



CONNECTICUT CHAPTER
of the American College of Surgeons
Professional Association, Inc.



**Testimony in Support of Senate Bill 464
An Act Establishing A Work Group To Enhance Physician Recruitment In The State
Public Health Committee
March 20, 2018**

Senator Gerratana, Senator Somers, Representative Steinberg and members of the Public Health Committee, on behalf of the physicians and physicians in training of our organizations listed above, please accept this testimony in support of **Senate Bill 464 An Act Establishing A Working Group To Enhance Physician Recruitment In The State**. We appreciate the acknowledgement with this proposed bill of the difficulties we face in recruiting and retaining physicians in Connecticut.

The impact on the economy by physicians is irrefutable. Attached to this document summarize the impact and includes such facts as:

- **50,759** direct jobs are supported by physicians
- **120,759** total jobs are supported by the physician industry
- **11.6** jobs are supported by EACH physician
- **\$24.1 Billion** in economic activity is generated by the physician industry
- **9.4%** of Gross State Product is directly related to physicians
- **\$13.6 Billion** in wages and benefits.
- **\$1.1 Billion** state and local tax is related to physician activity

Yet, while physicians are significant contributors to economic activity, we still face some serious statistics:

- Nearly 1/3 (32.6%) of Connecticut physicians are 60 or older. National projections are for a shortage of 90,00 doctors by 2025.
- Only 1,892 physicians are under 40 years old- 15.3%. This is a reduction from 16.5% just 2 years ago
- Connecticut ranks 21st in total residents and fellows in accredited programs and 36th among public granting institutions
- Connecticut is well below the national median (38.5%) of physicians retained from Undergraduate Medical Education (medical school).
- Connecticut ranks 41st retaining 19.2% of undergraduates in medical education.
- Connecticut is well below the national median (44.9%) of physicians retained from Graduate Medical Education (medical training).
- Connecticut ranks 45th retaining only 35.0% of Graduate Medical Education students
- Combined, Connecticut ranks 43rd in total retention.

We know our difficulties in recruiting and retaining do not stem from one specific environmental factor, but rather a confluence of circumstance that can be identified by the establishment of SB 464

and provide a path toward corrections. However, we do offer that the following factors play a significant role in our inability to recruit and retain physicians:

Incentives for young physicians- Unlike many other states, Connecticut does not offer supports to keep the physicians we train in the state. Programs for student loan forgiveness and forbearance for commitment to practice in certain communities or locations for specific periods of time have proven successful.

Highly Concentrated Insurance Marketplace- A highly concentrated health insurance market prevents physicians from fair and equitable negotiations with insurers to remain independently viable.

Medical Liability- Connecticut continues to have some of the highest liability insurance rates in the country. In addition, information on closed medical liability claims required by PA 05-275 to be provided by the Connecticut Insurance Department (CID) demonstrate the cost and impact of the tort system continues to increase.

Certificate of Need- While most state continue to remove the burdens of Certificate of Need Laws (CON), Connecticut continues to have some of the most stringent in the country. This runs against Federal Trade Commission recommendations that such burdens of CON be lifted. Such requirements for the expansion of imaging equipment to arbitrary CON triggers for office based surgeries should be addressed.

Industry Specific Taxes- Such issues as provider taxes on ambulatory services and overall licensing costs impact retention.

The establishment of a work group as provided in SB 464 begins the long overdue process to address these concerns. While several proposals exist to look at workforce issues in other sectors such as the industry, the impact of an inadequate physician workforce not only impacts the economy, but access to and the quality of healthcare to our citizens. For this reason, we ask for your support of SB 464 and ask to work with the committee to identify the appropriate participants in the process. Such participants should include both privately practicing and employed physicians in primary care, surgery, and subspecialties. It also should include representation from our medical students and residents as they are the future of medicine.

Thank you for the opportunity to provide this information to you today. We welcome the opportunity that exists with this legislation.