



# Community Health Center Association of Connecticut

1484 Highland Avenue, Suite 2 • Cheshire, CT 06410  
860.667.7820 • Fax 860.667.7835 • www.chcact.org

Testimony of

Deb Polun

Senior Director for Policy & Outreach  
Community Health Center Association of Connecticut

Supporting

*SB 96: An Act Establishing a Working Group to Enhance Physician Recruitment in the State*

Public Health Committee

February 25, 2019

Thank you for the opportunity to provide comments in support of Senate Bill 96, An Act Establishing a Working Group to Enhance Physician Recruitment in the State.

On behalf of the Community Health Center Association of Connecticut (CHCACT), and its sixteen member federally-qualified health centers, I want to thank the Committee for raising this bill, which is part of an important conversation around efforts to increase access to health care in Connecticut. As background, Connecticut's federally-qualified health centers serve almost 400,000 people each year, including 30% of HUSKY enrollees – providing medical, behavioral health and dental care in over 100 locations across the state.

**CHCACT supports this bill and suggests a few modifications.** I have included substitute language for the Committee's consideration.

Each year, CHCACT surveys health center leaders across the state to determine their biggest challenges and needs. Over the past many years, **the number one issue identified is provider recruitment.** Whether a big health center or a small health center – urban, rural or suburban – provider recruitment rises to the top of all priorities. This problem extends across physicians, dentists, counselors and other providers. Not having enough providers is a barrier to increasing access to health care services.

Federally-qualified health centers participate in the National Health Service Corps (NHSC) Loan Repayment Program, which serves as one method of recruiting physicians, nurse practitioners and other providers. Under NHSC, these providers work in underserved areas, including health centers, in exchange for repayment of some of their health professions school loans.

In addition to the NHSC program, forty-two states and one US territory also offer a State Loan Repayment Program (SLRP) for health professionals, with dollars matched by the federal government. The SLRP provides states with flexibility in offering the program to providers not

covered by the NHSC, such as registered nurses, pharmacists and substance use counselors. Connecticut offered this program until 2009. Reinstating the program (at a state cost of \$125,000 annually, which would then be matched by \$125,000 in federal funds) would keep Connecticut competitive, and would help health centers recruit needed providers to meet the needs of their communities.

CHCACT respectfully requests the following changes to the existing language of the bill. I have attached suggested modifications to the end of this testimony.

- That CHCACT be added to the working group, to provide the perspective of health centers; and,
- That the language be modified to re-establish a State Loan Repayment Program as soon as practicable.

Thank you for your consideration and your hard work on behalf of Connecticut residents. Please feel free to reach out with any questions: [dpolun@chcact.org](mailto:dpolun@chcact.org) or 860.667.7820.

## **CHCACT PROPOSED LANGUAGE**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective July 1, 2019*) (a) On or before January 1, 2020, the Commissioner of Public Health shall convene a working group to advise the commissioner regarding methods to enhance physician recruitment in the state. The working group shall examine issues that include, but need not be limited to, (1) recruiting, retaining and compensating primary care, psychiatric and behavioral health care providers; (2) the potential effectiveness of loan forgiveness; (3) access to health care providers; (4) the effect, if any, of the health insurance landscape on limiting health care access; (5) barriers to physician participation in health care networks; and (6) assistance for graduate medical education training.

(b) The working group convened pursuant to subsection (a) of this section shall include, but need not be limited to, the following members: (1) A representative of the Connecticut Hospital Association; (2) a representative of the Connecticut Medical Society; (3) a physician licensed under chapter 370 of the general statutes with a small group practice; (4) a physician licensed under chapter 370 of the general statutes with a multisite group practice; (5) one representative each of at least three different schools of medicine; (6) a representative of a regional physician recruiter association; (7) the human resources director of at least one hospital in the state; (8) a member of a patient advocacy group; (9) a representative of the Community Health Center Association of Connecticut; and ~~[(9)]~~(10) four members of the general public. The working group shall elect chairpersons from among its members. As used in this subsection, "small group practice" means a group practice comprised of less than eight full-time equivalent physicians, and "multisite group practice" means a group practice comprised of over one hundred full-time equivalent physicians practicing throughout the state.

(c) On or before January 1, 2021, the working group shall report its findings to the commissioner.

Add New Section 2. Sec. 19a-7d is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) The Commissioner of Public Health [may] shall establish, within available appropriations, a program to provide three-year grants to community-based providers of primary care services in order to expand access to health care for the uninsured. The grants may be awarded to community-based providers of primary care for (1) funding for direct services, (2) recruitment and retention of primary care clinicians and registered nurses through subsidizing of salaries or through a loan repayment program, and (3) capital expenditures. The community-based providers of primary care under the direct service program shall provide, or arrange access to, primary and preventive services, referrals to specialty services, including rehabilitative and mental health services, inpatient care, prescription drugs, basic diagnostic laboratory services, health education and outreach to alert people to the availability of services. Primary care clinicians and registered nurses participating in the state loan repayment program or receiving subsidies shall provide services to the uninsured based on a sliding fee schedule, provide free care if necessary, accept Medicare assignment and participate as Medicaid providers, or provide nursing services in school-based health centers and expanded school health sites, as such terms are defined in section 19a-6r. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish eligibility criteria, services to be provided by participants, the sliding fee schedule, reporting requirements and the loan repayment program. For the purposes of this section, “primary care clinicians” includes family practice physicians, general practice osteopaths, obstetricians and gynecologists, internal medicine physicians, pediatricians, dentists, certified nurse midwives, advanced practice registered nurses, registered nurses, substance use counselors, pharmacists, mental health counselors, physician assistants and dental hygienists.