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Georgia State Senate
Office of Policy and Legislative Analysis

**FINAL REPORT OF THE SENATE RURAL MEDICAL
PERSONNEL RECRUITMENT STUDY COMMITTEE
(SR 371)**

COMMITTEE MEMBERS

Senator Bo Hatchett, Chairman
District 50

Senator Kim Jackson
District 41

Senator Kay Kirkpatrick
District 32

Senator Nan Orrock
District 36

Senator Larry Walker
District 20

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STUDY COMMITTEE CREATION, FOCUS, AND DUTIES

The Senate Rural Medical Personnel Recruitment Study Committee was created by Senate Resolution 371 during the 2023 Legislative Session of the Georgia General Assembly.¹ The Study Committee was tasked with reviewing the rural medical personnel landscape, identifying issues facing organizations with regard to their recruitment and retention of such a group, and making recommendations regarding possible solutions or assistance that the State can provide to alleviate these issues.

Senator Bo Hatchett of the 50th served as Chair of the Study Committee. Membership also included Senator Kim Jackson of the 41st; Senator Kay Kirkpatrick of the 32nd; Senator Nan Orrock of the 36th; and Senator Larry Walker of the 20th.

The following legislative staff members were assigned to the Study Committee: Emily Leonard, Senate Press Office; Josselyn Hill, Senate Office of Policy and Legislative Analysis; Brenita Simmons, Office of Senator Bo Hatchett; Clair Bryan, Office of Legislative Counsel; and Mary Enloe, Senate Budget and Evaluation Office.

The Study Committee held meetings on:

- September 9, 2023 (Demorest, GA);
- October 24, 2023 (Augusta, GA);
- December 6, 2023 (State Capitol); and
- December 15, 2023 (Virtual via Zoom).

¹ S.R. 371, 158th Gen. Assemb., Reg. Sess. (Ga. 2023), <https://www.legis.ga.gov/legislation/65533>.

BACKGROUND, SUMMARY OF TESTIMONY, AND DISCUSSION

Meeting One – September 9, 2023 (Demorest, GA)

Chairman Hatchett began the meeting by explaining that this Committee is aiming to learn from Georgians around the State about the issues facing rural areas with regard to medical personnel and possible solutions from the State that can assist with those matters.

Department of Community Health: State Office of Rural Health

The State Office of Rural Health (SORH), provided a comprehensive overview of the challenges faced by rural Georgia and the proactive role their organization plays in addressing these issues. SORH (a division within DCH) is tasked with administering federal and state-funded grant programs. Their efforts span multiple program sections, including primary care, farmworker health, hospital services, and the SOAH program. In Fiscal Year 2023, SORH managed over \$27,000,000 in grants to support rural healthcare initiatives such as offering financial and operational improvements, quality improvement initiatives, continuing education, service line expansion, and telemedicine programs.

SORH's presentation highlighted the multifaceted challenges rural Georgia faces, including its declining population, high death rates for various health issues, and the uneven geographic distribution of hospitals. SORH indicated that workforce challenges (exacerbated by the aftermath of COVID-19) are a central concern for them, focusing on recruitment, retention, and strains on healthcare staff. Additionally, SORH explained that transportation difficulties, lack of broadband connectivity, and poor nutrition in rural communities also add to the complexity of providing quality healthcare.

SORH emphasized the importance of optimizing the current healthcare education system to meet growing demands. Proposed solutions included quick start programs, earn-to-learn initiatives, and faculty incentives to attract and retain a skilled healthcare workforce. Acknowledging the unique challenges faced by rural hospitals, SORH underscored the necessity of fostering strong relationships with local communities and involving them in decision-making. SORH's ongoing Rural Hospital Stabilization Grant Program was presented as a successful initiative, as it fosters community-specific solutions and promotes workforce growth. Additionally, the need for flexible schedules, continuing education opportunities, and creative community engagement strategies to attract and retain healthcare professionals in rural areas was highlighted.

SORH concluded their presentation by expressing their gratitude for the opportunity to present and showcase the resilience and resourcefulness of rural communities and healthcare leaders who illustrate a commitment to finding innovative solutions for the complex challenges faced by rural healthcare in Georgia.

Department of Public Health

DPH's presentation provided further insights into the challenges facing by rural healthcare. DPH explained that public health programs in each county consist of county health departments and environmental health services. DPH explained that the health departments provide clinical and preventive services, communicable disease control, and environmental health services. Their primary services include Women's Health, family planning, cancer screening, immunizations, and children's health services. Additionally, health departments collaborate with schools, senior centers, jails, prisons, social services organizations, and drug treatment centers to ensure comprehensive services for the community.

