

**NH State Commission on Aging
Monday, January 13, 2025**

10am to 12:00pm - NH Hospital Association, 125 Airport Road, Concord, NH

Attendance:

In person: Laurie Duff, Acting Chair; Margaret Franckhauser, Acting Vice Chair; Roxie Severance, Clerk; Lori Chandler, Department of Labor; Wendi Aultman, Department of Health and Human Services; Susan Buxton, Long-term Care Ombudsman; Rich Lavers, Department of Employment Security, Beverly Bjorklund, Polly Campion, Carissa Elphick, Laurie Harding, Kris Hering, Doug McNutt; Jack Ruderman, NH Housing Finance Authority; Beth Quarm Todgham, Nick Toumpas, Hon. Joanne Ward, Rep. Lucy Weber.

Remote: David Ross, Shelley Winters, Department of Transportation, Representative Charles McMahon, John Marasco, Carole Boutin, Jen Buteau, Molly Singer, Jessica W Wendall

Absent: Susan Ruka, Rep. James MacKay, Senator Bill Gannon, Sunny Mulligan. Jack Ruderman, NH Housing Finance Authority,

Guests: Stephen Mahoney, Heather Smith, Michael Young, Amy Clark, Matthew Robblee, Dept of Safety, Josh Patrick

Welcome & Approval of November Minutes

Laurie Duff, Acting Chair welcomed all to the meeting at 10:03am. Commission members were asked to state the reason they were remote in the Zoom chat.

Rep. Lucy Weber made a motion to approve the November meeting minutes. Polly Campion seconded the motion; there was no discussion. The motion was approved unanimously by a roll call vote.

Vote on Margaret Franckhauser as acting Vice Chair & Update on Executive Director Search

Laurie Duff stated that Margaret Franckhauser had agreed to accept the position of Acting Vice Chair. Susan Buxton made a motion to approve Margaret Franckhauser as Acting Vice Chair. Carissa Elphick seconded; the motion was approved unanimously by a roll call vote.

Laurie Duff reported that the search for a new executive director was still in progress. The job has been reposted with an application deadline of February 4, 2025. When we have candidates to present, executive session. Members will need to be in person for this meeting.

Introduction to COA Contractors

The commission received brief updates on consultants working on two projects overseen by the Commission and funded through federal ARPA funds:

AgeWellNH – Multisector Plan on Aging Community Engagement Contract

Molly Singer, a principle of Dexterity Management, spoke about the development of community outreach for the planned Multi Sector Plan. Singer explained that the AgeWellNH plan is to build community consensus on a plan to develop systems, policy, practices and the environment that the parts of our government that interact with the populace are responding to the increasing number of older adults in our communities. Dexterity's work involves gathering

views of legislators, representatives of government at all levels, leaders and members of community groups to work on areas to address issues such as housing affordability, recreational opportunities, health and social services to support people of all ages.

She mentioned that NH had been part of a collaborative learning group with representatives from other states who are also in the process of developing a Multisector Plan for their state. She made an analogy to the 1950s and 1960s when, to address the growing number of children in the baby boom generation, society responded to accommodate this new generation by building many new schools and playgrounds, and other ways to address the needs of children. Today, we need a similarly scaled effort to support that very same population as it ages 70 years later, she said.

Singer said her task is to gather input from stakeholders and hold focus groups to form a “360-degree perspective” on these issues from all sources. She said she has been researching plans developed by other states including California’s. Although it is a very large state, she believes California’s and other states’ plans may be instructive in how they translate findings down to smaller states or communities. Among the next steps is to speak with the Governor to issue an executive order supporting the development of a Multisector Plan under the guidance of the Commission on Aging.

In response to a question from Nick Toumpas about what the executive order would look like, Singer said an executive order would support the effort and call for state agencies to collaborate. She also mentioned that the plan would envision a 10-year time frame – considering what the aging population needs today, and what it will need 10 years from now.

Community Transportation Needs Assessment Contract

Jen Buteau, the principle of Impact Consulting spoke about the community transportation needs assessment. The assessment will consider existing resources and gaps in transportation throughout the state, and how people of all ages are impacted, including not just older adults, but people with disabilities, new Americans, and other people without access to transportation.

She noted that access to transportation is a social determinant of health, a lifeline to opportunity such as jobs, and education, and it fosters belonging and equity. Lack of transportation can impact health; it has social and economic effects.

Our state currently has a fragmented, uncoordinated system of providers and better coordination could lead to more effective use of funding sources, such as the federal government.

