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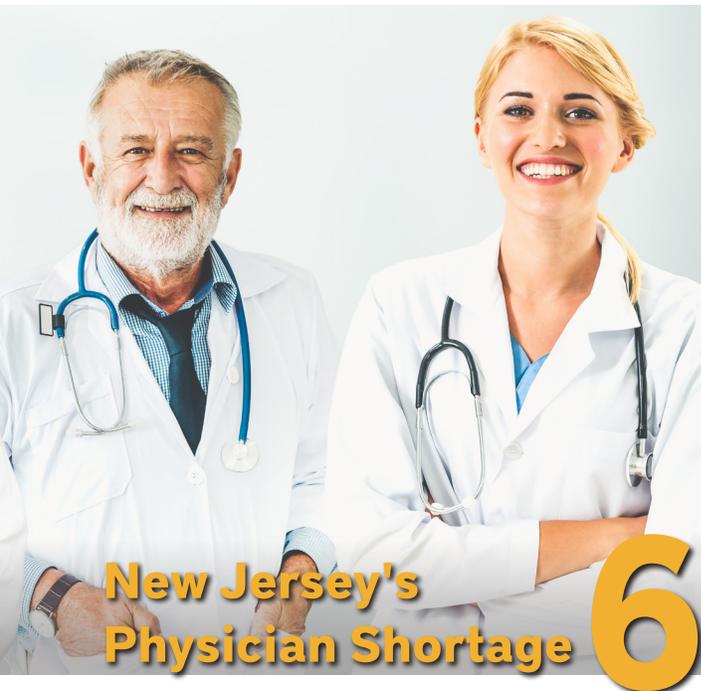
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“Every year, *NJ Municipalities* strives to engage our readers by providing pertinent information on a wide range of topics.”

Some Things Stay the Same, Some Things Change

As we move into 2024, the League and our municipal members continue our efforts on longstanding issues like affordable housing reforms, energy tax receipts restoration, and the modernization of the Open Public Records Act (OPRA).

But some pots are just starting to boil on the statewide stove, and dealing with those illustrates how the needs of our residents are changing. Healthcare is a particular challenge, as described by League Executive Board Member Brad Cohen, Mayor of East Brunswick.

Mayor Cohen is also Dr. Cohen and delivers a picture of a healthcare crisis in the making:

“While shortages are expected in all physician specialties, it is the primary care area that is affected the most. You don’t believe me? Well, good luck delivering a baby in Cape May County because the last maternity hospital in the county closed that service because the hospital could not find any OB/GYN physicians to service the entire county. The average wait time for a new appointment with a primary care physician in most parts of New Jersey is now about 6 months. Approximately 35% of patients in New Jersey reported difficulty getting appointments with doctors in 2019 (before the pandemic). That number has skyrocketed following the pandemic” (see full article on page 6).

The issue of health care providers ties into health insurance companies, which impacts everyone—hospitals, patients, and even local governments trying to maintain healthcare for employees.

We’re halfway through winter, happily. Along with cold weather this year, winter brought flooding and storm damage to communities around the state. The DCA’s Division of Disaster Recovery and Mitigation’s Smart Move program gives safer, more affordable housing options to those who have sold their flood-prone homes through the State’s Blue Acres Buyout Program. It’s intended to keep residents in their communities, where local governments can partner with nonprofit or for-profit housing developers (see article page 24). Applications are due by April 4, so read about the opportunities today.

Every year, *NJ Municipalities* strives to engage our readers by providing pertinent information on a wide range of topics. In this issue our Tech Updates column (page 56) includes a request for your input on what you’d like to read in future columns.

Cybersecurity, Artificial Intelligence, and other technological advances that are heading into municipal buildings are going to change the way local governments can meet the changing needs of their residents. Please share your thoughts on what you’d like to know. 📌

Michael Cerra

Note: If you haven’t signed up for our Budgeting seminar at Mercer County Community College, now’s a good time to plan a knowledge-building day. Visit www.njlm.org/Seminars for more information.

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New Jersey's Physician Shortage

If an apple a day keeps the doctor away, then New Jersey must be flooded with apples

*Brad J Cohen, MD, MBA, Mayor, Township of East Brunswick;
Executive Board Member, NJ League of Municipalities*



Recently, the American Medical Association (AMA) predicted that it anticipates a shortage of 55,000 to 139,000 physicians by 2034. While this shortage will have the greatest impact on rural and tribal regions, New Jersey is not immune. As the most densely populated state, we do not need to be down to our last physician before we feel the effects of a shortage. And in such a state, the reductions are disproportionately felt by marginalized and low-income residents.

