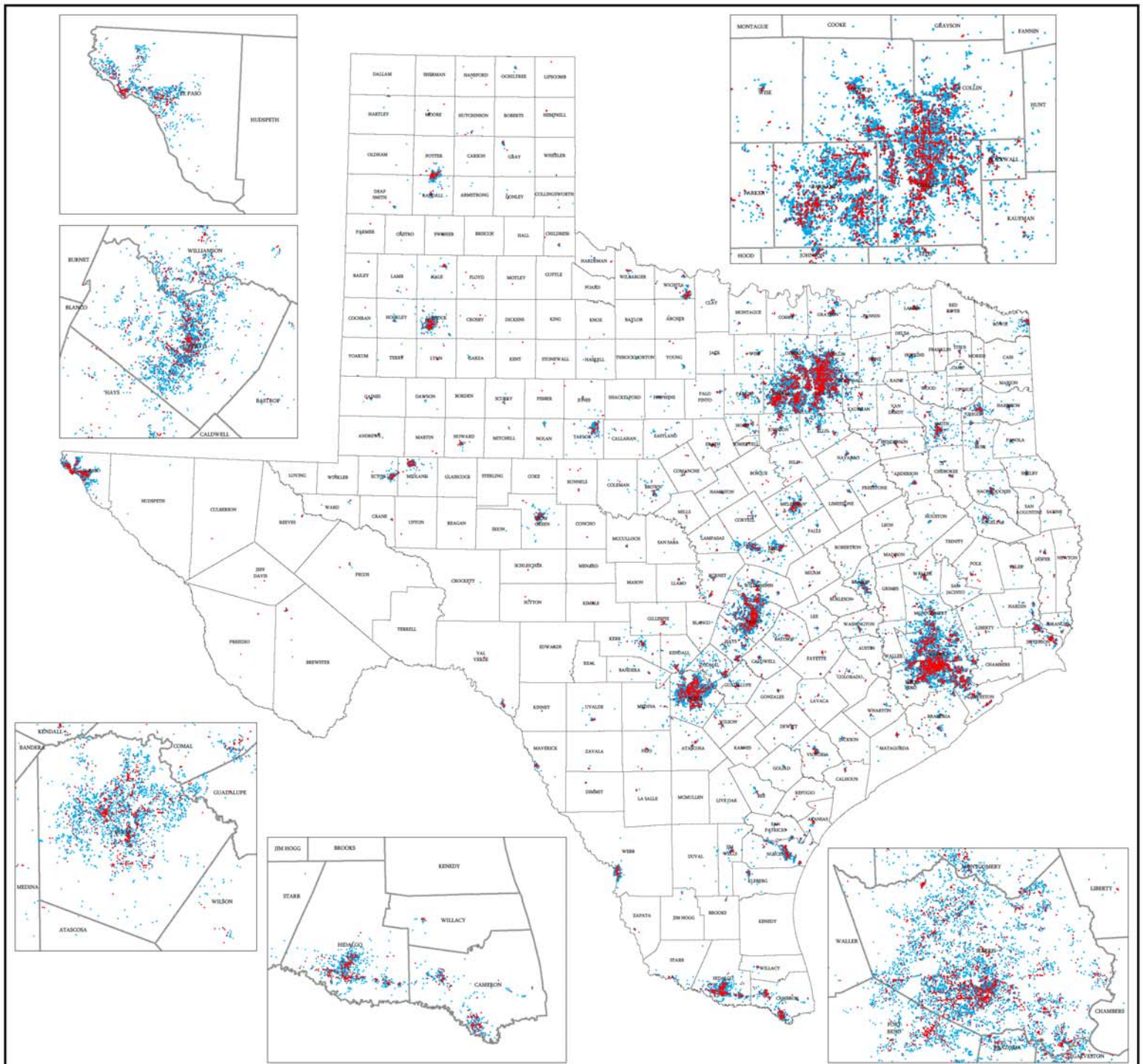
**SCORE HPSA**  
As a national and/or state correctional institution, a state/county mental hospital, or a public and/or nonpublic mental health facility  
Federal or State Correctional facilities must have at least 150 inmates and a ratio of the number of inmates per year to the number of FTE psychiatrists serving the institution of at least 1:800.  
State and county mental health hospitals must have an average daily inpatient census of at least 100, and the number of weekend beds per FTE psychiatrist available at the hospital must exceed 300.  
Community mental health centers and other public and nonpublic facilities must be providing or responsible for providing mental health services to a size or population group designated as being a shortage of mental health professionals and have sufficient capacity to meet the psychiatric needs of the size or population group.  
This list only summarizes criteria for HPSA designation. For full criteria, please visit <http://hhs.gov/sites/default/files/mental-health-professional-shortage-areas-2014.pdf>  
Source: Texas Department of State Health Services, Health Resources and Services Administration