DPH indicated that one of the problems facing rural healthcare is staffing challenges. They explained that the primary difficulty is attracting a younger workforce. Despite competitive benefits including medical, dental, vision, holidays, and leave, younger generations prioritize flexibility, shift work, and higher pay which poses challenges for recruitment. DPH further indicated that salary disparities pose another challenge to recruitment and retention for them. The Department explained that their nurses start at \$49,000.00 to \$51,000.00 with increases to \$63,000.00 to \$66,000.00. DPH explained that this pay is lower than the private sector which in turn makes it challenging to retain and attract talent. DPH also indicated that the location and the commute for staff results in higher turnover rates because the remote nature of some counties impacts the desirability of working there. DPH further indicated that their environmental health personnel positions face attractiveness challenges. They explained that these positions often require these individuals to deal with angry or frustrated individuals due to their regulatory roles which decreases the desirability of these positions. Moreover, their salaries start at \$42,000.00 lower than the national average which further disincentive individuals from these positions along with the lack of tuition reimbursement and benefits for part-time positions

DPH proposed some recommendations that the Committee could adopt to help alleviate some of these challenges. They included:

1. **Address Staffing Challenges:** Recognizing the need to appeal to the younger workforce. A possible solution may involve exploring flexible work arrangements, shift options, and emphasizing the non-monetary benefits offered;
2. **Salary Adjustments:** Advocating for increased salaries to match or exceed private sector rates and make rural healthcare positions more competitive;
3. **Community Engagement:** Implementing strategies for community engagement and education that improve the understanding and acceptance of regulatory roles in environmental health; and
4. **Tuition Reimbursement Programs:** Establishing or promoting existing programs for tuition reimbursement to attract and retain qualified staff.

DPH concluded their presentation by re-emphasizing the complexities of rural healthcare, focusing on staffing and salary challenges while emphasizing their role in providing diverse health services to rural communities.

Georgia Trauma Commission

The Georgia Trauma Commission (GTC) began their presentation by expressing their gratitude for the opportunity to discuss trauma care, especially in the context of rural Georgia. GTC emphasized the importance of organized trauma systems in saving lives and shared the real-life case of an 18-year-old involved in a motorcycle accident who survived due to effective trauma care.

GTC's presented an overview of trauma centers, emphasizing the distinction between different levels (1-4) and their capabilities. GTC explained that the American College of Surgeons (ACS) plays a significant role in setting standards for trauma systems. GTC was established to address challenges in Georgia's trauma care, with key findings indicating high death rates, limited trauma center usage, and insufficient funding.

GTC discussed the evolution of Georgia's trauma system and the creation of the Commission in response to identified issues. They mentioned the improvements in trauma care but also noted ongoing challenges, especially in rural areas.

GTC highlighted the recent consultation by ACS where the organization evaluated Georgia's rural trauma system. A report emphasized the need for comprehensive resource assessments, rural trauma care standardization, and improved recruitment and retention strategies for trauma providers.

GTC provided cost assessments for different trauma center levels which revealed the financial challenges faced by rural trauma centers. GTC highlighted initiatives and partnerships designed to address gaps in trauma care such as educational programs and the March Pause course..

GTC also touched on challenges faced by rural trauma centers, including limited resources, lack of time, and staffing shortages. They stressed the importance of improving scene response times, addressing staffing shortages through mutual aid agreements, and enhancing data entry proficiency.

Collaborative efforts, mentorship programs, and process improvement training were proposed to support rural trauma facilities. GTC explained that their Quality Improvement Program involves trauma program managers and medical directors from all trauma centers in Georgia while fostering collaboration and peer review.

GTC's presentation concluded with ongoing efforts, including educational and collaborative programs, to enhance trauma care in rural Georgia with a focus on addressing challenges and optimizing resources.

Georgia Board of Healthcare Workforce

The Georgia Board of Healthcare Workforce had a Physician Assistant (PA) provide insights into the profession and her personal journey. The PA emphasized the extensive education and clinical experience required to become a PA, including a four-year nursing undergraduate degree, four years of nursing work, and two years of PA school with at least 2,000 clinical hours. The PA also mentioned the need for recertification every 10 years and continuous medical education.

The PA briefly touched on her involvement with the Board of Healthcare Workforce where PAs collaborate with supervising physicians to provide medical services in rural and underserved areas of Georgia. The Board aims to address the shortage of practicing physicians in these regions by contributing to increased quality and quantity of medical services.

