

**BEFORE THE SENATE WORKFORCE AND HIGHER EDUCATION SUBCOMMITTEE
SENATOR TERRY JOHNSON, CHAIR**

SUB. HOUSE BILL 110

**TESTIMONY OF
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**ON BEHALF OF
OHIO COUNCIL OF MEDICAL SCHOOL DEANS**

MAY 5, 2021

Chairman Johnson, Vice Chair Cirino, Ranking Member Williams and members of the Senate Workforce and Higher Education Committee, thank you for the opportunity to testify today on the higher education provisions of Sub. House Bill 110 pertaining to Ohio's medical schools. My name is Dr. Ken Johnson and I am the Chief Medical Affairs Officer for Ohio University and Executive Dean of the Ohio University Heritage College of Osteopathic Medicine. I am appearing before you today on behalf of the Ohio Council of Medical School Deans to express our concern with proposed reductions to the medical school clinical teaching line items. By way of brief background, the Ohio Council of Medical School Deans was established in 1993 and is a partnership of Ohio's seven medical colleges working together to improve our healthcare workforce and the health of all Ohioans.

The Higher Education funding provisions in H.B. 110 as passed by the House currently propose 4% reductions in FY 2022 for the medical school clinical

teaching line items. We understand and fully appreciate the Ohio General Assembly's difficult undertaking of crafting a responsible and fiscally balanced state budget, in particular in light of the challenges presented by the COVID-19 pandemic over this last year. Nevertheless, we are respectfully requesting restoration of these cuts to flat funding levels for FY 2022, and retention of the currently proposed 4% increase to these line items for FY 2023, because these proposed cuts would disproportionately impact core medical school teaching dollars and would be counterproductive to the important workforce development and healthcare goals of the state during this crucial time.

Ohio's medical schools are crucial to the future success of Ohio's important healthcare initiatives and are a major economic driver for the state. Approximately \$40 Million of the state's Higher Education funding is currently devoted to the medical education lines and that money is largely allocated through a formulaic metrically-driven distribution process.

The proposed cuts to these Higher Education clinical teaching funding lines would be detrimental to the future success of Ohio's medical schools and to addressing the important healthcare needs of the people of Ohio, at a very critical time when preparing our next generation of doctors to reinforce the state's healthcare workforce is needed most.

As a case in point, during the current public health emergency, Ohio's medical schools have been preparing the next generation of physicians to respond to pandemics. For example, OSU implemented a new course over this past year specifically focused on training fourth-year students in the areas of pandemic and disaster medicine. Across our schools, students and staff served communities in a variety of capacities to help address COVID-19. However, these efforts had

increased costs for our colleges, underscoring the need to provide sufficient funding for our clinical teaching subsidies during this critical time.

It is important to stress that the clinical teaching line item funding represents core higher education funding for Ohio's medical colleges that is used to offset the significant costs of providing real-world clinical education to third and fourth year medical students. Students engage in required clerkships and rotations in partner teaching hospitals and clinical settings in areas that include family medicine, internal medicine, pediatrics, emergency medicine, obstetrics/gynecology, surgery and psychiatry. This funding, while split into separate line items due to the unique nature of its utilization, is an essential component of our delivery of medical school education in that it funds the "clinical classroom" experience for our third and fourth year students.

In short, this funding is vital to our success in training Ohio's future doctors to serve the health needs of Ohioans. The state's public medical schools have been utilizing these dollars in the following three ways:

1. Focusing on the state's highest needs for physician workforce development.
2. Leveraging the dollars to draw additional funds. [Example: the Area Health Education Centers (AHEC) Higher Ed distribution of approximately \$900,000 is able to be leveraged to draw down 3 times that amount from federal sources, approximately \$2.7 Million worth of federal matching grants.
3. Stimulating economic development – In addition to \$200,000 in economic impact generated by each medical resident on an annual basis,

each physician who establishes practice in the state after residency provides \$1.9 million in economic impact each year due to his or her spending and the spending of those who have jobs because of his or her practice. Furthermore, each physician in Ohio is responsible for the creation of nine jobs, including direct and indirect jobs, and \$300,000 in annual tax revenue. Each resident who stays and becomes a primary care physician within an underserved area generates, on average, a \$3.6 million economic impact on the region.