**1 GEOGRAPHIC AREA HPSA** Region either has a population-to-provider ratio greater than or equal to 20,000:1 or has a population-to-provider ratio greater than or equal to 25,000:1 and has an unmet<sup>3</sup> high need<sup>3</sup> for mental health services.

**2 LOW-INCOME POPULATION HPSA** Region has a minimum of 50 percent of the resident population at or below 200 percent of poverty level and a population-to-provider ratio greater than or equal to 20,000:1.

**3 UNMET HIGH NEED** An area will be considered to have unmet high needs for mental health services if one of the following criteria is met: (a) 20 percent of the population 18 and over has mental health service needs below the poverty level; (b) the youth score, defined as the ratio of the number of children under 18 to the number of adults of ages 18 to 64, exceeds 0.12; (c) the elderly ratio, defined as the ratio of the number of persons aged 65 and over to the number of adults of ages 18 to 64, exceeds 0.15; (d) the population has a high percentage of education, as indicated by percentage data showing the area's education rate to be in the lowest quartile of the nation; (e) 10% or more of the area has a high degree of urbanization, as indicated by percentage data showing the area's urbanization rate to be in the lowest quartile of the nation; (f) 10% or more

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## Mental Health Professionals by Prescribing Authority

**Authority to Prescribe Medication**  
 ● Prescribing  
 ● Non-Prescribing

This map illustrates the practice addresses of prescribing mental health professionals in Texas (primary care physicians, psychiatrists, advanced psychiatric nurse practitioners (APRNs)\*) and non-prescribing mental health professionals (licensed chemical dependency counselors, licensed professional counselors, marriage and family therapists, occupational therapists, occupational therapy assistants, clinical social workers, clinical psychologists, and community health workers). If practice addresses were not available, mailing addresses were used.  
 \*APRNs do not have independent prescribing authority in Texas, but can prescribe medications under physician supervision.

Source: 2011 Supply and Distribution Tables for State-Licensed Health Professions in Texas  
 Texas Department of State Health Services  
 11/19/2014  
 Texas Legislative Council

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## HEALTH CARE EDUCATION AND TRAINING, SELECT

### **Committee Members Public Remarks on the Work of the Committee**

*Representative Howard:*

First of all, I would like to say that I appreciate Speaker Straus for giving us the opportunity to look at this issue. We have passed legislation like HB5 and we don't always get into how this is going to be implemented. This is a great opportunity for us to talk about how to make sure that we are connecting public education, higher education, and workforce needs and making sure that we are aligning them as much as possible. Representative King, I am appreciative of your bringing us together and for taking us to Houston and bringing all of the testimony that we've had.

I'm just going to quickly summarize the key points that I noted. This not a total list and it is not fleshed out yet, but the three main categories that I have listed and that I think we have heard in the hearings have to do with HB 5, getting more students through the higher education pipeline, and state government.

Relating to HB 5, we heard a lot about the need for more counselors in terms of HB 5 endorsements and the need to help determine pathways for these opportunities. We also discussed the lack of having the mental health needs met of our students. It is important that high school students have transportation to hubs or community colleges to ensure that our public education high schools have the opportunity to connect with programs so that the endorsements can be offered. We also discussed the lack of clinical labs and space such as the Dental Hygiene Assistant Program. Another key point to address is the state paying for seat time versus flexible schedules. There needs to be some flexibility in the school finance formula so that it is not just seat time that is being taken into consideration. Additionally, there is the expectation that students are having to come out of programs with some type of certification.

The lack of certified teachers is an issue that we have heard from several people; we need to figure out a way to make sure that we have the teachers we need to teach these pathways through the endorsements. Regulations were brought up as an obstacle as well, for instance regulating who can teach Certified Nurse Assistants. Other issues include getting more students through the higher education pipeline and certainly a whole lot about tuition assistance and the different ways we can look at that as well as increasing our graduate medical education slots.