The PA highlighted some challenges faced by her peers, including difficulties in obtaining certain prescription-writing privileges, particularly for Schedule II medications. She noted instances where PAs in rural areas, lacking supervising physicians, struggle to provide necessary prescriptions, leading to patient admissions for pain management. She emphasized the broader issue involves the retention of PAs in Georgia, as the state experiences a lower number of newly licensed PAs compared to other states.

The PA mentioned ongoing efforts to address the low retention of PAs in Georgia, including a survey initiative to understand the reasons behind PAs choosing to leave the state after graduation. Additionally, there was a push for legislative changes, such as expanding prescription-writing privileges for PAs, especially in rural areas where immediate access to physicians is limited. The goal is to make Georgia more attractive for PA graduates, ensuring they stay and contribute to the healthcare workforce.

The PA's presentation also touched on challenges faced by PA graduates in obtaining timely licensure and job description approval from the Georgia Medical Composite Board, hindering their ability to start working promptly. The PA expressed her gratitude for recent legislative efforts to streamline this process, making Georgia a more appealing destination for PA professionals.

Hometown Health

Hometown Health's presentation provided insights into the organization's mission, challenges facing rural hospitals, and potential solutions. Hometown Health explained that it is a self-funded organization established in 1999 and dedicated to preventing rural hospital closures. Hometown

Health indicated that it is composed of 20 specialists with 400 years of healthcare experience. Hometown Health explained that it focuses on non-clinical aspects, such as operational and financial elements, to support struggling hospitals.

Hometown Health highlighted various challenges facing rural healthcare including workforce shortages particularly in the face of the pandemic. Physician shortages, high unemployment rates, financial stress in the post-pandemic era, inflation, state initiatives causing stress, economic challenges for hospitals, the transition to artificial intelligence, and transport issues all contribute to the difficulties faced by rural hospitals.

Hometown Health provided the following recommendations and solutions for the Committee to consider: They included:

1. Cash Infusion:
 - i. Emphasizing the importance of addressing cash flow issues in rural hospitals, and
 - ii. Advocating for Medicaid expansion to tap into additional funding;
2. Policy Changes:
 - i. Calling for Medicaid expansion implementation to unlock potential funds for community growth, and
 - ii. Urging municipal consolidation to optimize resources across 159 counties;
3. Proven Solutions that Georgia should continue to support and enhance:
 - i. Using telemedicine to enhance clinical services,
 - ii. Encouraging scope expansion for healthcare services,
 - iii. Advocating for increasing the hospital tax credit to \$150,000,000.00 annually,
 - iv. Supporting the replenishment of SORH,
 - v. Subsidizing obstetric services to address closures, and
 - vi. Creating a rural stipend for physicians to retain them in rural communities; and
4. Operational Approaches:
 - i. Using Hometown Health's operational approach as an example, encouraging innovative collaborations with business partners and advanced technology to address challenges and provide ongoing education through webinars.

Hometown Health concluded their presentation by stressing the urgency of addressing these issues to prevent further rural hospital closures. They highlighted the potential creation of a third-world nation scenario if the challenges persist, particularly in the context of OB closures leading to healthcare deserts in South Georgia.

Northeast Georgia Physicians Group

Dr. Tommy Hatchett, who is an OB-GYN with 30 years of experience and is currently a physician with Northeast Georgia Physicians Group, presented on the challenges faced by a rural hospital in Habersham County over the past 70 years. The hospital, initially established in the late 1940s, has undergone expansions in 1991 and 2008, with its recent purchase by Northeast Georgia Health System.

Dr. Hatchett provided historical context, emphasizing that in 1991, there were around 25 community-based physicians, and over the years, the medical staff didn't increase proportionally despite the county's population growth. He noted that the hospital coped with rising demand by employing nurse practitioners and physician assistants.

He indicated that the dire financial situation in recent years saw a decline in the number of full-time physicians with the hospital relying on visiting doctors to run services. Dr. Hatchett attributed part of the issue to a lack of specialist physicians leading to underutilized facilities.

Dr. Hatchett outlined the benefits of practicing in rural areas such as making a meaningful impact, work-life balance, and community involvement. He discussed strategies for physician recruitment at

various levels including through local communities, businesses, and state-level initiatives. He further suggests incentivizing medical education, offering loan repayments, and improving malpractice insurance rates and Medicaid reimbursement.