Buteau laid out that her assessment project will be based on research followed by up to 2,000 surveys, 30 focus groups and 30 interviews. She intends to hire older adults, when possible, to train them to co-facilitate focus groups and perform other work to advance the assessment project. Deliverables include: an analysis of gaps in transportation access in the state, and long-term investment strategies that can align with the state’s 10-year transportation plans.

Among the questions asked were what the Commission’s role in is improving transportation options, and whether ride-sharing apps such as Uber would be viable in enhancing community

access. One meeting participant suggested that to overcome reluctance or concern of an older adult to use such an app could be a meet-and-greet phone call required before pickup, for example.

Mobile Integrated Health

Presenters: Matthew Robblee, Captain, Clinical Systems, Bureau of Emergency Medical Services, in the NH Division of Police and Fire Standards, and Joshua Patrick, of Monadnock Community Hospital.

Mobile Integrated Healthcare is an expansive term describing programs that empower EMS providers to act in alternative healthcare roles, including primary care.

Robblee presented statistics on national demographics, pointing out that an aging population will place increasing demands on the emergency medical system and that a “huge percentage of our volume” comes from older adults. And these adults are getting sicker with multiple morbidities increasing - near doubling of that volume. (His presentation is available on the website and below.)

Compounding the problem is that there is an ongoing decline in the number of physicians - a 25% reduction in the number of physicians in NH in the next five years, according to a Dept. of Labor study. Robblee says that EMS is increasingly becoming a safety valve for an overloaded medical system.

MIH seeks to use paramedics and EMTs to supplement the healthcare system and could help cut down, through preventive and/or proactive visits, on the demands on the health care systems at overloaded entry points such as emergency departments or primary care doctor offices.

Different models are underway with 15 MIH programs in NH, covering or impacting 80 communities. Josh Patrick of Monadnock Hospital is involved in one of these programs. Operating in collaboration with the hospital and serving patients within its system, it fills gaps of primary care, in patient, home health, family resource centers and emergency departments. It acts as a physician extender, being able to provide telehealth services if the home is not equipped for it.

Paramedics in the program also visit patients discharged from inpatient stays within 48 business hours as these patients are at risk of developing problems, chronic disease management visits, injury or wound evaluation. Screenings for social determinants of health also are conducted.

The program is funded through CDC grants, insurance, and in some towns, payments in lieu of property taxes, and community benefit funds of the hospital. Robblee indicated that creating this alternative use of paramedics, separate from the emergency/trauma response role, offers experienced paramedics a way to stay in the profession with a more predictable schedule.

Nick Toumpas asked whether MIH could respond to patients where mental health, substance abuse disorder, or homelessness were issues. Robblee replied that the paramedics are trained to provide pathways to connect to appropriate resources.

Carissa Elphick said MIH is being brought on by the Laconia Fire Dept. and it will work in collaboration with the community health worker that is already part of the Fire Dept. Kris Hering asked whether outcomes data exists to prove the value of the program. Robblee said that it is

difficult at present to provide it as data is siloed in different organizations in health care systems, and different MIH programs in the state have different focuses.

Laurie Harding also noted that Lebanon has a community nursing model which brings health care into homes, and that it has a community paramedic that is shared with 2 rural communities.

These programs provide an overlap with home health care – MIH can pick up when someone stops qualifying for home health care, or if home health is at over capacity, Robblee said. In answer to a question, Patrick said a typical day for community paramedics in the Monadnock region, serving 30 rural communities, is 4-6 visits per day. Robblee pointed out that community paramedic or MIH programs are separate from emergency services and are not equipped to transport. He adds: “The future of EMS is not waiting for bad things to happen.”

Paid Family Leave Program

Richard Lavers, Deputy Commissioner of the Department of Labor and a member of the Commission on Aging, provided an overview and update on the state’s voluntary Paid Family Leave program.

Open enrollment for self-employed people or employees of companies that have not opted into the program ended January 29. Lavers says it is the only state-offered program that enables individual coverage. The program provides 60% coverage of a covered person’s regular salary for 6 weeks to provide care to a family member or for bonding with a new child, as defined under the federal Family Medical Leave Act.

Private employers can choose to pay all or part of the premium, and employees can opt to participate. Lavers said NH’s plan, offered through a contract with MetLife insurance, is the first completely voluntary family leave program offered by a state. Private employers can offer to purchase coverage for their workers, pay a partial amount, or offer with employees paying all of the premium. Employers are incentivized to support the program through a business enterprise tax credit of 50% of the premium paid by the employer.