Although we did not plan to talk about state government and scope of practice in this committee, there is no way of getting around it. We keep hearing about the need to collaborate and have team delivery of healthcare. This process requires that everyone practice to the full extent of their license and training. Reimbursement rates at the state level have had a huge impact on the lack of delivery of care and has affected the high turnover that we have in a lot of areas as well as the lack of fill rates. Those are my overarching take-aways from the committee; there is a lot more to look at here.

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The final thing that I would like to mention is a case-study from the New York Times on medical assistance programs. It talks about how we have advertising out there saying that this is a huge field that we have a need for, and if you come to our school and get this training you will have a job that pays this amount. The reality is not quite what is being advertised. They conclude that this market is failing because the medical certificate is not quite what it seems to be. A lot of students going through these programs are not getting jobs, or are getting them at a lower salary than what was advertised. In the advertisements, there is a lack of college certificates for this program. This case-study focuses on the not-for-profits, but there is a problem and disconnect with the community colleges as well. I think it's very timely that this article came out. We certainly have a lot to look at here.

*Representative Coleman:*

Addressing the topic of mental health, we need to take advantage of our MSWs, LPCs, Advanced Practice Nurses, and psychiatric residencies-that's the biggest piece there. The other is to try and experiment with BSNs in community colleges. With hospitals going to magnet status, you have to be an RN to work there, so it is important to produce more RNs now. The last piece is to provide more opportunities for practicum for everybody. If we are going to do residencies and deferrals in terms of being able to assist with loan repayments, we should do that across all health professions, instead of just one group of people. If it's a nurse, an MSW, an LPC, a PA, or whatever else, we should not assume that others don't need assistance as well in terms of paying for their education. Another important point is the early college high schools and middle schools which help produce people to fill the pipeline.

*Representative Moody:*

This committee has really delved into some complex topics and this has been a fantastic opportunity to get to talk to some stellar witnesses. I want to laser focus on one thing. Going back to the first hearing when the state demographer came and talked to us. If there is anything driving what we should be doing as a state it should be our demography. The points brought up during that presentation were very clear: We have an expanding population in this state of Hispanic individuals. We are doing a poor job of educating Hispanic children in our schools especially in terms of bringing them into healthcare profession. There was pretty solid evidence put out by the demographer and there is not any politics in that, those are just the numbers. We need to look into the way we are going to implement these models going forward with a very keen eye on that expanding population and also those that are going to be treating an aging Hispanic population. We talked about bilingual programs and dual language programs. I think that discussion needs to be elevated quickly and uniformly. For us as a state, if we don't focus on the educational component and dealing with a growing Hispanic community of state, then we are going to fail our future- that's the point I want to bring to the table. I thought that out of all of the presentations we had, the State Demographer's presentation gave us a very clear road map about where we need to be going. I thank you for bringing such excellent people together to testify and for expanding my knowledge on this. I know that you all have been working in healthcare policy for quite some time, so getting to delve into this has been very interesting and I thank you for that.

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*Representative Bell:*

I would like echo a lot of what my colleagues have said in the sense of being honored to serve on this board. I want to touch on the fact that career and technology education certainly hold great deal of opportunity and I want to make certain that we don't limit those conversations. I don't necessarily believe that we take full advantage of opportunities that our high school students have available to them. We have early college programs available for some students, but under HB5 and HB 842 we should be able to afford a much broader spectrum of Texas students the opportunity to take ownership in their education and certainly be aware of and to focus on the critical aspect of providing healthcare. For that to be successful, one of the things that we heard was the need to have clear articulation between the high school classes that are taught at community colleges and for that articulation to be continued up through the four year universities so that we ensure that we provide value to the students who sit in the seat. It provides us, as Texans, awareness that the dollars we are spending are prudently and wisely spent and that we see the advantage of those dollars in meeting the challenges across the healthcare workforce. We also heard clearly that we have an enormous number of healthcare professionals, but due to the limitations of scopes of practice we are not able to match those professionals to the needs that are present in our underserved areas. It is a legitimate consideration to look at scopes of practice and to consider how we can provide the most rapid access to the talents that are here human resources wise. Whether that is using master of psychology, psychiatry, physician assistants, chiropractors, healthcare professionals, or nurses we need to consider how we can better serve Texas while not reducing the care, but making certain that we maintain a high standard of care. It is important to address the question of limited residency slots. I am aware of a grant program that we use to allow those institutions that may consider residency slots to conduct studies. Perhaps we need to look at funding some residency slots with some administrative dollars out of that so that instead of having a study that you look at to see if maybe it fits you, you actually have the opportunity to have access to residents and if it's not the program that works for your institution, you will know it because you and your own assessment were able to conclude that.