While shortages are expected in all physician specialties, it is the primary care area that is affected the most. You don't believe me? Well, good luck delivering a baby in Cape May County because the last maternity hospital in the county closed that service because the hospital could not find any OB/GYN physicians to service the entire county. The average wait time for a new appointment with a primary care physician in most parts of New Jersey is now about 6 months. Approximately 35% of patients in New Jersey reported difficulty getting appointments with doctors in 2019 (before the pandemic). That number has skyrocketed following the pandemic.

Where are we?

So how and why are we at this point? Well, it is never one reason. Let's take a close look.

Age. For the first time in US history, it is predicted that by 2035 there will be more people over age 65 than the number of Americans under age 17. Older adults see physicians 3 to 4 times more frequently than younger adults. They also require more office visits, surgeries, and testing.

COVID-19. With the pandemic, many physicians chose to leave medicine, retire, reduce the scope of practice, limit patients, or convert to concierge medicine. Without replacements, the physician workforce is severely contracted.

Physician Burnout. I don't really know where to begin here. Much like teachers, nurses, and police, physicians have been overwhelmed with the burdens of electronic medical records, administrative over-reach, pre-authorizations, micromanagement from managers that have little knowledge of medicine, patients, or healthcare prioritization. We are spending more time away from our patients than with them. And it is NOT the patients that are causing the burnout—it's everything else.

New Physicians. New physicians are now part of the Gen Z demographic group. While there are exceptions, these physicians have adapted the

“work/life balance” philosophy of their peers. They are concerned with time off, work environment, social justice issues, and the like. They also command higher salaries and large sign-on bonuses. And they are getting that in most states—except New Jersey.

Debt. The average physician finishing residency training comes out with

over \$200,000 in debt. Almost 20% finish with over \$300,000 in debt. Since most new physicians are over age 30 and have put off starting families, they are eager to start. Pay and cost of living are big determinants of where they choose to settle—and none of these favor New Jersey.

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NJ's Physician Shortage

school and residency spots have not kept pace with demand and need. Most residency programs depend on federal funding and the Balanced Budget Bill of 1997 capped such funding. The result is no change in the number of residency spots in over a quarter-century. This finally changed in 2020, during the pandemic,

New Jersey ranks among the top states regarding malpractice premiums.

with the COVID-19 relief bill, which increased residency spots by 1,000 at a cost of \$100 million per year. Given that the shortest residency is three years, some of these physicians will finally be looking for work this year. Currently there is a bill pending in the House and Senate looking to increase residency spots by 1,600 at a cost of \$500 million per year.

Compensation Gap

The Medical Group Managers Association (MGMA) and the American Medical Association (AMA) divide the country into regions regarding physician reimbursement and pay. The Mid-Atlantic Region, which includes New Jersey, ranks amongst the lowest regarding physician salary and insurance reimbursement. This is a big factor for new physicians completing residency programs and looking for work. Straddled with immense debt and looking at the high cost of living in New Jersey, few new physicians really consider our state as an option.

Beyond the new physicians, we have also seen a troubling trend as many practicing physicians have opted to sell their practice or leave their employment and move out of state for better opportunities.

Among all physician specialties, primary care physicians still rank the lowest regarding pay nationally. Given that New Jersey reimbursement is low compared to most other states, this means that primary care physicians in New Jersey rank among the lowest paid of all physicians in the country—why would they stay here?

The New Jersey Department of Banking and Insurance regulates the insurance industry in the state. Between these regulations and the lobbying efforts of Horizon Blue Cross/Blue Shield, we have created a near monopoly in the industry. Horizon has virtually all the individual health insurance market and a major portion of the group market here in the state.

This gives them enormous control over reimbursement rates, and this helps set the base for all other health insurance companies operating here in New Jersey. Think about that when you consider the 25% to 30% rate increases the State Health Benefits (provided through Horizon BC/BS of NJ) received the last two years. And this was with government oversight! Why do you think physicians have given up private practice and moved into large groups or hospital systems? Why have hospitals merged into large hospital systems? This is the only way to have any leverage in such a contracted insurance market. As these systems get bigger and as one insurance company controls the healthcare industry they will continue to operate as a monopoly.

