



SENATE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE

March 28, 2018

HB 1506 Relative to Regulation of Graduate Physicians

Testimony

Good morning, Madam Chair and members of the committee. My name is Paula Minnehan, VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals. With me today is Scott Colby, President of Upper Connecticut Valley Hospital in Colebrook, NH.

The NHHA is opposed to HB 1506. While we appreciate the sponsor (and cosponsor's) efforts to address a healthcare workforce shortage in NH, we have major concerns with the legislation before you. We understand that this legislation is modeled after similar legislation that passed in Missouri in 2014. Rules were not finalized in that state until late summer of 2016. There are a couple other states that introduced similar legislation in the last couple of years (with some modifications) but it is unclear if they have passed in those states yet. Consequently, we do not have much experience from other states to determine the efficacy of the approach outlined in the bill before today.

Our main concerns are as follows:

- Allowing medical school graduates to practice medicine without completing medical training through an accredited residency program could jeopardize patient safety because they are still inexperienced in a patient care setting.
- All hospitals in NH, including our rural areas, maintain the highest standards of certification and accreditation and they are not interested in lowering those standards by having individuals without proper medical training work in their facilities. In fact, when asked, the CEOs of our rural Critical Access Hospitals were actually offended that the focus of the bill was to encourage these medical school graduates to work in their facilities.
- There is a reason why medical school graduates do not match into a residency program. Medical schools work very hard to ensure that all their graduates match with a residency program of the student's chosen specialty. Unfortunately, the match is not always successful initially. Studies have shown, however, that the vast majority of all medical students successfully match with a residency program within a couple years of graduating from medical school.
- It is our understanding from talking with colleagues in Missouri, where this program is operating, that health insurance companies will not reimburse for the assistant

physician's services. We believe the same result may happen here with NH's health insurance companies.

- Furthermore, malpractice insurance carriers are not willing to provide malpractice insurance to these individuals. Again, why would their policies be any different in NH? Hospitals require that any individual providing medical care to their patients be covered by malpractice insurance.
- Accredited residency programs are highly structured to provide a well-rounded and rigorous clinical and educational experience for medical school graduates. We believe the focus should be on encouraging (and funding) more accredited residency programs in NH.
- Programs like the State Loan Repayment Program (SLRP) is a perfect example of a successful program that assists in addressing the health care workforce shortage. The current limitation of that program is one of funding.
- The concept being addressed in the bill is not equivalent to a Physician Assistant program. I believe there are experts in attendance today that can address the differences between a Graduate Physician and a Physician Assistant and can answer any questions you may have.

For these reasons, NHHA cannot support HB 1506 and we ask that you find the bill inexpedient to legislate.

Thank you for the opportunity to provide our comments. I am happy to answer any questions.