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Testimony of

Senator Donald E. Williams, Jr.
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On

Senate Bill 684: An Act Concerning Community-Based
Medical Residency Training Programs

Joint Committee on Public Health
March 14, 2007

Senator Handley, Representative Sayers, and members of the committee, thank you for this opportunity to testify in support of Senate Bill 684: *An Act Concerning Community-Based Medical Residency Training Programs.*

A few weeks ago, I came before this committee and testified in support of Senate Bill 1, our caucus initiative to get more people insured, more people access to quality health care, to increase the focus on prevention and ultimately, to move toward a single-payer health care system for our state.

One of the components of Senate Bill 1 is a focus on primary care and prevention, through an increased role for federally-qualified health centers and school-based health centers. These community health centers provide a broad array of health services to a cross-section of our population: SAGA patients, Medicaid and HUSKY patients, patients with private insurance and patients with no insurance at all. They serve a vital role in our communities and we must enhance their ability to serve this variety of patients, while stabilizing their fiscal outlook.

Despite the dynamic nature of these centers—or perhaps partially as a result of it—many of them face challenges meeting their core mission, because they have difficulty recruiting and retaining physicians. We know the health care industry faces workforce shortages already, which are likely to worsen over the next decade. For many community health centers, this workforce shortage is exacerbated by their locations, rate of pay and client mix.

This bill seeks to establish medical residency training programs in these health care facilities, in an effort to place well-trained physicians in primary care roles in Connecticut communities. The

University of Connecticut Medical School could establish these rotations in one or more federally-qualified health centers or in school-based health centers.

I readily acknowledge that there may be other ways to address this problem. Whether through statutory mandate or through cooperative action by UConn, it is past time that we assist our health centers in attracting health care providers to work in our medically underserved areas, and I believe that this bill will take us a long way in achieving that goal.

I ask for your support of this legislation, and I look forward to working with this committee, with UConn and with community-based health centers statewide to ensure that workforce needs are being met. This is essential if we are to shift the focus of the health care system to prevention and primary care.

Thank you.