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New Jersey State League of Municipalities

Malpractice Insurance. New Jersey ranks among the top states regarding malpractice premiums. While the state does have a cap on punitive damages (\$350,000 or five times the compensatory damages—whichever is higher), there is no cap on intangible compensatory damages. This includes pain, suffering, loss of enjoyment of life, loss of companionship, disfigurement, and humiliation. As a result, premiums are extremely high, especially in the high-risk specialties, such as neurosurgery, orthopedics, and OB/GYN.

It is true that the number of cases has dropped in New Jersey as the malpractice carriers in the state made a conscious decision to fight all frivolous lawsuits following the malpractice crisis which took place about 20 years ago. The result has



been fewer claims as most attorneys will not take such cases on contingency.

While physicians still win most lawsuits that make it to court, those

that lose are frequently resolved with eye-popping awards that are often upheld on appeal. Without tort reform, this causes premiums to remain so high that most physician

groups or employers cannot provide a competitive job offer to new physicians—another reason that they leave the state.

What we can do

Well Doctor-Mayor, is there a way out of this problem? Yes, my young Jedi, there are several things we can do:

Physician Extenders. As an extender, physician assistants and nurse practitioners allow physicians to see a larger volume of patients. This reduces wait times for simple problems that would get much worse with delayed diagnosis and treatment. My fear is that our legislature, acting in haste, will grant physician extenders independent practice privileges. These groups have had lobbies advocating for such changes and they have been amplified as more residents feel the effects of physician shortages. Once enacted, it is very difficult to pull this back.

Independent privileges would be a

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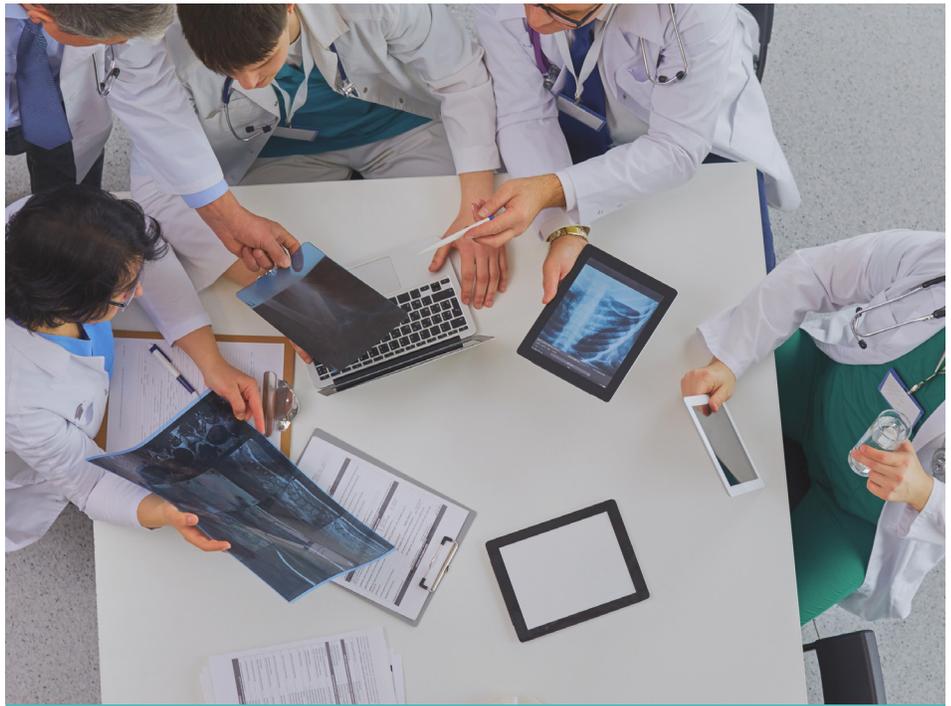
NJ's Physician Shortage

BIG mistake as the training, experience, and expertise of extenders is not equal to those who have completed medical school and board recognized residency programs. There are no formal post-graduate residency programs/board certifications in a chosen specialty for physician extenders.

Studies from reputable institutions (Stanford, University of Illinois, etc.) show that independent physician extenders have worse outcomes and greater healthcare costs. These studies show that, due to their limited experience, they rely on more testing, more referrals, and greater hospital lengths of stay, than their physician counterparts. Worrisome is the fact that the organization representing physician assistants is looking to change their title to “associate physicians.” This is quite deceptive in that they are not my associates, and certainly NOT physicians. The public deserves clarity in the professional background and credentials of the providers of their healthcare.