Lastly, if we are sincere, we know that there are other venues outside of traditional delivery mechanisms. We need to do a better job of figuring out how to use the dollars that are already in the system. I like to talk about one medical ailment that a lot of folks deal with, the flu. Right now we have the tendency to send folks culturally to the emergency room for the flu at a cost of over \$1800 a case. Those patients get fifteen minutes of time with a physician and the same prescription that they would get anywhere else. At Health and Human Services it will cost about \$125 and they will get about fifteen minutes with a physician and whatever prescriptions that would come along with that. There is a lot of concern about what is driving these problems. Mental health is a focus that is not ignored in those settings. I believe that we need to be serious about how to best utilize the dollars that are already in the system to provide better care and coverage. I think some of that comes down to figuring out how to create better relationships that are already in place. I thank you for the opportunity to be here.

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*Representative Clardy:*

I would like to echo Representative Howard's comments and thank the Speaker for being allowed to serve on this committee. This is an interesting nexus of issues that are important to me not only as a representative, but also as a Texan. I want to thank you, Chairwoman King for leading this ensemble. I'm not going to echo everything that has been said here, but I will discuss a few points. Following up to the work we've done in the 83rd, the topic of the intersection between HB5 and vocational training and the how we interact with our junior colleges and community college systems. One thing I think anecdotally that we did is the opening of the medical school in The Valley and how are trying to broaden the opportunity for all Texans to participate and improving education standing. We know that when educational standing and attainment goes up, so does quality of life and standard of living. We need to look for ways to continue to provide those opportunities. All of that comes together in this committee and the charges that we were given in the interim to study mental health, which continues to be a concern. Hopefully we can develop ways through emerging technology to help monitor and track those patients with concerns, disabilities, or illness that are treatable and allow them to be more active and involved in their own treatment. Fundamentally, if a patient does not want to get help treatment is not going to work. We can address this with some of these emerging technologies, but it comes back down to the fact in order to cure an illness you have to have a diagnosis. To have a diagnosis, you have to have trained healthcare professionals to make sure that we understand the issue that person is suffering with and go from there. One thing I would like for us to focus on is the creation of real world clinical residency opportunities. There is number of ways to do this without taking expenditures out of state dollars. I am reminded of a pharmacy school that we started in Tyler that was created entirely with private funds. The school did not require money from the state and it was very much a unique model of a public- private partnership. Where appropriate, we need to make investments into developing our medical professionals. With the clinical residency opportunities, we know that are our state is growing and we will have a larger need for more qualified professional in healthcare. As the state continues to grow, we know that we have an emerging young population but also a pop in the elderly population which requires more medical attention. We are seeing an unnecessary brain drain. Too many of our state's qualified students are going outside of the state and once they leave, they don't often come back. One thing we should do is focus on keeping our best and brightest in Texas serving Texas. In the 83rd we focused on infrastructure and I know we will in the 84th. Once we get down to it the most important resource we have as a state is our human capital. Our people are our most important asset. It's entirely appropriate that we invest in facilities and programs to maximize Texas potential. We need to take what we have and how we develop it and make it the best it can be. Going back to the clinical residency opportunities- I think there are opportunities where we can create more residency positions for students and programs. We have the educational availability, but there is no place to go to get the final training for professionals to step into our workforce and into our society. Finally, we need to look at how we address the needs of our elder population respectfully, compassionately, and efficiently. There are a number of disciplines that focus on geriatric care and elder care and I think that is something we need to look at as well. There is also an intersection there with mental health, some of the more tragic cases that we deal with are declining faculties of our elder population and how that works with mental illness and mental health treatment.



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*Representative Rodriguez:*

I would like to thank you, Chairwoman for all of the work you have done and my colleagues for being here, not just here in Austin but at our last hearing in Houston traveling to the great Coleman College for Health Sciences. I certainly want to thank the Speaker for putting together this great panel. We have many challenges in Texas relating to transportation and water infrastructure, but certainly the most meaningful investment I believe we can make is in our human infrastructure. Relating to HB5, I think our challenge is going to be preparing counselors or the equivalent and making sure that we are talking to young folks about these opportunities. In Houston we talked to students interested in going into these surgical type roles and mental health was thought about, but certainly not talked about as much. Whether it's through K-12 resources, or through community colleges, we need to find a way we can invest in our counselor positions. We need to make sure that they are doing something other than administering standardized tests and they are having a meaningful impact as a partner with parents and ensuring that these young folks may figure out what their niche may be in the health related field. Those are just my observations and again, it has been a pleasure to serve on this committee and I look forward to seeing you all shortly as we round up for the 2015 session.