Dr. Hatchett concluded his presentation by emphasizing the need for alignment between communities and physicians, with a focus on shared goals. He advocated for breaking down silos and fostering collaboration among different agencies for effective physician recruitment. His presentation underscored the importance of tailoring recruitment efforts to align with the preferences of physicians and the unique attributes of rural areas.

Northeast Georgia Health System

Northeast Georgia Health System (NGHS) began their presentation by highlighting the importance of rural hospitals like Lumpkin and Habersham in their overall healthcare plan. NGHS emphasized the need for critical access hospitals in serving a local population.

NGHS discussed the critical state of nursing in Georgia by presenting statistics on the shortage of qualified nurses. They touched on workplace violence against healthcare workers, citing increased incidents of physical and verbal abuse. NGHS provided data from surveys indicating a rise in violence against nurses, expressing concerns about recruitment for the unlicensed workforce.

NGHS then transitioned to discuss the initiatives taken to address these challenges, particularly in the context of rural hospitals. In response to a growing need for healthcare professionals, a strategic plan was initiated in early 2022. NGHS highlighted various programs and partnerships such as an accelerated BSN program with the University of North Georgia and an accelerated CNA program with technical colleges. NGHS emphasized creative solutions including lowering the hiring age to 16 and introducing training programs for young individuals. NGHS also detailed different pipeline programs from LPN to RN bridge programs to innovative initiatives like the Compass PCT and Nurse Extern programs. NGHS shared success stories and mentioned ongoing efforts for employee retention such as leadership initiatives, flexible work options, and safety measures. NGHS called for support from the State including funding for increased security, incentives for attracting talent to the region, and promoting the beauty of Georgia.

NGHS's Nicholas Benton who is the Director of Physician Recruitment for Northeast Georgia Physicians Group and Georgia Heart Institute explained that surgical recruitment is a challenge on a national level, not just in Georgia.

He provided the recruitment landscape for surgeons using data from ACS which showed an 18 percent decline in the per capita supply of U.S. general surgeons from 2001 to 2019. He explained that rural areas experienced a significant decline in general surgeons, affecting small and isolated rural communities. Stats on the age distribution of urban and rural general surgeons were also presented. He further explained that there are limited numbers of general surgery graduates who are choosing rural settings, and on the national stage, currently there are 1,700 job openings for these graduates.

Mr. Benton provided some current strategies utilized in surgeon recruitment which included using rural healthcare initiatives, loan repayment plans, J-1 waivers, signing bonuses, and emphasizing positive aspects like community recognition and professional independence. He explained that some of the challenges involved in recruiting the first physician to a community include the needs of the physician's family. He further explained that there are programs being utilized that may need some changes which include state loan repayment initiatives and the J-1 waiver program. He highlighted the statistics from the 3RNet annual report which emphasized the scarcity of J-1 placements for general surgeons. He suggested that the commitment required under the J-1 program aims to establish long-term roots in rural areas.

NGHS provided a comprehensive picture of the challenges in rural healthcare, especially in recruiting surgeons. NGHS emphasized the importance of tailored recruitment strategies and the limitations of existing programs, particularly for specialists like general surgeons.

Georgia Nurses Association

Dr. Lisa Jellum, who is the Dean of Atrium Health Floyd School of Health Sciences at Georgia Highlands College and the VP of the Georgia Association of Nursing Deans, discussed rural healthcare workforce challenges and presented possible recommendations for the Committee. She detailed her rural background and the importance of community involvement in rural healthcare. Dr. Jellum highlighted the Georgia Nursing Leadership Coalition's collaborative efforts in these areas.

Dr. Jellum explained the disparity between active nursing licenses and actual employment, particularly in rural areas. She further explained the shortage of rural nurses is attributed to geographic challenges and a lack of incentives. She stressed the impact of clinical placements on nursing students' experiences and burnout rates.

Dr. Jellum provided some recommendations which included student loan forgiveness for those committing to rural service, additional funding access, and tax incentives for clinical preceptorships. She advocated for investing in structured nurse residency programs, citing higher retention rates and improved outcomes. She also shared her experience with Atrium Health Floyd's multi-year partnership to increase nursing capacity, incorporating innovative initiatives like free textbooks. She further underscores the importance of addressing bottlenecks in nursing education, collaborating with high schools, and creating affordable pathways for various health professions. She indicated that Atrium Health Floyd's investment included faculty retention funds, marking a positive shift towards long-term growth and addressing workforce challenges in nursing education.