Now it is time to take some action and try to prevent this crisis from denying our citizens the quality healthcare they deserve.

Increasing Residency Slots. The New Jersey Legislature should work with the federal government, the AMA, and medical boards to find other funding sources for residency programs. As a more affluent state, we could consider funding from philanthropic sources, large hospital systems, insurance companies, or corporate sources (specifically the pharmaceutical, IT, and financial companies). I am sure that there is a way of providing tax credits from the State of New Jersey as an incentive.



Bridge to Becoming a Physician

Many nurses, nurse practitioners, and physician assistants choose such professions because of the time and cost to become a physician. Accrediting agencies should seek ways to bridge the gap for nurses who have such an interest. Perhaps years of experience in the field can be used, along with MCAT scores, grades, and other factors in making acceptance to medical school a bit more appealing and obtainable for those aspiring to become a physician.

Increased Diversity in the Physician Workforce. New Jersey has had a history of making good on its commitment to providing opportunities to minorities seeking careers in medicine. We can always do better as studies continue to show that minority physicians have a greater tendency to service patients in low-income, marginalized, and minority communities. After the pandemic, we are more acutely aware that these are the areas in New Jersey where there was the greatest disparity and greatest need in healthcare services.

Debt Relief. The US military and other states have helped pay off part or all student debt in return for a guarantee of staying in the military or the state for a limited number of years. Since most physicians finish residency training in their 30s and are anxious to get on with their lives, many will be too rooted to move out of state when their payback period is over.

Paperwork. Several hospitals and practices have begun the use of medical scribes. These associates help to document notes from the physician or physician extender for the medical record. This saves time for the medical provider and allows

more time for face-to-face patient contact. All records must still be signed by the physician.

Taking Action

Like any good scientist, we rely on the scientific method to resolve a problem. I believe we have identified the problem and have provided some possible solutions.

Now it is time to take some action and try to prevent this crisis from denying our citizens the quality healthcare they deserve. And with no disrespect to the agriculture industry, we can do better than just handing out apples. 🍏

Long-serving Leaders Inducted to NJLM Mayors' Hall of Fame

At the 108th Annual New Jersey League of Municipalities Conference in Atlantic City, then League President Ray Heck and officials from throughout New Jersey honored the most recent inductees to the Mayors' Hall of Fame.

The League established the Mayors' Hall of Fame to recognize mayors who have served for over 10, 20, or 30 years. "Serving as mayor for decades is a commitment of time and energy over the long haul. These mayors have sincerely made a long-term commitment as leaders to guide and improve their communities. They have helped their communities grow and change over the years, and have worked to make a positive impact," said League Executive Director Michael Cerra. "We congratulate them on their deserved recognition."

The following members of the 29th induction class of the Mayors' Hall of Fame were honored during a special ceremony during the Mayors' Lunch Briefing on Wednesday, November 15, 2023, in Atlantic City. 📍

Platinum level (30 or more years)

Mayor Nicholas J. Sacco, North Bergen Township (Senator, retired)

Gold level (20 or more years)

Mayor Colleen Mahr, Fanwood Borough ((NJLM Past President)

Mayor Frank W. Minor, Logan Township

Mayor Francis M. Womack III, North Brunswick Township

Silver level (10 or more years)

Mayor Frank Tagliarini, Aberdeen

Mayor Randy H. Miller, Beverly City

Mayor Tony Frato, Branchville Borough

Mayor Janice Kovach, Clinton Town ((NJLM Past President)

Mayor Kate Fitzpatrick, Delanco Township

Mayor Michael Wildes, Englewood City

Mayor Judah Zeigler, Leonia Borough 📍

@ For the full Mayors' Hall of Fame, please visit www.njlm.org/mayorsHOF



Then-Senator, North Bergen Mayor Nicholas J. Sacco (l) with then-NJLM President Mayor Ray Heck.



Then-President Mayor Ray Heck and Past President Mayor Janice Kovach celebrate her induction to the Mayors' Hall of Fame.



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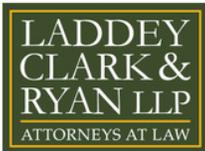
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