

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-1087

AN ACT CONCERNING THE RECRUITMENT AND RETENTION OF HEALTH
Title: CARE PROVIDERS IN THE STATE.

Vote Date: 3/31/2021

Vote Action: Joint Favorable Substitute

PH Date: 3/29/2021

File No.: 568

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This bill addresses three changes to promote the recruitment and retention of health care providers. Current law only allows the Department of Public Health (DPH) to establish a three-year grant program to community-based care providers to expand access to care for the uninsured. Now DPH is required to establish this grant program and reinstate the State Loan Repayment Program to provide student loan repayment funds to eligible primary care clinicians, registered nurses, and now adds certain mental health care providers to the list of eligible recipients.

The DPH is required to establish a five-year pilot program to recruit and retain mental health providers at federally qualified health centers (FQHC) to include psychiatrists, psychologists, and psychiatric APRNs.

The Office of Higher Education (OHE) is required to administer a student loan reimbursement program via a grant for psychiatrists, psychologists, and psychiatric APRNs employed at a FQHC for at least two years. Grant recipients are eligible to receive up to \$25,000 a year for up to a total of two years.

RESPONSE FROM ADMINISTRATION/AGENCY:

None

NATURE AND SOURCES OF SUPPORT:

Kim Beauregard, LCSW, President & CEO, InterCommunity Health Care:

InterCommunity Health Care supports SB 1087. Our organization is the state's only federally qualified health center look-alike and community health center providing medical care, substance use treatment, and behavioral health services in East Hartford and the North End of Hartford.

We support the language requiring the Department of Public Health to establish a five-year pilot program for the recruitment and retention by federally qualified health centers in the state with one change. We urge the committee to amend line 94 of the bill to include "and Federally Qualified Health Center Look-Alikes."

The only difference between federally qualified health centers (FQHC) and federally qualified health center look-alikes is the funding source. Both FQHCs and FQHC Look-Alikes meet all the requirements to receive federal Public Health Service grants, but FQHC Look-Alikes do not receive the grant funding. However, InterCommunity and community health centers face the same difficulties recruiting and retaining providers that FQHCs face but without the financial resources provided by the federal grant. Recruiting new psychiatrists and other mental health clinicians is particularly challenging and competitive.

The Connecticut Hospital Association (CHA):

Connecticut Hospital Association (CHA) opposes Section 2 of SB 1087. In 2016, the Connecticut General Assembly adopted Public Act 16-95, which establishes statutory limitations on covenants not to compete in physician contracts entered into, amended, extended, or renewed on or after July 1, 2016, to "*a period of not more than one year, and; a geographic scope of no more than fifteen miles from the primary site where such physician practices.*"

The statute (Section 20-14p) also included the following provisions: "that the covenant not to compete be separately and individually signed by the physician; that the remaining provisions of any contract or agreement that includes a covenant not to compete that is rendered void and unenforceable, in whole or in part, remain in full force and effect, including provisions that require the payment of damages resulting from any injury suffered by reason of termination of such contract or agreement; require that if such a covenant is made, it will be enforceable only if the covenant was: (a) in anticipation of, or as part of, a partnership or ownership agreement and such contract or agreement expires and is not renewed, unless, prior to such expiration, the employer makes a bona fide offer to renew the contract on the same or similar terms and conditions; or (b) if the employment or contractual relationship is terminated by the employer for cause."

Section 20-14p of the General Statutes was an effort to balance the physician's interests, the employer, and the importance of maintaining access to care, continuity of care, and patient choice. It also recognizes the legitimate use of reasonable restrictions in certain circumstances, such as when a physician decides to leave practice to start their own practice in the same town, join a competing local healthcare provider, to protect the employer's disproportionate investment in a physician's training and development, and to mitigate the possible adverse financial impact on an employer's existing practice.

CHA supports Section 4 of the bill and asks for an expansion of the loan reimbursement program to include clinicians employed by hospitals. This expansion will ensure the equitable and effective application of these incentives amongst Connecticut's care providers to address this shortage.

Between FY 2015 and FY 2020, Connecticut hospitals experienced a 27% increase in patient visits with a behavioral health diagnosis. This number does not include services delivered via telehealth, which increased to historic and unprecedented levels during the COVID-19 pandemic. We expect this trend to continue after the pandemic, and we are encouraging the Committee to do everything possible to address these needs.