Georgia Emergency Medical Services Association

The Georgia Emergency Medical Services Association (GEMSA) provided various challenges faced by Emergency Medical Services (EMS) in the state. They were:

1. **Workforce Issues and Funding:** GEMSA explained that the workforce challenges and funding issues are significant challenges to EMS. GEMSA mentioned a 2007 Workforce study and noted that issues have intensified both over time and due to the effects of pandemic;
1. **Recruitment and Retention:** GEMSA emphasized the difficulty of attracting and retaining personnel in the EMS profession. GEMSA indicated that paramedics are reportedly lured away by hospitals which can offer higher pay for fewer hours;
2. **Training and Education:** GEMSA discussed the challenges in EMS education such as technical colleges discontinuing EMT and paramedic programs. GEMSA mentioned difficulties in maintaining EMS education programs particularly in rural areas;
3. **Retirement Plans:** According to GEMSA, the absence of a retirement plan for EMS professionals is a significant issue. GEMSA suggested the need for a supplemental retirement plan similar to those for law enforcement and firefighters.
4. **National Oversight:** GEMSA pointed out the lack of a national EMS chief or director, contrasting it with the oversight provided for fire and law enforcement. GEMSA suggested that this lack of attention at the federal level contributes to challenges in EMS.
5. **Overtime and Staffing Issues:** GEMSA, identified mandatory overtime is a concern, leading to exhausted personnel working extended shifts. The potential risks associated with fatigue were highlighted;
6. **Costs and Reimbursement:** GEMSA noted the rising costs of ambulances, explaining that the average cost per ambulance transport is \$415.00, while Medicaid and Medicare reimbursement rates have not seen significant increases;

7. **Uncompensated Care:** GEMSA indicated that EMS is noted for providing a significant amount of uncompensated care. GEMSA mentioned challenges in managing ambulance response times, particularly in cases of long wait times at hospitals;
8. **Impact of COVID-19:** According to GEMSA, the workforce in EMS was significantly impacted by the pandemic with a reported one-third loss of EMS professionals during the peak of the pandemic in 2020-2021;
9. **Trauma Center Access:** The lack of access to level one trauma centers and extended transportation times were identified as factors hampering the delivery of care by EMS. Wait times at hospitals are also cited as a major problem by GEMSA; and
10. **Overuse of 911:** GEMSA expressed concerns about the overuse of 911 services for non-emergencies. They explained that it is turning it into "4-1-1 on steroids," leading to unnecessary responses from fire trucks and ambulances.

GEMSA provided some recommends which included: reforms in education to address challenges, promoting decreased ambulance response times, increasing recruitment and retention, and improving pass rates. GEMSA concluded their presentation by emphasizing the urgent need for comprehensive reforms and federal support to address the multifaceted challenges faced by EMS in Georgia.

Meeting Two – October 24, 2023 (Augusta, GA)

Chairman Hatchett opened the meeting by explaining that the Committee has traveled to Augusta University for this second meeting. Prior to the meeting, the Committee was invited for a lab tour at the University where they learned and had some experiential learning opportunities to better understand the education and lives of medical professionals.

Georgia Society of Anesthesiologists

The Georgia Society of Anesthesiologists (GSA) discussed the organization's efforts in rural medical personnel recruitment and healthcare. GSA, along with other medical specialty societies, advocate for physician-led medical care, emphasizing a team approach for practitioners in rural and underserved areas of Georgia. GSA highlighted the challenges in rural healthcare access, stressing the need for equality between rural and urban healthcare.

GSA provided some recommendations which focused on state-level actions with funding and federal advocacy through the Georgia Congressional Delegation. GSA underscored the importance of becoming intentional advocates at the federal level to address healthcare disparities. Dr. Stephen Miller, Chair of the Department of Anesthesiology at the Medical College of Georgia, supplemented the discussion by detailing the institution's role in training and placing healthcare professionals in Georgia. His discussion included insights into the anesthesiology residency program, graduation statistics, and proposed solutions to the anesthesiologist workforce shortage. He advocated for the anesthesia care team model, led by physicians, emphasizing its benefits in patient care.

