



January 24, 2019

Representative Weber, Chairwoman  
House Health, Human Services, and Elderly Affairs Committee  
Legislative Office Building, Room 205  
33 N. State Street  
Concord, NH 03301

RE: HB 509-FN relative to a graduate physician pilot program

Dear Chairwoman Weber and members of the Health, Human Services, and Elderly Affairs Committee:

Thank you for the opportunity to discuss HB 509, which establishes a graduate physician pilot program. Bi-State Primary Care Association is grateful for the attention the sponsors have given to the health care workforce shortage; however, we respectfully request the Committee recommend HB 509 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 providers to address the health care workforce shortage.

Bi-State Primary Care Association is a non-profit organization that works to expand access to primary and preventive care for all New Hampshire residents. We also represent New Hampshire's 15 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 approximately 113,000 patients, most of whom live below 200% of the federal poverty level or \$24,120 for an individual.<sup>1</sup> Like many health care providers in New Hampshire, our health centers have clinical vacancies. New Hampshire's health care workforce shortage is a complicated issue and we do not believe that HB 509 addresses the root of the problem: a lack of training opportunities for clinicians in the Granite State. Our state needs to make investments in the health care workforce through targeted education and training programs, scholarship programs for college students, increase the funding for the State Loan Repayment Program, increase Medicaid reimbursement, reduce the administrative burdens facing providers, and expand telehealth opportunities.

For more than 24 years, Bi-State's Recruitment Center has helped practices across the state attract and recruit primary care providers and it focuses specifically on medically underserved areas – the very geographic areas HB 509 is written for. We recruit physicians, physician assistants, nurse practitioners, master's and bachelor behavioral health and substance use disorder treatment providers, and dentists for health care organizations such as hospitals, community health centers, rural health clinics, and private practices. It is our experience that our clients do not recruit recent graduates or clinicians with little experience treating patients with complex health needs; rather, practices require candidates with experience. In fact, many practices will pass on interviewing a fully licensed and credentialed provider because the practice does not have the capacity to serve patient needs and provide the mentoring and

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<sup>1</sup> Health Resources and Services Administration, Uniform Data System, NH Rollup (2017), 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 (2018).

onboarding necessary with a new inexperienced provider. If there is an immediate need, our clients often choose to contract with an experienced locum tenens provider to fill the gap until a more experienced practitioner can be permanently hired.

House Bill 509 establishes a new license for “graduate physicians” who when licensed, can practice in a medically underserved area. Community health centers, including federally-qualified health centers and rural health clinics, were established in federal law more than more than 50 years ago to serve patients located in medically underserved areas. In some medically underserved areas in our state, the local health center is the only primary care provider. Because of the needs of their patients and their organizations, health centers want and need experienced clinicians that can be credentialed by all payers, receive full reimbursement from all payers, are covered by the Federal Tort Claims Act coverage (the health centers’ malpractice insurance), and can provide the same high-quality, cost-effective care that is required of health centers by the Health Resources & Services Administration.

It is unclear to us at this time if a graduate 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.<sup>2</sup> Currently, only employees and “qualified” contractors are eligible for this coverage.<sup>3</sup> 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 graduate 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.

If the Committee chooses to recommend that HB 509 pass, we ask that a few changes be made, including addressing the discrepancy created between rural health clinics and federally-qualified health centers on page 5 lines 22 through 27; adding Bi-State Primary Care Association to the committee created in RSA Section 328-K:17; and requiring a collaborative practice agreement be in place in order for a graduate physician to practice.

We respectfully request that 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 others 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,

Kristine E. Stoddard, Esq.  
Director of NH Public Policy  
603-228-2830, ext. 113  
[kstoddard@bistatepca.org](mailto:kstoddard@bistatepca.org)

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<sup>2</sup> <https://bphc.hrsa.gov/ftca/healthcenters/ftcahcfaqs.html>, most recently accessed on January 23, 2019.

<sup>3</sup> *Id.*