The program is also offered to individuals whose employers do not offer such benefits. As of Jan. 6, 450 people had enrolled for individual coverage for the first time, adding to 22,000 workers who already have access through 286 employers, and nearly 1,400 already enrolled for individual coverage. Included in the employer total are 8,826 state employees whose benefits are 100% covered by the state, supplementing its short-term disability benefit, which does not cover bonding with a child or other caregiving typically not covered by STD plans.

The benefit provides up to six weeks of salary replacement, up to 60% of the employees’ regular salary, with premiums capped at no more than \$5/week. For individuals purchasing coverage, there is a seven-month waiting period.

Lavers said the plan has proven popular with small employers not covered under the federal FMLA law, municipalities and nonprofits. In most cases, he said, it appears the addition of the paid leave coverage provides coverage that was not available to these employees before.

Other Commission Updates

Polly Campion, chair of the State House policy team, provided an update on the fast-moving legislative front. As of the meeting, 1,055 legislative service requests (proposed bills) had been filed by incoming and incumbent legislators, however only about 500 had emerged from the bill-writing process. To date, the policy team is monitoring approximately 50 bills. Campion said the policy team has begun meeting virtually every Friday to review bills and the scheduling of hearings. Bills worth watching:

- Occupation licensure HB 32, various occupations. The general goal of the bill is to move some of the accountability to board of licensure.
- SB 37 has to do with residential care and licensing. RSA 151 that assisted living complaints and life safety are kept confidential. The issue is that a person who reports never hears if the problem was resolved. Life safety is a bigger issue, as without public knowledge there is less incentive for the provider to fix the problem.

Polly asked that commission members read the framework document and cautioned that members can only speak on behalf of COA with the approval of the Operational Committee. Commission members may speak on their own regarding legislation, but members can only speak on behalf of the NHCOA with the approval of the Operational Infrastructure Committee. The NHCOA's website has a feature providing updated information on bills being tracked by the NHCOA.

Older Adult Volunteer Awards Program Update

Beth Quarm Todgham asked members to help ensure a nomination for a volunteer comes in from each county. She said there are so many amazing adults doing great volunteer work who need to be honored.

There were no Public Comments.

The meeting adjourned at 12:03



NH Paid Family & Medical Leave

New Hampshire State Commission on Aging

January 13, 2025



History & Implementation

- **June 2021**- Enacted by the Legislature and signed by Governor Sununu
- **June 2022**- State contracted with MetLife to be the state's official NH Paid Family & Medical Leave partner
- **August 2022**- Marketing and outreach campaign started including launching website- PaidLeave.NH.Gov
- **December 2022**- Start of Employer enrollment
- **January 2023**- First Individual Open enrollment





Welcome to the New Hampshire Paid Family and Medical Leave Plan
The First Voluntary PFML Plan in the Nation

First Voluntary PFML Plan in the United States

- Employers decide whether to offer PFML to their employees
 - NH PFML is a voluntary benefit available to all employers and workers but required of none.
- If the Employer is sharing the premium cost with the worker then the Worker has the option to participate
- If the Employer does not offer PFML coverage or equivalent coverage then the Worker can decide to purchase NH PFML insurance through the individual plan



NH PFML Group Plan

Base Plan

- 6 weeks of coverage
- 60% wage replacement (up to the Social Security wage cap)
- BET tax credit of 50% of premium paid by employer
- Can enhance existing Short-Term Disability

Options

- Premium funding: 100% by employer, shared cost with workers, 100% paid by workers
- 12 weeks of coverage
- 60-100% wage replacement benefits (up to the Social Security wage cap)

Who is eligible?

- **NH Employers:** Location in NH
- **NH Workers:** Designated as working for a NH employer
- Verified by MetLife during the enrollment process

NH PFML Individual Plan

Workers can enroll if employer does not offer NH PFML or equivalent plan

Enroll during annual 60-day open enrollment period:

December 1st - Jan 29th

- 6 weeks of wage replacement at 60% up to the Social Security wage cap
- Leave can be taken all at once, reduced schedule or partial days
- A single unpaid work week before benefits may be paid
- A 7-month waiting period before a claim may be submitted
- Premiums of no more than \$5 per week
- Not eligible for the tax credit



Qualifying Events

- Employee's own serious health condition
- Child bonding due to birth, adoption or fostering
- Serious health condition(s) of a family member
- Qualifying need arising from military deployment or service
- Caring for a qualifying military service member

Qualifying Family Members

- Child – biological, adoptive, foster, or stepchild; legal ward; child of a person standing in loco parentis (child is under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability)
- Child's spouse or domestic partner
- Spouse or a domestic partner
- Parent – biological, adoptive, foster, or stepparent; legal guardian of the worker; worker's spouse or domestic partner
- Grandparent – biological, adoptive, foster, or step grandparent

Cost of the Plan

Group plans are individually underwritten.

