



Senator Sharon Carson, Chairwoman
Senate Executive Departments and Administration Committee
Legislative Office Building, Room 101
33 N. State Street
Concord, NH 03301

RE: SB 308 relative to the health care workforce and making appropriations therefor

Dear Senator Carson and Members of the Executive Departments and Administration Committee:

Thank you for the opportunity to submit testimony on SB 308. Bi-State Primary Care Association is grateful for the attention the sponsors are giving to New Hampshire's health care workforce shortage, and we respectfully request the committee recommend SB 308 ought to pass.

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. Bi-State represents 15 New Hampshire community health centers, which are located in areas of the state with limited access to health care services. New Hampshire's community health centers are non-profit organizations that provide integrated substance use disorder treatment, behavioral health, primary care, and oral health services to over 115,000 patients, including 1 in 6 of all Granite Staters enrolled in the Medicaid program.¹ New Hampshire's community health centers have identified the health care workforce shortage as the top issue facing their organizations. According to a December 2018 survey, there are 109 clinical and non-clinical vacancies at community health centers across the state. New Hampshire's health care system cannot meet the current or future needs of our state if we do not address the issues in a comprehensive manner.

Last summer, a handful of organizations began meeting to identify solutions to our state's health care workforce shortage. This group has grown extensively and represents provider types across the health care spectrum. The New Hampshire Health Care Coalition, which includes 40 organizations, has worked with Senators Rosenwald, Bradley, and Feltes and House leadership to develop a bipartisan legislative proposal that will grow our health care workforce and keep them in the Granite State. Senate Bill 308 contains reasonable and accomplishable proposals to help fill health care worker vacancies.

¹ Statewide data from Kaiser Family Foundation: <http://kff.org/other/state-indicator/total-population>, BPHC 2017 UDS Summary Reports, and Self-Reported data in Bi-State Primary Care Association member surveys.

Senate Bill 308 includes a modest Medicaid rate increase of 5% in SFY 2020 and 7% in SFY 2021 for all Medicaid services. We respectfully request that the fiscal note included in SB 308 as introduced be updated to accurately reflect the language on page 1, lines 19-22, which requires the Commissioner of the Department of Health and Human Services to “increase all Medicaid provider rates.” Last year, the community health centers’ Medicaid shortfall was approximately \$10 million because their reimbursement does not cover the full cost of providing services. Low reimbursement rates affect every health care organization’s ability to provide services and contribute to provider turnover. Health centers are an important investment in our state’s health care system: studies show on average, Medicaid patients seen at community health centers save the health care system approximately 24%.² The increase to all Medicaid rates included in SB 308 is a much-needed investment in our health care workforce.

Senate Bill 308 also addresses an important administrative burden faced by many professions: New Hampshire’s criminal background check system. While surrounding New England states allow for online background checks, New Hampshire does not. It is common for providers to select their “dream candidate,” then wait 15 days for their application to be reviewed at a facility in Concord. By the time the application is mailed back, the candidate may have moved on – often to another state that requires an expeditious turnaround of 48 hours.

Another contributing factor to the health care workforce shortage is that we lose candidates to surrounding states. For example, over half of our high school graduates leave the state to attend a four-year college - the highest rate in the country. New Hampshire only has one Family Medicine Residency Program with eight slots, and half of its graduates move across state lines after graduation to start their careers. At any given time, there are 12 family medicine doctor vacancies in New Hampshire, which means that New Hampshire needs to recruit at least eight clinicians from out-of-state. Senate Bill 308 is designed to equip New Hampshire with opportunities that will incentivize health care professionals to stay and work here (i.e. scholarships with service commitments) and prepare them for career advancement (i.e. accredited residency/fellowship programs).

Senate Bill 308 also includes an investment in the State Loan Repayment Program, which allows clinicians to repay their student loans in exchange for a three-year service commitment and is considered the #1 tool to recruit providers to work in high-need areas like rural New Hampshire. This program is key to the Granite State’s ability to recruit and retain clinicians: across rural America, only 1% of residents said they would prefer to practice in communities of 10,000 people or fewer. This program is of huge benefit to our rural and medically underserved areas, as two-thirds of the clinicians currently participating in SLRP practice in rural New Hampshire.

In addition to the abovementioned investments, SB 308 contains additional components that will better position the Granite State to meet the current health care needs of our residents, including the expansion of telemedicine to make it easier for those with limited access to transportation or living in remote areas like the North Country to access medical services remotely. In addition, SB 308 requires licensing boards to adopt rules that ask applicants for licensure to complete a survey or an opt-out form provided by the Office of Rural Health for the purpose of collecting

² Capital Link data pg 3; article in the American Journal of Public Health November 2016 issue (<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303341>).

workforce data. While some may see this as a simple task, the implications of the survey results cannot be understated. The Health Resources and Services Administration (HRSA) requires states submit this information or confirm estimations developed by HRSA. The data is then used to fund programs in areas of the country where shortages exist. Without accurate data, New Hampshire loses out on valuable programs that will increase access to care. For example, clinicians lose access to the National Health Service Corps funding; it affects a health center's ability to receive funding through HRSA to be designated as a federally qualified health center, which includes significant financial support for serving the un- and underinsured; and it severely limits New Hampshire's ability to plan for our future health care needs because we will not know where clinicians are and are not practicing now or in the future.

New Hampshire also benefits from advanced training programs, such as the Nurse Practitioner Fellowship Program, which is a partnership between the University of New Hampshire, Lamprey Health Center, and the Area Health Education Centers. Community-based organizations like our health centers need clinicians who are trained in treating patients with complex health needs. Expansions of advanced training programs in New Hampshire will help us train the workforce we need in the areas and practices that we need them.

We hope that you will join the New Hampshire Health Care Workforce Coalition in supporting Senate Bill 308's systemic approach to addressing our health care workforce crisis. With a plan hot off the press and a robust economy, the time to act is now. We respectfully request you vote SB 308 "ought to pass."

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

Sincerely,

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