GSA provided recommendations for the Committee. They are as follows:

1. **Federal Legislators Collaboration:** Work with federal legislators to support programs addressing issues faced by medical school graduates, both domestic and international, in finding residency programs;
2. **Residency Program Funding:** Address the inadequacy of Residency Program funding, primarily through CMS, by advocating for increased funding and building private partnerships;
3. **ACGME Stranglehold:** Examine legislation to remove the stranglehold that the Accreditation Council for Graduate Medical Education (ACGME) has on residency programs;
4. **Loan Repayment Programs:** Explore and enhance loan repayment programs at state and federal levels to incentivize healthcare professionals to work in rural and underserved areas;

5. **Scholarships and Incentives:** Implement and expand scholarships for medical students and state-level incentives to encourage healthcare professionals to serve in rural and underserved areas;
6. **Assistants in Rural Areas:** Introduce assistant positions or programs (like Alabama, Arizona, and Idaho) to utilize the time of medical students waiting to match into residency programs productively; and
7. **Increase Residency Sponsorship:** Emulate states like California, Texas, New York, Minnesota, and Michigan in sponsoring more medical residents to increase the healthcare workforce.

GSA's recommendations aim to address challenges in medical personnel recruitment, especially in rural areas, and offer potential solutions to improve healthcare accessibility and workforce distribution.

Georgia Association of Nurse Anesthetists

The Georgia Association of Nurse Anesthetists (GANA) presented on the role of Certified Registered Nurse Anesthetists (CRNAs) and their contribution to addressing rural healthcare challenges. CRNAs are advanced practice registered nurses that specialize in anesthesia and practice in various healthcare settings. They undergo rigorous education and training, holding doctorates in nursing practice, and maintaining board certification every eight years.

CRNAs operate with full practice authority, providing anesthesia services independently in rural areas, thereby increasing access to surgical procedures and reducing the need for patients to travel long distances. GANA emphasized CRNAs' critical care experience, which positions them well to recognize and address clinical signs, enhancing patient safety.

GANA discussed the legislative landscape, highlighting the bills introduced in Georgia to update language related to CRNAs' supervision, aiming to improve access to care by allowing them to work directly with surgeons. GANA advocated for adopting legislation that aligns with the opt-out model followed by 24 states, enabling hospitals to collect funds from CMS for CRNA-provided healthcare, supporting rural hospitals.

In addressing rural medical personnel shortages, GANA proposed embracing CRNAs as anesthesia providers without physician supervision, emphasizing their proven safety, high quality, and cost-effectiveness. GANA's presentation concluded with a call for Georgia to adopt legislation that reflects these considerations, ultimately enhancing rural healthcare delivery.

Georgia Hospital Association

The Georgia Hospital Association (GHA) explained that its members address the challenges faced by rural hospitals in recruiting medical personnel. With 14,718 clinical positions currently open in Georgia hospitals, GHA emphasized the critical need for healthcare professionals, citing difficulties in recruiting qualified personnel, especially in rural areas. Georgia, being a net exporter of nurses, faces challenges in retaining nursing graduates within the state.

GHA indicated that it supports legislative efforts, such as Senate Bill 102 and Hospital Bill 447, to grant CRNAs the ability to practice in rural areas without physician supervision. GHA highlighted the importance of maximizing clinicians' scope of practice to control costs and maintain positive margins for hospitals.

Addressing workforce challenges, GHA mentioned issues like the workforce being unwilling to relocate to rural areas, inability to compete with other facilities in terms of reimbursement, and the need for additional funding opportunities, including nursing student loan forgiveness and incentives for

hospitals to become teaching programs. GHA provided some recommendations which included implementing the Governor's Statewide Healthcare Workforce Commission's proposals, such as a Quick Start Academy for clinical staff and an earn-to-learn scholarship program.

GHA concluded their presentation by emphasizing the impact of workforce challenges on patient care, urging legislators to consider additional funding and support measures to address these issues in rural healthcare.

Augusta University: Medical College of Georgia

Dr. David Hess, representing the Medical College of Georgia (MCG), discussed the efforts to address healthcare workforce challenges, particularly in the context of medical education and residency programs. MCG, the 13th oldest medical school in the U.S., emphasized its role in training medical professionals and highlighted its Peach State Scholars program, which encourages medical students to practice in underserved Georgia areas by offering tuition scholarships. MCG was established in 1828 and is currently the ninth largest medical school. MCG has undergone curriculum changes, compressing the program to three years for some students, with various pathways for residency and additional training.

MCG provided some workforce challenges, emphasizing the shortages in specific medical specialties, particularly in primary care physicians. MCG also used Georgia's shortage of OBGYNs, ranking 49th in maternal mortality as another illustration of the shortages in Georgia. MCG explained that there is a need for interventions in rural areas.