Premiums are based on the policy purchased.

Cost factors:

- 6-week or 12-week plan
- Percentage of employer contribution
- Workforce demographics/census
- Employer STD plan
- BET tax credit

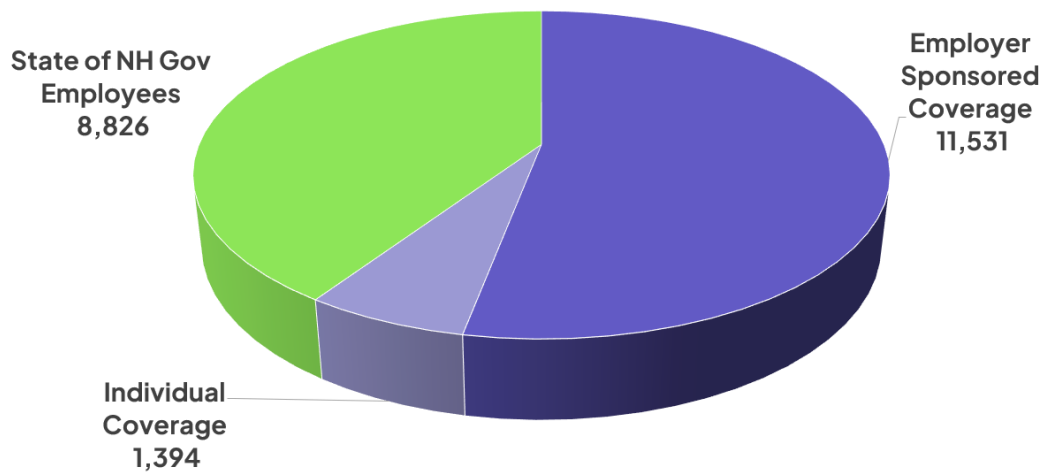
Get a quote:

- [Metlife Quote Calculator](#) for Employers
- Broker, agent or consultant (licensed in NH and appointed with MetLife to sell NH PFML insurance)
- Customer Solution Center: 1.866.595.PFML (7365)

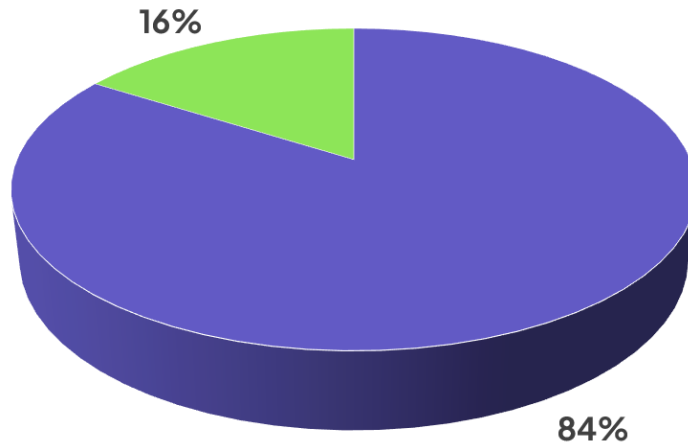


NH PFML: Enrollment & Program Activity

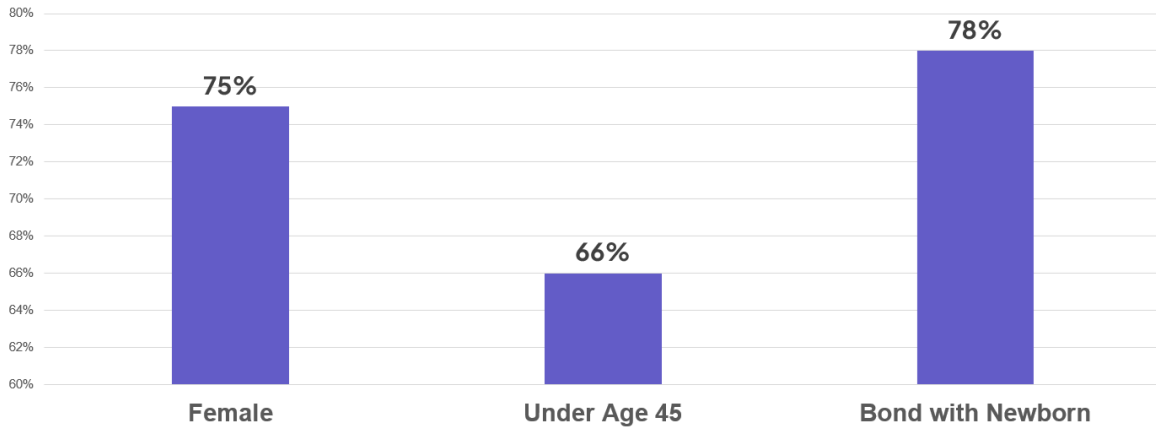
21,750+ New Hampshire workers have access to NH PFML benefits