Currently more than 50% of Ohio's counties are at least partially categorized as underserved in terms of the population's access to a primary care physician. Simply to maintain that level of care, Ohio will need around 700 new doctors by 2030. At a crucial time like this when the state and Ohio's medical schools should work together to provide even more doctors to our rural, urban and underserved populations to provide general care, reinforce doctors on the front lines, combat the ongoing opioid crisis, and address other important population health needs, these proposed cuts would move us in the wrong direction.

Nearly 3 out of every 4 of our medical students are Ohio natives and many of these students end up practicing medicine in the state in areas and fields of greatest need. The proposed cuts would, however, unfortunately result in shifting educational and training costs to these students – who already carry an average debt load of over \$200,000 in pursuing a medical education. Further upward pressure on student debt will push more students to higher paying specialty areas and away from areas the state needs most such as family medicine, general internal medicine, and general pediatrics.

The clinical teaching line items also allocate metrically-driven funding to Ohio's medical schools in the following key areas:

Family Practice medicine funds provide \$3,007,876 of support for the statutorily required Family Medicine Departments in each of Ohio's medical schools and provide core curricular support throughout the four years of a medical student's education. It is distributed by a formula. It also supports efforts to recruit, educate and retain students who choose to specialize in Family Medicine and establish their practices in Ohio. A good example of this is OSU's teaching of residents in the primary care PCMH/CPC+ practices, using interdisciplinary teams and focusing on population.

Primary Care Residencies provides \$1,425,000 of support for pipeline programs with a focus on underserved and distressed populations. Ohio University Heritage College of Osteopathic Medicine – as mandated in our mission by state law – recruits at minimum 80% of our students from Ohio and aims to have 60% of all of our graduates become doctors practicing in areas of highest need in the contiguous counties near our campuses in Athens, Dublin and Cleveland. In fact, OU HCOM has been highly successful in exceeding our statutory mandates and currently has achieved a five-year average of nearly 95% of our medical school entering classes being comprised of Ohio residents. These physicians are often on the front lines in the state's struggle with important health issues such as COVID-19 and the opioid epidemic.

Geriatric Medicine funds provide \$496,043 of support for geriatric medicine training throughout all four years of medical school with a strong focus on palliative and end-of-life care. This funding provides learning opportunities in a variety of elder care sites, including acute care, outpatient clinics, home care, and long-term care and rehabilitation facilities. One example of how these funds are

helpful can be found at the Northeast Ohio Medical University (NEOMED) where the school offers a Geriatric Medicine elective to fourth-year medical students. This program is offered in partnership with SUMMA Health System where students are provided opportunities to experience an integrated continuous system of health care delivery provided to older adults in multiple inpatient, outpatient, and long-term care settings.

Area Health Education Centers (AHEC) funds are used to coordinate community-based experiential training for medical, physician assistant, physical therapy, occupational therapy, pharmacy, nursing, dentistry, nutrition and community health worker students in clinical sites in underserved communities to provide care for Medicaid populations. As mentioned earlier, as an example of this program's excellent return on investment for the state, for every \$1 Ohio Statewide AHEC receives from the State of Ohio for the AHEC program, an additional \$3 is obtained from federal grants to operate these vital programs.

Additional funding is also provided for **OSU Clinic Support** to provide clinical experiences for dental and veterinary students. This funding is vital in these professions because students must be ready to work when they graduate – there are no additional training requirements for these students that are equivalent to medical residencies.

Every dollar of these carefully delineated clinical teaching line items is used to its fullest potential and plays a significant part in the success of Ohio's medical schools. While more dollars devoted to these areas could have an even greater impact, we are sensitive to the budget constraints the legislature must impose in meeting the many challenges facing the state, and therefore we are requesting only that these line items be restored to flat funding for FY 2022, and that the currently proposed 4% increases in FY 2023 be retained. On behalf of the Ohio Council of

Medical School Deans, I respectfully request and strongly urge your support for maintaining a sustainable funding level for this metric and formula driven funding that does and will continue to produce results that greatly benefit the current and future health care needs of all Ohioans.

Thank you, Mr. Chairman, and members of the committee, for the opportunity to testify before you today. I am happy to answer any questions that you may have.