

Testimony of

Deb Polun  
Chief Strategy Officer  
Community Health Center Association of Connecticut (CHC/ACT)

*Supporting  
Senate Bill 1450: An Act Concerning Recruitment and Retention  
of the Health Care Workforce (Section 1)*

Public Health Committee  
March 10, 2025

Thank you for the opportunity to provide support for Section 1 of Senate Bill 1450, An Act Concerning Recruitment and Retention of the Health Care Workforce.

On behalf of the Community Health Center Association of Connecticut (CHC/ACT), and its sixteen member health centers, I want to thank the Committee for its dedication to improving the health of people in our state. Connecticut's Community Health Centers serve more than 440,000 people each year – about 1 in every 8 residents – providing medical, behavioral health, and dental care in hundreds of locations across the state. In addition to providing this high quality care, they are also significant employers, with about 5,000 employees across the state.

Along with our health centers, CHC/ACT is deeply committed to providing access to high quality care for all, and the most important elements of meeting that commitment are our staff members, from the front desk to our medical assistants, nurses, physician assistants, social workers, dentists, and doctors.

**We thank the Committee for raising this bill to assist our organization and others with workforce recruitment and retention.**

Since the beginning of the Community Health Center program in the 1960s, workforce has been its biggest challenge. Today, health care organizations across Connecticut struggle to recruit and retain providers. This is due to a number of factors, including an aging population, the vertical integration and merging of health care entities, the high cost of academic training, and decreased interest in entering and staying in the health care field since the COVID-19 pandemic.

Of course, not having enough providers is a barrier to providing and increasing access to health care services.

Over the years, the state and federal governments have attempted to address the high cost of medical school, dental school, and other training programs through loan repayment opportunities. For example, Community Health Centers participate in the National Health Service Corps (NHSC) Loan Repayment Program, which serves as one method of recruiting physicians, nurse practitioners and other providers. Under NHSC, these providers work in underserved areas, including health centers, in exchange for repayment of some of their health professions school loans.

This past year, and for the upcoming year, Connecticut has a Student Loan Repayment Program (SLRP) for health professionals, that complements NHSC and is being administered by CT AHEC. This program serves a dual function, providing both loan relief and health access. Approximately 185 health care professionals in Connecticut were awarded this funding last Fall.

However, it is our understanding that the program will end next year. We support section 1 which would allow this critical program to continue, and we ask you to support funding in the state budget as well. The SLRP program is a good health policy and should continue its mission to increase access to care in Connecticut's underserved population areas.

Thank you for your consideration and your hard work on behalf of our great state. Please feel free to reach out with any questions: [dpolun@chcact.org](mailto:dpolun@chcact.org) or 860.667.7820.



# Community Health Center Association of Connecticut

Connecticut PPS Rates Compared to Regional Samples

Medical				Dental				Behavioral Health			
State	Average PPS Rate	Difference compared to CT	CT Rate as % of Comparison Rate	State	Average PPS Rate	Difference compared to CT	CT Rate as % of Comparison Rate	State	Average PPS Rate	Difference compared to CT	CT Rate as % of Comparison Rate
Connecticut	\$185.41	N/A		Connecticut	\$171.28	N/A		Connecticut	\$207.66		
Massachusetts	\$ 241.96	\$ 56.55	76.63%	Massachusetts	\$ 241.96	\$ 70.68	70.79%	Massachusetts	\$ 241.96	\$ 34.30	85.82%
New York	\$ 223.99	\$ 38.58	82.78%	New York	\$ 233.75	\$ 62.47	73.27%	New York	\$ 225.07	\$ 17.41	92.26%
Maine	\$ 284.55	\$ 99.14	65.16%	Maine	\$ 284.55	\$ 113.27	60.19%	Maine	\$ 284.55	\$ 76.89	72.98%
Rhode Island	\$ 247.22	\$ 61.81	75.00%	Rhode Island	\$ 210.18	\$ 38.90	81.49%	Rhode Island	\$ 247.22	\$ 39.56	84.00%
New Jersey	\$ 225.18	\$ 39.77	82.34%	New Jersey	\$ 225.80	\$ 54.52	75.85%	New Jersey	\$ 225.18	\$ 17.52	92.22%
Comparison State Average	\$ 244.58	\$ 59.17	75.81%	Comparison State Average	\$ 239.25	\$ 67.97	71.59%	Comparison State Average	\$ 244.80	\$ 37.14	84.83%

Sources:

Massachusetts Source: Mass League of Community Health Centers

New York Source: New York State Department of Health, FQHC Rates (posted 4/9/2024).

Maine Source: Maine Primary Care Association/Curt Degenfelder Consulting

Rhode Island Source: Rhode Island Primary Care Association (RI Health Centers are pursuing increased rates during this legislative session)

New Jersey Source: <https://www.njmmis.com/downloadDocuments/FQHC2024.pdf>

# <https://portal.ct.gov/dss/health-and-home-care/reimbursement-and-certificate-of-need/fqhc-medicaid-reimbursement/fqhc-medicaid-rates>