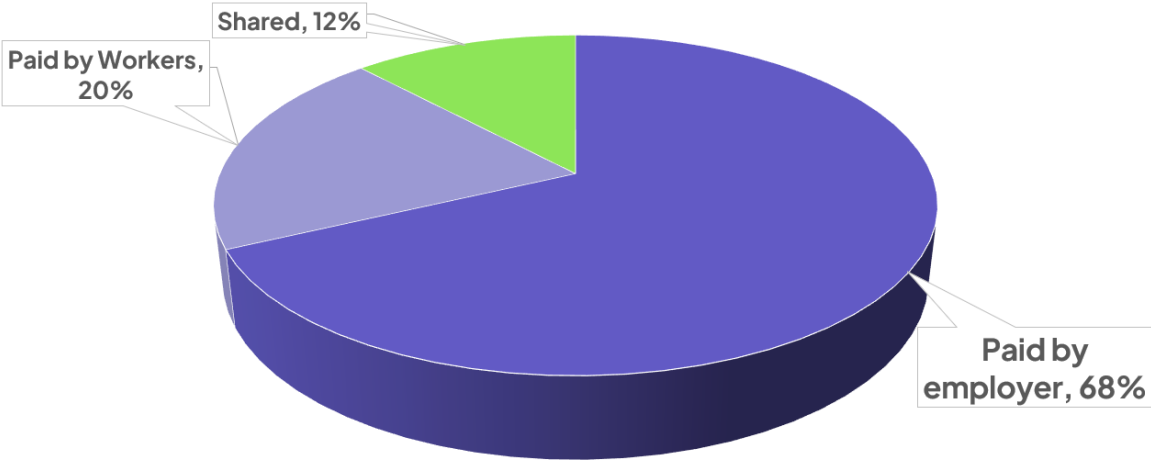
286 employers have purchased coverage
84% of policies have been purchased by employers with less than 50 NH workers



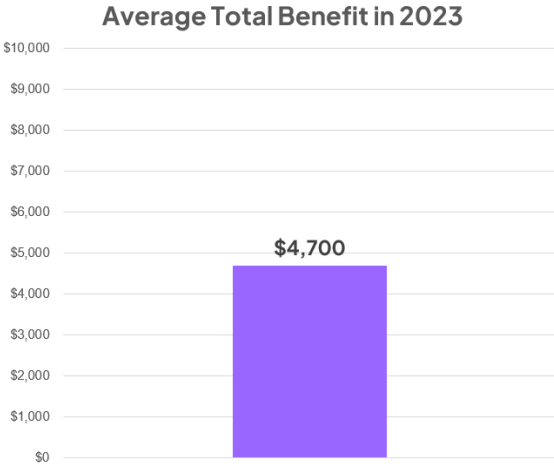
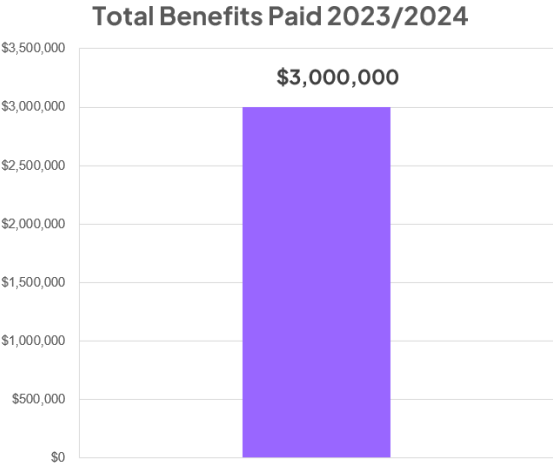
NH is the only state in the country that allows individual workers to purchase their own coverage. This type of coverage is largely being purchased by young female workers to bond with new children.