*Representative Guerra (written statement read by Representative King):*

I am encouraged by the work and the discussions of the committee to develop career pathways for individuals entering the mental health workforce and exploring ways that we can encourage the development and growth of new and existing mental health workforce and career and development opportunities. When 207 of 254 of Texas counties are designated shortage areas for mental health professionals, it is incumbent that the legislature finds ways to address these needs and look at way to align education programs with regional, local, and employer needs and hopefully eliminate the mental health shortage areas throughout the state. I would like to see how we can expand the capacity of post-secondary education to meet the public and mental health workforce needs.

*Representative King:*

I don't see any reason to sum up with all of these eloquent comments that have been made, but I do think that we have three pathways here that are going toward the goal of what the Speaker has brought forth for the healthcare workforce and for mental health. I think that it has already been articulated that we need to address the K through 12 and postsecondary education as it relates to the pipeline continuum. We have said over and over that we are not looking at scope, but it always appears. That is not a topic that will ever go away and that's a good thing that we keep hearing it. Maybe that means that scope needs to be continued to be discussed. With regard to GME and the proliferation of new medical schools it makes sense that we go further with this, as this has been a reoccurring topic that we will have to continue to discuss. Third, it is the special or unique populations that we need to give attention to and whether these people are underemployed, those who have never been employed, or perhaps these are returning veterans from service, we need to give special direction or consideration about how they may fit into these workforce needs as well.

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*Representative Paddie:*

A few things have stood out to me, the first thing being the information from the State Demographer. There was very eye opening information from that testimony that lays out the challenges that we have today and into the future. Whether or not we have the pipeline to be able to fill positions, certainly that is a concern that we all share. We have discussed from an education standpoint the younger kids and the need to engage students at a younger age in these high need areas. We have some challenges as it relates to that and to the lack of counselors that we need to address. Representing the rural part of the state, I obviously have unique concerns about how we are serving our population and the challenges associated with that. It is important to discuss the access standpoint and how we incentivize people to pursue careers in rural areas. We need to evaluate why we do what we do from a supervisory standpoint. We always get into the discussion of scope and things of that nature, but I think it's healthy to have those discussions. Our focus is on patient care and not doing things the same way we've always done them. There has been a lot of eye-opening testimony that we've had throughout the course of this and I appreciate your leadership Madam chair.

