BI-STATE PRIMARY CARE ASSOCIATION
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January 18, 2018

Chairman Kotowski
House Committee on Health, Human Services, and Elderly Affairs
Legislative Office Building Room 205
33 N. State Street
Concord, NH 03301

RE: HB 1506-FN relative to regulation of assistant physicians

Dear Representative Kotowski and members of the House Health, Human Services, and Elderly Affairs Committee:

Thank you for the opportunity to speak to you regarding HB 1506, which establishes the licensure and regulation of assistant physicians. Bi-State Primary Care Association is grateful for the attention the sponsors are giving to the health care workforce shortage. However, we respectfully request the Committee recommend HB 1506 inexpedient to legislate and ask the sponsors and the Committee to continue to work with the New Hampshire Commission on the Primary Care Workforce, the existing programs, and provider types to address the health care workforce shortage.

Bi-State Primary Care Association is a non-profit organization that advocates for access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. We also represent New Hampshire's 16 community health centers, which are located in medically underserved areas throughout our state. The community health centers are non-profit organizations that provide integrated oral health, substance use disorder treatment, behavioral health, and primary care services to approximately113,000 patients, most of whom live below 200% of the federal poverty level or $24,120 for an individual.[1] Like many health care providers in New Hampshire, our health centers face a health care workforce shortage.

Bi-State, through our Recruitment Center, works with state, federal, and other non-profit partners to address challenges to our health care system. To that end, we participate in several groups including the Commission on the Primary Care Workforce and a roundtable organized by the University of New Hampshire and Governor Sununu. Included with my testimony are recommendations we made to the roundtable and ask this Committee to support as well: 1) increase the state's investment in the State Loan Repayment Program; 2) restore the funding to the community health centers' primary care contracts with the New Hampshire Department of Health and Human Services; 3) reduce the administrative burdens to train our workforce; and 4) increase the number of family medicine residents in New Hampshire.

[1] Health Resources and Services Administration, Uniform Data System, NH Rollup (2016), federally qualified health centers are required to submit patient demographics, services offered and received, clinical data, and payer information to the Health Resources and Services Administration annually; BSPCA Survey of Membership (2016).

As introduced, HB 1506 establishes a new license for assistant physicians who when licensed, can practice pursuant to a collaborative practice agreement with a licensed physician. Our Recruitment Center works diligently to help health care providers recruit and retain their workforce. It is through this work that Bi-State became aware of a barrier to filling vacancies: current licensed practitioners are unable to supervise additional staff for various reasons, including the required time commitment. The addition of another provider type requiring supervision will exacerbate this issue. Bi-State encourages the Committee to examine and support the reduction of administrative burdens facing our workforce to allow physicians more time to supervise the staff needed to fill their current vacancies.

In addition, it is unclear to us at this time if an assistant physician, through her collaborative practice agreement, would be considered an employee of a community health center for purposes of medical malpractice coverage. Community health centers receive medical malpractice coverage through the Health Center Federal Torts Claims Act Program, where the federal government acts as the health centers' primary insurer for purposes of malpractice claims.[2] Currently, only employees and "qualified" contractors are eligible for this coverage.[3] This program was established to allow health centers to invest their limited resources in health care services. The cost of additional malpractice insurance is an added financial burden to the health centers. Further, it is unclear whether services provided by assistant physicians would qualify as reimbursable by commercial insurance carriers, Medicaid, or Medicare. Community health centers are not in the position to hire additional providers who are ineligible for reimbursement.

House Bill 1506 also requires the New Hampshire Department of Health and Human Services to establish and administer a grant program to increase medical clinics in medically underserved areas. Arguably, this program already exists in federal statute. Federal law established community health centers, also known as federally qualified health centers (FQHCs), more than 50 years ago. Community health centers are non-profit organizations located in medically underserved areas throughout the country and they provide high-quality, integrated oral, behavioral health, substance use disorder treatment, and primary care to patients regardless of their ability to pay. These non-profit organizations must comply with 19 federal requirements in order to receive federal grant funds. While the federal grants do not cover the total cost of care, the grants allow the health centers to provide culturally competent care, supportive services that reduce barriers to care such as transportation and language, and provide their patients a sliding fee discount for services based on income. Twelve out of the 16 community health centers in New Hampshire receive these federal grants.

New Hampshire's health centers currently contract with the New Hampshire Department of Health and Human Services for various projects, including the provision of supportive services, family planning services, and substance use disorder treatment services. These contract dollars are often subject to legislative approval and tend to be scarce. Bi-State recommends that the Committee support the adequate funding of the existing contracts rather than creating new grant programs. For example, in 2011 the legislature reduced the community health centers' primary care contracts with the Department's Division of Public Health by 42% and the contracts were never fully restored. Additionally, the State Loan Repayment Program is another tool that the state has but which lacks adequate funding to meet the demand. This program is also managed by the Division of Public Health and helps health centers and other providers in medically

[2] https://bphc.hrsa.gov/ftca/healthcenters/ftcahcfaqs.html, most recently accessed on January 17, 2018.
[3] *Id*.

underserved areas recruit and retain workers. At our request, Senator Bradley drafted a bill this session increasing the funding to this program by $1.1 million dollars per year for two years. Governor Sununu stated at the roundtable event that his goal is to increase the funding to an additional $2 million per year. This is an established program that works well and we ask the Committee to support an increase in its funding as the bill moves through the legislative process.

We respectfully request that rather than create a new provider type and a new grant program, the sponsors and this Committee continue to work with the New Hampshire Commission on the Primary Care Workforce and its partner organizations to implement the changes the Commission and roundtable have identified as necessary to address our workforce shortage.

Please do not hesitate to contact me if you have any questions or would like more information.

Sincerely,

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