**Limited Career Ladders:** Most health care positions do not have clear career ladders for entry-level workers to advance into clinical roles, or for lateral movement from one health care role into another.

**Culture of Hiring Licensed or Credentialed Employees:** While residency programs are a good example of models in which employers pay participants a wage while they are learning on the job, there are few programs, including residencies, where the employer commits to hiring the student prior to the completion of a license or credential and pays the student while they are fulfilling the classroom portion of their training.

**Time-Based Standards:** Time-based standards for Registered Apprenticeships may not align with competency-based models of training common in the health care settings. Some health care roles, especially those at the entry level, do not require as much classroom or on the job training as is necessary to meet apprenticeship requirements.

**Upfront Investment:** Healthcare employers who are looking for entry-level healthcare workers are often county or state entities hiring, for example, home care and community health workers. These employers do not have the fungible capital to invest in program development, outreach, administration (e.g., record-keeping and journey-level supervision of apprentices), or, more fundamentally, the model of wage progression.

**Flexibility:** It can take over a year to get new curricula approved by a community college and longer if an existing course must be modified to include apprenticeship indicators. Currently, only local education agencies can approve curricula to fulfill the classroom portion of the California Registered Apprenticeship program since funding is tied to Proposition 98 dollars. Finding opportunities for flexibility and nimbleness in traditional apprenticeship program models and curriculum approval processes may increase industry buy-in.

**Institutional Resistance:** Licensing boards have traditionally acted as gatekeepers to their professions and have not been open to expanding entry into some of the skilled health care professions for fear of diminishing wages. Quality concerns play a role as well. Patient health and safety is often referenced in limiting the scope of practice for trainees. Accreditation boards are often reluctant to create flexible or alternative pathways to entry over concerns that this will lower quality standards.

**Misaligned Incentives for Community College Participation:** Although they offer many health care training programs, community colleges are not equally incentivized to partner with employers and unions to implement apprenticeship programs as they are to provide general education. Community colleges are reimbursed approximately $8.50 per hour for general education credits for students that are not enrolled in apprenticeship courses and $5.46 per hour for students taking apprenticeship classes.

**Funding:** Significant investments are currently being made into expanding apprenticeships, but past efforts have not had sustainable sources of funding, deterring potential employers and
partners from participating. Successful apprenticeship programs outside of health care have typically been the product of collective bargaining agreements. While training dollars are commonly the subject of collective bargaining in health care, the agreements have not created full-scale apprenticeship programs. In addition, funding opportunities have not allowed for the costs involved in developing new programs.

- **Lack of Cross-Sector Collaboration:** While state and federal apprenticeship agencies have led the charge in expanding the reach of apprenticeship programs to other industries, the Centers for Medicare and Medicaid Services (CMS), which administers the Medicare program and works with state agencies to administer Medicaid, has largely been absent from the discussion.

- **Semantics:** Health care employers and health care workers are reluctant to embrace the concept of “apprenticeship,” because they associate the term with occupations in the building and construction trades.