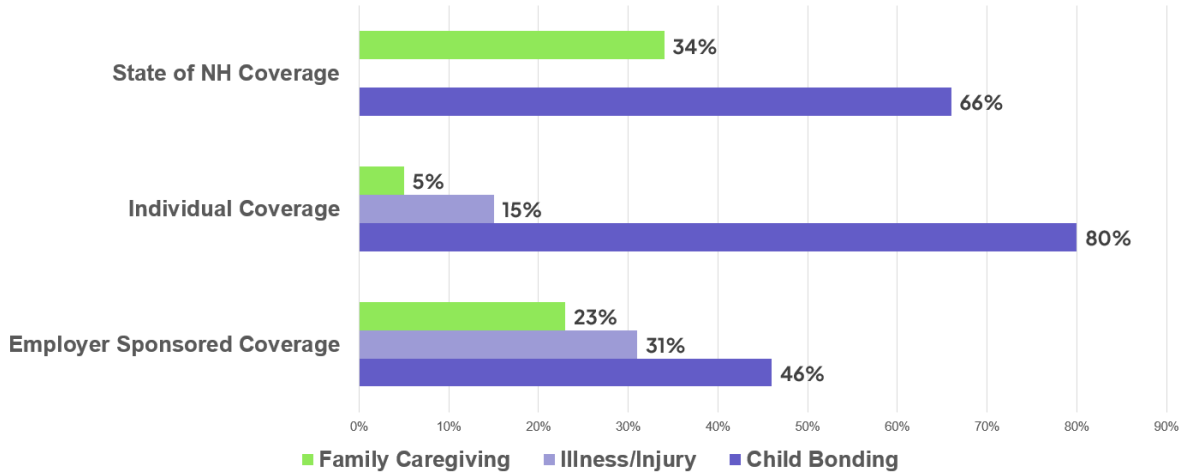
Nearly 70% of NH PFML policies are paid for by the employer



MetLife has paid over \$3 million in benefits during 2023 and 2024 with the average total individual benefit of \$4,700 in 2023



Claim Utilization in 2024 continues to be dominated by workers looking to bond with new children but family caregiving is increasing in employer sponsored coverage



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NH PFML: How to get a Quote



Welcome to the New Hampshire Paid Family and Medical Leave Plan The First Voluntary PFML Plan in the Nation

Requesting a Quote from MetLife

Employers can request a quote from MetLife at any time.

To request a quote:

- Contact a licensed agent, broker, or consultant who is appointed with MetLife to sell the NH PFML insurance plan
- Use MetLife's Employer Quote Calculator to explore NH PFML plan options and connect with MetLife
- Call the MetLife Customer Solution Center at [1.866.595.PFML \(7365\)](tel:1866595PFML)

Employers will need to provide the following information to receive a quote:

- Workforce census including the following information:
 - Workplace zip code
 - Worker age or date of birth (DOB)
 - Worker gender
 - Worker annual salary
- Employer Standard Industrial Classification (SIC) or industry code
- Employer situs/business location state
- Federal Employer Identification Number
- Whether or not the employer has disability coverage
- Request for a 6-week or 12-week NH PFML plan
- Funding choice to fully fund 100% of the NH PFML insurance premium cost on their workers' behalf, share the premium cost with workers, or pay the full 100% premium cost on to workers

[EMPLOYER QUOTE CALCULATOR >](#)

Got questions?

Call the MetLife Customer Solution Center for answers. [1.866.595.PFML \(7365\)](tel:1866595PFML)

[CALL NOW! >](#)

Get a head start with New Hampshire PFML

Helping protect your workforce with NH PFML insurance can help you attract and retain talent while securing your bottom line.



Explore your options for PFML plans

- Estimate how much PFML would cost your business
- Discover your potential tax credits by purchasing a plan from MetLife.

You will need to contact a Licensed Insurance Agent or your Broker to purchase NH PFML insurance. If you do not have a Licensed Insurance Agent or Broker, MetLife will provide you with a quote. You can use this calculator to explore your NH PFML Plan options. After you get a quote, you'll see a button to connect with MetLife. MetLife can help you learn more about purchasing NH PFML insurance.

Note that to use this calculator, you'll need to describe your workforce** using the census form below. For each employee working in New Hampshire, you'll need to enter information such as:

- salary
- work zip code
- age or date of birth.

Providing the information to receive your quote only takes a few minutes.

[Download Census Form](#)

[Get Your Quote](#)

Calculator: NH PFML for Your Business

Saved to S Drive

Tell us about your business

All fields are required unless otherwise noted.

What is your business' name?

Business Name

Where is your business located?

Your business must have a physical location in New Hampshire to be eligible for coverage.

