



April 3, 2018

Representative Kurk, Chair
House Finance Committee
Legislative Office Building Room 210
33 N. State Street
Concord, NH 03301

RE: SB 590 making a supplemental appropriation to the state loan repayment program

Dear Representative Kurk and members of the House Finance Committee:

Thank you for the opportunity to submit testimony in support of SB 590-FN-A, which includes an appropriation of \$1.1 million in state fiscal year 2019 for the State Loan Repayment Program. Bi-State Primary Care Association respectfully requests that you recommend SB 590 ought to pass as the State Loan Repayment Program is a critical tool necessary to address the health care workforce shortage.

Bi-State is a non-profit organization that works to expand access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. We represent New Hampshire's 16 community health centers, which are located in medically underserved areas throughout our state and serve more than 113,000 patients. Bi-State also operates the Recruitment Center, which has worked for more than 20 years to recruit and retain primary care providers in New Hampshire and Vermont. We recruit physicians, dentists, physician assistants, nurse practitioners, and bachelor and master level behavioral health and substance use disorder treatment providers.

The State Loan Repayment Program (SLRP), administered by the New Hampshire Department of Health and Human Services (DHHS), provides partial payment towards educational loans of health care professionals in exchange for a commitment to serve in a medically underserved area. It is the most effective tool for practices in rural and underserved areas of the state to attract and retain providers. The demand for SLRP assistance is considerably greater than the funds available, and there are 22 qualified providers currently on the wait list for loan repayment. As the wait list grows, so does the likelihood that these providers will seek work at out-of-state practices – in the greater Boston area, for example - where they can receive higher wages and private loan repayment. This means New Hampshire loses the opportunity to recruit and retain this once interested workforce.

For nearly 20 years, the SLRP operated using General Funds in the amount of \$400,000 per year. Beginning in June 2015, the General Fund appropriation was reduced by \$169,034 per year. That session, in response to community need, the DHHS added eligibility for new sites and provider types to the SLRP. The new sites included all community mental health centers and the DHHS Bureau of Drug and Alcohol Services funded treatment centers (outpatient services only). The

new provider types included Master Licensed Alcohol and Drug Counselors and Licensed Alcohol and Drug Counselors. Without an increase in General Fund appropriations, however, expanding eligibility for new sites and provider types reduced the availability of funds for primary care clinicians and behavioral health specialists. The one-time increase contained in SB 590 will address some of the current clinician vacancies and improve access to integrated behavioral health, MAT, and primary care services across our state.

Behavioral health and primary care workforce challenges are not mutually exclusive. The type of clinicians who provide behavioral health and substance use disorder treatment in primary care settings are often the same. Solutions should address the full continuum of the health care workforce to meet the needs of the Granite State. Adding \$1.1 million to the SLRP in SFY19 will support the recruitment and retention of 20 doctors (including family physicians and psychiatrists), 18 nurse practitioners or physician assistants (inclusive of psychiatric nurse practitioners), and five dentists. Attached to my testimony is a map that represents only the vacancies reported to Bi-State's Recruitment Center. As you will see, 182 vacancies were reported to Bi-State in January 2018. The organizations that reported these vacancies to Bi-State want the vacancies filled in the next 3-6 months. Approximately 25% of these vacancies qualify for SLRP. Clinicians enrolled in state loan repayment programs such as New Hampshire's are more likely to serve in low-income areas and typically remain in their jobs longer than non-obligated physicians.¹ According to the DHHS, 145 clinicians, practicing in 32 towns, received loan repayment assistance from the SLRP in the last 10 years.² The most recent data from DHHS indicates that approximately 80% of SLRP recipients stay in the Granite State after their commitment is completed. The State Loan Repayment Program draws clinicians to New Hampshire, and the patients and their communities keep them here.

The one-time appropriation to the SLRP included in SB 590 will not cure the health care workforce shortage; however, given the SLRP's success and the current waitlist, we know this appropriation will have a positive impact on health care organizations and their patients throughout New Hampshire. For these reasons, we respectfully request that you support health care clinicians and recommend SB 590 ought to pass. Please feel free to contact me if you have any questions or would like additional information on the State Loan Repayment Program.

Sincerely,

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¹ Pathman, Donald, et al, Outcomes of States' Scholarship, Loan Repayment, and Related Programs for Physicians, Medical Care (June 2004).

² According to the NH DHHS, the types of clinicians funded in the last 10 years include: 40 physicians, 15 dentists, 4 psychiatrists, 5 psychiatric nurse practitioners, 34 nurse practitioners, 2 certified nurse midwives, 14 physician assistants, 12 mental health counselors, 4 social workers, 3 psychologists, 4 substance use disorder counselors, and 8 dental hygienists.