MCG briefly explained that the Peach State Scholars Program aims to retain medical students in Georgia by offering tuition scholarships in exchange for practicing in underserved areas. MCG highlighted the economic benefits of the program, with a reported return on investment of \$17.50 for every dollar invested. Additionally, MCG detailed the collaboration between St. Joseph's Hospital and Georgia Southern University which has led to the expansion of the medical school in Savannah, with a partnership campus and renovations funded by the State.

MCG also provided some challenges that graduates face in residency placement. MCG indicated that graduates are shown to be practicing in various regions, emphasizing the effort to retain physicians within Georgia. MCG noted that there is a shortage of residency slots, indicating there needs to be an increase in graduate medical education (GME) programs to retain medical graduates. MCG has 51 ACGME-approved programs with around 580 residents. MCG explained that it faces challenges related to expanding residency programs, especially in specialized fields like anesthesiology and psychiatry. MCG emphasized the need for Georgia to address the GME shortage, urging considerations for incentives and programs to encourage physicians to stay in Georgia after completing their medical education.

Augusta University: College of Allied Health Sciences

The College of Allied Health Sciences at Augusta University provided some insights into the topic of rural medical personnel recruitment. The College explained that it has a 55-year history of supporting physicians and nurses. The College is comprised of seven undergraduate and soon-to-be seven graduate programs. The undergraduate programs include Clinical Laboratory Science, Dental Hygiene, Health Information Administration, Health Services, Nuclear Medicine Technology, Radiation Therapy, and Respiratory Therapy.

The College highlighted the importance of these programs by illustrating the demand for Allied Health Professions in Georgia and South Carolina. The College explained that the data on job openings and postings emphasize the need for health professionals in the region. Despite challenges like limited

faculty and clinical sites, the College has been consistently producing graduates, addressing the growing demand.

The College's presentation provided details of the specific programs, their application numbers, enrollment, and job market growth. The College discussed challenges in recruitment, especially for programs perceived as less glamorous but crucial, like Clinical Laboratory Science. The struggles of smaller programs are contrasted with the popularity of highly sought-after graduate programs such as Physical Therapy, Physician Assistant, and Occupational Therapy.

The College concluded their presentation by highlighting the success of the Medical Illustration program and the future addition of a Speech and Language Pathology program. The College emphasized the ongoing efforts to meet the demand for health professionals and the importance of addressing limiting factors such as faculty shortages and clinical site competition.

Augusta University: College of Nursing

Dr. Shannon Broxton who is a nurse anesthetist and an instructor at Augusta University presented on behalf of the College of Nursing. She explained the College of Nursing's mission and vision, emphasizing their goal to provide quality healthcare professionals in nursing. The College is accredited by various bodies, including the Georgia Board of Nursing and has special accreditation for CRNA training.

The College has three departments: pre-licensure programs, DNP programs, and nursing. They offer a range of programs from entry-level nurse to doctoral levels. Dr. Broxton highlighted growth potentials for the College, including a remodel in Athens, enrollment initiatives, and plans for a nurse midwifery program.

Dr. Broxton then shifts to discussing CRNA training at Augusta University. She shared historical information about CRNAs. She explained that there are over 130 accredited CRNA programs in the U.S., producing over 3,000 new certifications annually. In Georgia, Augusta University and Emory offer accredited CRNA programs. Dr. Broxton mentioned the challenges of faculty shortages and funding issues affecting program growth. She presented statistics about the program, such as the number of graduates and the recent reaccreditation. She also provided insights into admission criteria, average experiences, and the rigorous nature of CRNA training, including clinical rotations. She further emphasized the importance of simulation in preparing students for clinical practice.

Dr. Broxton described the post-graduation process, where students must pass a certification exam and undergo recertification every eight years. She outlined efforts to address healthcare access issues, including recruiting candidates from rural areas and securing funding for student travel during training. Dr. Broxton's presentation emphasized the commitment of Augusta University's CRNA program to producing highly qualified professionals and contributing to healthcare access in Georgia.

Meetings Three & Four – December 6 and 15, 2023 (State Capitol/Zoom)

The final two meetings of this Study Committee were held on the 6th and 15th of December 2023 at the State Capitol and virtually via zoom. At the December 6, 2023 meeting, the Study Committee discussed this Report and Recommendations. At the December 15, 2023 meeting, the Study Committee adopted this Report and Recommendations before adjourning.