Street

City

State
New Hampshire

Business Zip

Here is the employee census you will need to fill out to get a quote

Describe Your Employees

Gender Options
M - Male
F - Female
O - Other

Salary Mode Options
H - Hourly
W - Weekly
B - Bi-Weekly
M - Monthly
A - Annual
Q - Quarterly
S - Semi-Annual

You must input either an Age or a Date of Birth.

Work Zip Code (required)	Age (input one or the other)	DOB (MM/DD/YYYY)	Gender (required)	Salary (required)	Salary Mode (required)	
03301		2/11/2000	M	73652	A	Example
03302	36		Female	\$73,653	Annual	Example

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The quote took less than 20 seconds to calculate once I uploaded my employee census.

This quote was:

- For a municipal employer
- With 20 employees
- With existing short term disability
- 100% paid by employer

- **\$252/year/employee**
- **\$4.84/week/employee**

Review your preliminary quote¹

Feel free to select the plan you like and click "Connect with MetLife." You'll be able to connect with MetLife, who can help you get a final quote and PFML coverage.

<input type="checkbox"/> 6 weeks PFML for each employee²	<input type="checkbox"/> 12 weeks PFML for each employee²
Monthly Premium ³ : \$420	Monthly Premium ³ : \$587
Employees covered: 20	Employees covered: 20
Employer contribution: 100%	Employer contribution: 100%
Estimated Annual net cost for employer ⁴ : \$2,518	Estimated Annual net cost for employer ⁴ : \$3,524
Illustrative rate ⁵ : \$0.29 per 100\$	Illustrative rate ⁵ : \$0.40 per 100\$
Estimated Potential business tax credit ⁶ : \$2,518	Estimated Potential business tax credit ⁶ : \$3,525

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Review your preliminary quote¹

Feel free to select the plan you like and click "Connect with MetLife." You'll be able to connect with MetLife, who can help you get a final quote and PFML coverage.

This quote was for:

- A municipal employer
- With 20 employees
- No short term disability
- Employer paying 50% of premium
- Calculator assumes 40% participation
- \$247/year/employee
- \$4.74/week/employee

<input type="radio"/> 6 weeks PFML for each employee ²		<input type="radio"/> 12 weeks PFML for each employee ²	
Monthly Premium ³ :	\$411	Monthly Premium ³ :	\$576
Employees covered:	20	Employees covered:	20
Employer contribution:	50%	Employer contribution:	50%
Estimated Annual net cost for employer ⁴ :	\$3,701	Estimated Annual net cost for employer ⁴ :	\$5,181
Illustrative Rate ⁵ :	\$0.71 per 100\$	Illustrative rate ⁵ :	\$0.99 per 100\$
Estimated Potential business tax credit ⁶ :	\$1,234	Estimated Potential business tax credit ⁶ :	\$1,727

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Review your preliminary quote¹

Feel free to select the plan you like and click "Connect with MetLife." You'll be able to connect with MetLife, who can help you get a final quote and PFML coverage.

This quote was for:

- A municipal employer
- 100 employees
- With short term disability
- 100% employer paid
- \$263/year/employee
- \$5.05/week/employee

<input type="radio"/> 6 weeks PFML for each employee ²		<input type="radio"/> 12 weeks PFML for each employee ²	
Monthly Premium ³ :	\$2,190	Monthly Premium ³ :	\$3,065
Employees covered:	100	Employees covered:	100
Employer contribution:	100%	Employer contribution:	100%
Estimated Annual net cost for employer ⁴ :	\$13,137	Estimated Annual net cost for employer ⁴ :	\$18,392
Illustrative Rate ⁵ :	\$0.30 per 100\$	Illustrative rate ⁵ :	\$0.42 per 100\$
Estimated Potential business tax credit ⁶ :	\$13,137	Estimated Potential business tax credit ⁶ :	\$18,392

For more information

1. **On the web:** www.paidleave.nh.gov
2. **Social media:**
 - facebook.com/NHpaidleave
 - instagram.com/NHpaidleave
 - linkedin.com/company/NHpaidleave
 - twitter.com/NHpaidleave
3. **Arrange for a speaker:** contact Gail Crowdes:
gail.a.crowdes@das.nh.gov, 603.271.1444
4. **For general questions:** call the MetLife Customer Solution Center for NH PFML 1.866.595.PFML(7365)

On our website

- Employer Toolkit
- Employee Communication Tools
- Claim Processing Tools
- Equivalent Plan Checklist
- Employer Webinars
- And More!