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## ENDNOTES

- <sup>1</sup> Potter, D. L., Texas State Demographer. Public Testimony to the Select Committee on Health Care Education and Training. Page 12, August 28, 2014.
- <sup>2</sup> Potter, D. L., Texas State Demographer. Public Testimony to the Select Committee on Health Care Education and Training. Page 13, August 28, 2014.
- <sup>3</sup> Potter, D. L., Texas State Demographer. Public Testimony to the Select Committee on Health Care Education and Training. Page 23, August 28, 2014.
- <sup>4</sup> Potter, D. L., Texas State Demographer. Public Testimony to the Select Committee on Health Care Education and Training. Page 23, August 28, 2014.
- <sup>5</sup> Tesch, S., Texas Dental Hygienists' Association. Public Testimony to the Select Committee on Health Care Education and Training. Page 3, October 6, 2014.
- <sup>6</sup> Potter, D. L., Texas State Demographer. Public Testimony to the Select Committee on Health Care Education and Training. Page 23, August 28, 2014.
- <sup>7</sup> Alexander, K. , Roscoe Independent School District. Testimony to the Select Committee on Health Care Education and Training
- <sup>8</sup> (2014 December, 4) Legislative Budget Board. Issue Brief: Foundation School Program Overview. Retrieved from [http://www.lbb.state.tx.us/Documents/Publications/Issue\\_Briefs/579\\_PE\\_FSP%20Overview.pdf](http://www.lbb.state.tx.us/Documents/Publications/Issue_Briefs/579_PE_FSP%20Overview.pdf)
- <sup>9</sup> Light, K. , Independent College and Universities of Texas. Testimony to the Select Committee on Health Care Education and Training
- <sup>10</sup> Uselton, J. , Testimony to the Select Committee on Health Care Education and Training. Page 7, August 28, 2014.
- <sup>11</sup> Harper, A., Texas Medical Association & Federation of Texas Psychiatry, Testimony to the Select Committee on Health Care Education and Training, September 16, 2014.
- <sup>12</sup> Texas Higher Education Coordinating Board. P-16 Councils. Retrieved from <http://www.theccb.state.tx.us/index.cfm?objectid=23402644-E9DD-D103-41647F95EA2188E4>
- <sup>13</sup> Young, R.B., Texas Medical Association. Testimony to the Select Committee on Health Care Education and Training, August 28, 2014.
- <sup>14</sup> Harper, A., Texas Medical Association & Federation of Texas Psychiatry, Testimony to the Select Committee on Health Care Education and Training, September 16, 2014.
- <sup>15</sup> (2014 December, 4) National Health Service Corps. Loan Repayment Programs. Retrieved from <http://nhsc.hrsa.gov/loanrepayment/index.html>
- <sup>16</sup> (2014 December, 4) National Association for College Admission Counseling. What is Pay it Forward? Retrieved from <http://www.nacacnet.org/issues-action/LegislativeNews/Pages/Pay-It-Forward.aspx>
- <sup>17</sup> Cline, C. , Meadows Mental Health Policy Institute, Testimony to the Select Committee on Health Care Education and Training, September 16, 2014.
- <sup>18</sup> Texas Department of State Health Services, "The Mental Health Workforce in Texas." September 2014.
- <sup>19</sup> Cline, C. , Meadows Mental Health Policy Institute, Testimony to the Select Committee on Health Care Education and Training, September 16, 2014.
- <sup>20</sup> Hogg Foundation for Mental Health. Testimony to the Select Committee on Health Care Education and Training, September 16, 2014.
- <sup>21</sup> Cline, C. , Meadows Mental Health Policy Institute, Testimony to the Select Committee on Health Care Education and Training, September 16, 2014.
- <sup>22</sup> Clearman, R., Texas Occupational Therapy Association, Testimony to the Select Committee on Health Care Education and Training, September 16, 2014.
- <sup>23</sup> (2014 December, 4) Texas Higher Education Coordinating Board. Accelerate Texas. Retrieved from <http://www.theccb.state.tx.us/index.cfm?objectid=7688161B-C242-A060-8CA8584BFC6AF448>
- <sup>24</sup> Stern, L., Skillpoint Alliance. Testimony to the Select Committee on Health Care Education and Training, October 6, 2014.
- <sup>25</sup> Stern, L., Skillpoint Alliance. Testimony to the Select Committee on Health Care Education and Training, October 6, 2014.
- <sup>26</sup> Stern, L., Skillpoint Alliance. Testimony to the Select Committee on Health Care Education and Training, October 6, 2014.
- <sup>27</sup> Biscoe, L., Texas Workforce Commission. Testimony to the Select Committee on Health Care Education and Training, August 28, 2014.

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<sup>28</sup> (2014 December, 4) Onestar Foundation. What is the Texas Faith Based & Community Initiative. Retrieved from <http://onestarfoundation.org/texas-faith-based-community-initiative/what-is-the-texas-faith-based-community-initiative/>

<sup>29</sup> Biscoe, L., Texas Workforce Commission. Testimony to the Select Committee on Health Care Education and Training, August 28, 2014.

<sup>30</sup> Alacantar, A., Texas Workforce Commission. Testimony to the Select Committee on Health Care Education and Training, October 6, 2014.

<sup>31</sup> Alacantar, A., Texas Workforce Commission. Testimony to the Select Committee on Health Care Education and Training, October 6, 2014.

<sup>32</sup> Alacantar, A., Texas Workforce Commission. Testimony to the Select Committee on Health Care Education and Training, October 6, 2014.

<sup>33</sup> Hench, M. , Texas Association of Home Care and Hospice. Testimony to the Select Committee on Health Care Education and Training, August 28, 2014.

<sup>34</sup> Texas Legislative Council. Primary Care Health Professional Shortage Areas Designations, 2014 [map].

<sup>35</sup> Texas Legislative Council. Mental Health Care Health Professional Shortage Areas Designations, 2014 [map].

<sup>36</sup> Texas Legislative Council. Mental Health Professionals by Prescribing Authority, 2014 [map].