FINDINGS AND RECOMMENDATIONS

Based on the testimony and research presented, the Study Committee on Rural Medical Personnel Recruitment recommends the following:

1. Amending the statute governing Certified Registered Nurse Anesthetists (CRNAs) in response to testimonies indicating that current Georgia laws on anesthesia delivery hinder surgical recruitment and acknowledging the current shortage of physician anesthesiologists, especially in rural Georgia. This change should recognize CRNAs' critical role and create a practice environment that aligns with the CRNAs' extensive training and experience, enabling them to perform their duties autonomously. This change would also recognize that CRNAs have requisite critical care experience before their anesthesia training which ensures their ability to provide safe and effective anesthesia care in all healthcare settings;
2. Retaining the existing workforce by continuing and strengthening efforts to combat workplace violence, keeping graduates in state by expanding service-cancelable loan programs, and incentivizing workers to retire later;
3. Supporting legislation that allows for COLA for County Public Health Nurses and Environmental Health staff to boost the attractiveness of such positions and increase retention rates among these groups;
4. Supporting the establishment of certain tax incentives solely for medical professionals who live and work in rural areas;
5. Funding SORH's rural hospital stabilization programs at \$10 million dollars per year;
6. Expanding the current HEART Hospital tax credit program for rural hospitals to include extending the sunset and increasing the cap for this program to help alleviate the financial hardships faced by such facilities;
7. Encouraging the assessment of the eligibility requirements on rural hospitals in order to participate in the HEART Hospital tax credit program, specifically analyzing their funding allocations as impacted potentially by their size and the size of the hospital network to which they belong to;
8. Establishing more level three and four trauma centers, thus making emergency medical services more readily available to Georgians;
9. Creating a pilot program for the expansion of vital transport or time-sensitive transfers, utilizing existing EMS ground, helicopter, and aircraft assets;
10. Improving access to emergency medical services by supporting efforts to increase the EMS workforce in rural areas;
11. Examining possible funding for the Georgia Board for Healthcare Workforce to begin a new loan repayment program for family medicine residents in Georgia with a possible year-for-year service payback clause;
12. Expanding of the scope and amounts available to the Georgia Board for Healthcare Workforce's loan repayment programs;
13. Establishing either tax credits or possible funding for OB units in rural hospitals to incentive the continuation and creation of such units in rural Georgia;
14. Supporting the development of additional training courses for EMT's through TCSG;
15. Enhancing healthcare education by developing "Quick Start" programs through TCSG, developing "earn to learn" programs that pay people while they are in clinical rotations, encouraging faculty incentives, and possibly establishing tax credits specifically for rural hospitals that fund continuing education of their medical professionals;
16. Attracting new healthcare workers by adding healthcare courses to dual enrollment, continuing to collect workforce data to identify gaps, working to eliminate licensing bottlenecks (especially for nurses), and developing "grow your own" programs around Georgia;
17. Establishing either tax credits or possible funding for psychiatric treatment programs in rural hospitals to incentive the continuation and creation of such treatment programs in rural Georgia;

18. Supporting possible tax incentive or credit payment programs for any rural healthcare provider in Georgia that offers continuing or further education funding for its employees in rural areas;
19. Supporting the passage of legislation regarding the Preceptor Tax Incentive Program (PTIP) which provides an expansion to include dentistry, and an extension of the effective date;
20. Encouraging the Department of Economic Development to create a Primary Care public relations campaign for Georgia and to launch it within the year;
21. Examining possible funding for the Statewide AHEC Network to reflect the increased cost of student housing across the state;
22. Examining possible funding for the Statewide AHEC Network to develop a new designation for clinical training sites, "Learning Centers of Excellence" that meet certain thresholds of clinical training, and to develop potential new incentives to encourage sustained participation in training the next generation of providers;
23. Creating grants programs that encourage rural hospitals to start-up and develop telemedicine programs and capabilities and generally support the use of telemedicine in rural areas including for mental health;
24. Amending current Georgia law for licensing procedures for mental health professionals in order to streamline the licenses process and support efforts to recruit such professionals to rural areas;
25. Establishing an international medical licensing taskforce. The taskforce would examine the barriers facing immigrant and refugee healthcare workers. Additionally, it will identify career and licensure pathways for internationally trained immigrant and refugee healthcare workers; and
26. Expanding access to professional retentionist experts by placing regional retentionists at a designated pilot AHEC center to work with local community hospitals and providers to develop retention strategies within individual facilities to address the critical staffing shortages and retention challenges faced by each.

Respectfully Submitted,

**FINAL REPORT OF THE SENATE RURAL MEDICAL
PERSONNEL RECRUITMENT STUDY COMMITTEE
(SR 371)**



**Senator Bo Hatchett – Committee Chairman
District 50**