



Testimony for the Senate Health Committee

S1336 and S2002

Chairman Vitale, Vice-Chairman Madden and Members of the Health Committee,

I appreciate the opportunity to provide testimony in support of the S1336 and S2002. I commend Senator Beck, Senator Vitale, Senator Singer and Senator Rice for taking a strong leadership role in this important issue.

I am Deborah Briggs, President and CEO of the Council of Teaching Hospitals and the Council of Children's Hospitals. I have spent the last four years immersed in New Jersey's available physician workforce data, gather annual data/information through the Resident Exit Survey, merging and analyzing trends and working with public and private stakeholders in an effort to identify initiatives that can address New Jersey's primary care physician shortages as well as identifying programs that begin impacting physician retention. I do understand there are individuals that do not believe a physician shortage exists.... I welcome the opportunity to show you the data. Bottom-line, for our state to be ready for emerging new care models and the impact of the uninsured becoming insured through the Affordable Care act (ACA), New Jersey needs more primary care physician, nurse practitioners and physician assistants.

In 2010, I met with the State's Attorney General, Paula Dow, to discuss the need for the Board of Medical Examiners (BME) to collect Scope of Practice data to assist the state in gathering critical data that would identify Health Professional Shortage Areas (HPSA) and Medically Underserved Populations (MUPs). After I presented the rational and quantified the financial loss of funds from the federal government, she immediately agreed to require the BME to include this survey in the 2011 biannual re-licensure process. As I look back, it is still amazing that a process endorsed by the Attorney General could go so off course. Without going into a step by step discussion on what went wrong, it is apparent that if the BME is not given specific directives to fulfill very specific requirements in a mandatory, data gathering process...history shows their actions will not lead to any productive final product that will assist the state.

The BME did include scope of practice questions in the spring 2011 re-licensure process. In August of 2011, I secure a conference call with the BME representative responsible for the survey fulfillment. On that call we also included University of Albany's Center for Workforce Studies who had successfully worked with New York's scope of practice data and qualified 13 HPSAs in New York City (and many more throughout the state). During the call we were told the BME had decided right before the 2011 re-licensure process began to make the survey voluntary (that change had never been communicated to the planning team). Learning that, we asked BME to provide the response rate per question as well as the



data that was acquired to allow our team to analyze and determine if there was any data of substance to be utilize. Although they verbally (and in e-mails) agreed to supply the information and data, it was never received. Even more disheartening information was provided in this conversation. The individual's responsible for this survey process indicated the BME had also "de-linked" certain questions and information which made the data collected useless, at least for the purposes of identifying HPSAs and MUPs.

Our Physician Workforce team was still hopeful that some useful information could be retrieved from the data, but again this data was never received. I heard yesterday they recently stated they had an 88% response rate, which is certainly surprising information from what we was told last August. I would suggest this committee request all the data gathered in the 2011 survey and the Council would be pleased to analyze it to ascertain if there are any "learning's" that can be gleaned from last year's scope of practice survey.

That being said, based on history, the requirements set forth for the Board of Medical Examiners in this legislation are necessary and critical in the effort to gather necessary data to qualify for additional federal funding and J1-Visa slots. Be assured New Jersey is not requiring their physicians to provide information beyond the scope other states are already collecting. In fact, at the spring 2012 Federation of State Medical Boards annual conference, this national organization (who represents New Jersey's BME) endorsed the need for all states to require physicians to complete a scope of practice survey during the re-licensure process.

This is important and necessary legislation.

The Council looks forward to continuing our dialog and information exchange regarding our physician workforce issues, and hopes in the near future we can identify and implement retention and recruitment programs to get our State "back in the game". I have included on the left side of your folder what initiatives have been implemented in other states since the 2009 Physician Workforce Report was published. Gentlemen and Ladies we are falling behind. Thank you.