



**Testimony by the Connecticut State Medical Society
Senate Bill 1087
An Act Concerning the Recruitment and Retention
of Health Care Providers in the State
Public Health Committee
March 29, 2021**

Senator Abrams, Representative Steinberg, and distinguished members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony to you today on Senate Bill 1087, An Act Concerning the Recruitment and Retention of Health Care Providers in the State.

Senate Bill 1087 begins to address the critical issue of physician recruitment and retention in Connecticut. According to data obtained from the American Association of Medical Colleges (AAMC) 2019 State Physician Workforce Data Report ¹, 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 near the bottom of all states, a dismal 45th, in retaining those Residents and Fellows we train here. Connecticut is only able to retain 34.5% of the Residents and Fellows that we train; significantly less than the United States median of 44.9%. Connecticut loses nearly two-thirds of the Residents and Fellows that we train in our state. We need to look globally at the reasons that Connecticut is unable to retain our trained physicians and attract new physicians to our state. Such factors include:

- Medical Liability- Connecticut continues to have some of the highest liability insurance rates in the country. In addition, information on closed medical liability claims required by PA 05-275 to be provided by the Connecticut Insurance Department (CID) identifies that the cost and impact of the tort system continues to increase.
- Highly Concentrated Insurance Marketplace- A highly concentrated health insurance market prevents physicians from fair and equitable negotiations with insurers.
- Certificate of Need- While most state continue to remove the burdens of Certificate of Need Laws (CON), Connecticut continues to have some of the most stringent in the country. This runs against Federal Trade Commission recommendations that such burdens of CON be lifted.

¹ <https://www.aamc.org/media/37866/download>

- Industry Specific Taxes- Such issues as provider taxes on ambulatory services and overall licensing costs impact retention.

Section 3 of Senate Bill 1087 would establish a five-year pilot program to explore the recruitment and retention by federally qualified health centers of mental health care providers, including psychiatrists. Section 4 of this Bill would ask the Office of Higher Education to administer a mental health care provider loan reimbursement grant program. Under Section (c), loan reimbursement would be capped at \$25,000 per year for a period of two years. This proposal represents a good start to addressing the issue of physician recruitment and retention. However, we would strongly encourage this Committee to expand this program beyond mental health providers to all physicians committed to working at federally qualified health centers. We need to look to solutions for recruiting and retaining all physicians in Connecticut, not just psychiatrists.

The stated goal of Senate Bill 1087 is recruitment and retention of health care providers in this State. It is therefore confusing to us why the issue of the covenant not to compete is wrapped into this legislation.

In 2016, this legislature passed comprehensive reforms to Connecticut General Statutes §20-14p and the covenant not to compete that is applicable to physicians. In essence, the changes enacted in Public Act 16-95 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 final provisions of Public Act 16-95 were the result of a comprehensive, researched examination of the physician covenant not to compete. The resulting legislation represented an effort to balance the interests of physicians and their employers. The constraints in duration, geographical scope, and application of the covenant not to compete were carefully crafted in the interests of maintaining continuity of care and access to care for patients.

The compromise enacted in Public Act 16-95 is working effectively in Connecticut for physicians, employers and patients and strikes the balance between many competing interests. The language contained in Section 2 of Senate Bill 1087 is unnecessary and clouds the bigger, more important, issue of physician recruitment and retention.

CSMS would strongly suggest that this Committee bifurcate the issues of recruitment and retention and the covenant not-to-compete. These are independent issues and should be addressed as such.