We are seeing a surge in mental health and substance abuse services as the COVID-19 pandemic continues. Our families, friends, and neighbors struggle with mental health and substance use addiction issues now more than ever, and the need for expanded services has never been greater. We urge passage of SB 1087 with the requested amendment to help provide health centers with additional tools to recruit and retain mental health providers.

**Sara LeMaster, MPAP, Manager of Government Relations and Public Policy
Community Health Center Association of Connecticut (CHCAC):**

Community Health Center Association of Connecticut (CHCAC) supports SB 1087. Connecticut's health centers collectively serve over 400,000 residents every year and specialize in providing care for traditionally underserved communities, Black 21%, Hispanic or Latino 49%, with 61% receiving Medicaid benefits.

Section 1 of this bill will re-establish the State Loan Repayment Program and allow Connecticut to receive up to 1 million dollars per year in matching federal funds. Passage of this bill will enable Connecticut's health centers to offer medical school graduates more appealing incentives to begin their careers in community health. Currently, there are forty states, including New York, Rhode Island, and Massachusetts, with Loan Repayment Programs.

Under the Health Resources and Services Administration (HRSA) guidelines, federal matching funds are only available to providers working in primary care, dental, and behavioral health. The maximum allowable is \$50,000 for a two-year full-time service commitment; however, the state can offer additional awards over this amount without the federal match.

Section 3 of the bill is unnecessary since the Federal State Loan Repayment Program administered through HRSA grants states the flexibility to offer loan repayment to psychiatrists, psychologists, and social workers. We, therefore, recommend adding these professions to Section 1 of the bill. Also, we recommend the inclusion of "and Federally-qualified health center Look-Alikes" on line 94.

Section 4 of the bill is unnecessary if the program is within the Department of Public Health and states in our statutes that mental health providers are to be among those who can apply to the program.

The Department of Public Health has stated that the federal match is not available until September 2022. However, the state can begin allocating funds this year to ensure the maximum available matching federal funds.

Rebecca Ruitto, LMFT, Chair, Connecticut Association for Marriage and Family Therapy (CTAMFT):

Connecticut Association of Marriage and Family Therapy (CTAMFT) supports SB 1087. Our members are employed in various clinical settings throughout Connecticut and provide services to many patients with diverse mental health needs.

CTAMFT requests that Marriage and Family Therapists (MFTs) be added to the bill as we are Connecticut licensed mental health providers serving residents in all communities. SB 1087 will provide incentives and means for mental health agencies and centers to develop and strengthen services to the underserved populations in our state.

The passage of SB 1087 will help lessen the financial burden of becoming and remaining a licensed MFT in Connecticut. CTAMFT urges the Committee to support SB 1087 with the inclusion of MFTs as qualified mental health providers to help increase the number of mental health providers available to Connecticut residents.

Ben Shaiken, Manager of Advocacy & Public Policy at the CT Community Nonprofit Alliance (The Alliance):

The Alliance is the statewide association of community nonprofits. Community nonprofits provide essential services in every city and town in Connecticut, serving half a million people in need and employing 117,000 people across the State.

Section 1 of SB 1087 will re-establish the State Loan Repayment Program for medical providers who work in Health Professional Shortage Areas, designated by the federal Health Resources and Services Administration (HRSA).

While the intent of Section 3 is commendable, The Alliance respectfully requests the Committee expand access to the State Loan Repayment Program in Section 1 of the bill to behavioral health clinicians working at all nonprofit community providers. This addition would allow the State to receive federal matching funds and help all community providers serving people in need recruit and retain behavioral health professionals.

Other nonprofit behavioral health services providers serve the Connecticut communities that federally qualified health centers (FQHCs) support. Addressing the hardships that community providers, including FQHCs, experience with recruiting and retaining behavioral health professionals would be better served by re-establishing the State Loan Repayment Program and expanding access to behavioral health professionals employed in the nonprofit sector.

Mary Jane M Williams PhD., RN, Senior Policy Advisor, Connecticut Nurses Association (CNA):

The Connecticut Nurses Association (CNA) supports SB 1087 and urges its passage. We appreciate the explicit addition of registered nurses (RN) as primary care providers that can benefit from this critical program. These three-year grants for community-based providers of primary care services will expand access to healthcare for the uninsured.