Mobile Integrated Healthcare in New Hampshire

Matthew Robblee
Captain - Clinical Systems
NH DOS, DIV of Fire Standards, Training & EMS
Email: matthew.j.robblee@dos.nh.gov
Office: 603-223-4374
Cell: 603-290-4620



Mobile Integrated Healthcare (MIH)

Community Paramedicine

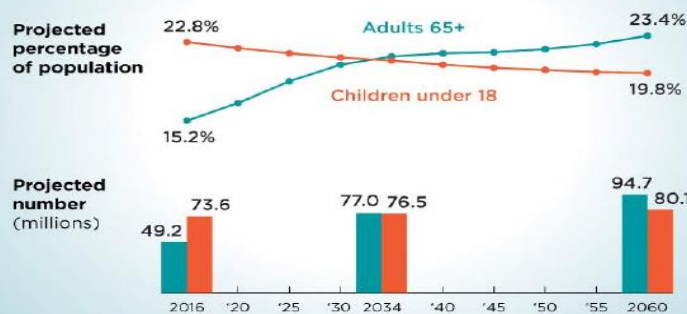
Community EMS



An Aging Nation

Projected Number of Children
and Older Adults

For the First Time in U.S. History Older Adults Are
Projected to Outnumber Children by 2034



Note: 2016 data are estimates not projections.

United States
Census
Bureau

U.S. Department of Commerce
U.S. CENSUS BUREAU
census.gov

Source: National Population
Projections, 2017
www.census.gov/programs-surveys/popproj.html

Table 1

Projected number of adults 50 years and older with chronic disease in the United States.

Age cohort	2020	2035	2050	Relative change between 2020 and 2050 (%)
Population (million)				
Total adult population	137.25 [135.64-139.18]	180.40 [175.17-186.85]	221.13 [213.24-231.34]	61.11% [57.21% to 66.22%]
50-59 years	48.318 [48.212-48.419]	55.755 [55.634-55.870]	68.555 [68.401-68.700]	41.88% [41.88% to 41.89%]
60-79 years	72.001 [71.212-72.910]	94.610 [92.326-97.129]	112.40 [109.69-115.39]	56.11% [54.04% to 58.27%]
80 and older	16.935 [16.148-17.863]	30.042 [26.998-33.875]	40.181 [34.881-47.272]	137.267% [116.0% to 164.6%]
≥1 chronic condition (million)				
Adult population	71.522 [69.065-73.781]	114.48 [108.87-121.36]	142.66 [134.74-153.39]	99.5% [95.1% to 107.9%]
50-59 years	15.929 [15.181-16.460]	17.688 [16.820-18.305]	22.277 [21.192-23.047]	39.85% [39.59% to 40.01%]
60-79 years	44.881 [43.462-46.090]	70.752 [67.520-73.550]	83.511 [79.670-86.834]	86.07% [83.31% to 88.40%]
80 and older	10.711 [10.012-11.662]	26.040 [23.190-29.936]	36.875 [31.757-44.038]	244.3% [217.2% to 277.6%]
Multimorbidity (million)				
Adult population	7.8304 [6.5965-9.4853]	12.085 [9.6091-15.490]	14.968 [11.813-19.277]	91.16% [79.09% to 103.24%]
50-59 years	1.6234 [1.3501-1.9254]	1.7968 [1.4913-2.1314]	2.2662 [1.8802-2.6889]	39.6% [39.26% to 39.66%]
60-79 years	4.9258 [4.1510-6.0167]	7.4836 [5.8964-9.7171]	8.8249 [6.9446-11.454]	79.16% [67.30% to 90.39%]

25.4% Anticipated reduction in capacity over the next 5yrs

Table 2.5. Older age is a strong indicator of nearing retirement, and taken with other retention indicators, anticipated provider shortages. Physicians and APRNs are over 3.5x as likely as PAs to be 60+ years old, with one-quarter of the workforces falling into this age bracket. PAs and APRNs are much more likely (>2.5x) than physicians to have ties to New Hampshire, which is associated with a greater likelihood of staying in the state; but about twice as likely to be less experienced, as indicated by practicing for less than five years. One-quarter of physician practice is expected to decrease in five years, with APRNs and PAs figures following close behind.

Retention	Physicians	PAs	APRNs
60+ Years Old	24.5%	6.8%	23.0%
NH Ties	23.1%	61.8%	60.3%
Less than 5 Years Practicing in NH	26.2%	46.6%	40.0%
*Anticipated Reduction in Capacity (by FTE) in 5 Years	25.4%	18.0%	21.4%

* Indicated by an anticipation of reduced hours, practice in another state, or no clinical practice.