Nurses contribute to the overall promotion of health and prevention of disease. They are skilled at providing patient-centered care to support the individual's health goals in a meaningful way in the context of where they live, work, play, and worship.

CNAs Executive Director, Kimberly Sandor, participated in the National Health Services Corps loan repayment program through the Health Resources and Services Administration (HRSA) and worked as a family nurse practitioner in a rural, farming community. This experience broadened her understanding of how location, housing, healthy food, medical care, interpreters, and access to services directly link to a healthy community.

Grant programs for community-based providers that include RNs as part of the provider mix are critical in meeting the needs of the most vulnerable patients.

NATURE AND SOURCES OF OPPOSITION:

Connecticut State Medical Society (CSMS):

Senate Bill 1087 begins to address the critical issue of physician recruitment and retention in Connecticut. According to the American Association of Medical Colleges (AAMC) 2019 State Physician Workforce Data Report, Connecticut ranks sixth in the Country in total residents/fellows in Graduate Medical Education (GME) programs. In other words, Connecticut does a fantastic job in attracting and training residents and fellows. However, Connecticut ranks a dismal 45th in retaining Connecticut-trained residents and fellows.

Connecticut needs to evaluate why our retention rate for residents and fellows is 34.5% compared to the United States median of 44.9% and why we cannot attract new physicians to our state. Some factors for consideration include medical liability, a highly concentrated insurance marketplace, certificate of need, and industry-specific taxes. CSMS strongly encourages the inclusion of all physicians committed to working at federally qualified health centers.

It is confusing why the not to compete covenant is in SB 1087. In 2016, Connecticut passed comprehensive reforms that effectively limited covenants not to compete for physicians to a period of not more than one year and a geographic region of no more than 15 miles from the primary site where such physician practices. The 2016 changes represented an effort to balance the interests of physicians and their employers while maintaining continuity of care and access to care. These changes have been working effectively since enactment.

CSMS believes Section 2 of Senate Bill 1087 is unnecessary and clouds an issue of greater importance. Physician recruitment and retention efforts are paramount, and we strongly recommend separating recruitment and retention from the covenant not-to-compete conversation.

Anthony Esposito, President, Prospect CT Medical Foundation:

Prospect Connecticut Medical Foundation has significant concerns with the language in Section 2 of SB 1087. This language proposes to eliminate the already established "not to compete" covenant regarding contractual agreements.

In 2016 Prospect Medical Holdings acquired the following three general acute care hospitals in Connecticut:

- 1) Eastern Connecticut Health Network (ECHN), a two-hospital system that serves 19 towns in the eastern part of the state. Manchester Memorial Hospital with 249-beds and Rockville

General Hospital with 102-beds, several outpatient facilities, and a comprehensive physician network of primary care and specialty practices.

2) Waterbury Hospital, a 357-bed hospital that serves Waterbury and 11 surrounding communities in Western Connecticut. Waterbury Hospital is also the cornerstone of the Greater Waterbury Health Network, a family of healthcare-related services in the community.

We plan our significant workforce investments to provide patients access to the highest quality care by highly trained and qualified physicians. Our physician and provider recruitment efforts stretch across the country and the globe. We make significant investments in their training and access to leading-edge equipment to provide the highest quality of care possible. We do this, in part, with the understanding that these physicians will continue to provide care within our systems. This is memorialized in a voluntarily contract between two parties.

The Connecticut legislature made significant reforms to the noncompete clauses in 2016. These reforms were an effort to balance the interests of both physicians and employers while maintaining access to care and continuity of care within the community. Section 2 of SB 1087 will overturn that balance and run counter to the goals established elsewhere in this legislation.

Not only does this provision strip the ability of a hospital, or medical group, to enter into a voluntary contract between mutual parties, it would have a very significant negative impact on access and the provision of services in Connecticut. It has the potential to create a bidding war between systems that will only serve to drive up costs and limit access here in the state. We strongly urge members of the committee to reconsider the language and remove Section 2 from the bill.

Reported by: Beverley Henry

Date: May 11, 2021