



Jill C. Fike
Director

Brian Scott
Johnson
Deputy Director

Senate Research Office
204 Paul D. Coverdell Legislative Office Building
18 Capitol Square
Atlanta, Georgia 30334

Telephone
404.656.0015

Fax
404.657.0929

**FINAL REPORT
OF THE
SENATE STUDY COMMITTEE ON
THE SHORTAGE OF DOCTORS AND NURSES IN GEORGIA**

The Honorable Cecil Staton, Chairman
Senator, District 18

The Honorable David Adelman
Senator, District 42

The Honorable Seth Harp
Senator, District 29

The Honorable Lee Hawkins
Senator, District 49

The Honorable Steve Henson
Senator, District 41

The Honorable Horacena Tate
Senator, District 38

The Honorable Don Thomas
Senator, District 54

The Honorable Renee Unterman
Senator, District 45

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I. EXECUTIVE SUMMARY

Georgia is facing a severe shortage of physicians and nurses. With one of the fastest growing populations in the nation, the U.S. Census Bureau ranks Georgia as the 9th most populous state and estimates that our state will add nearly 3 million new residents by the year 2020. In Metro Atlanta alone, the population has more than doubled to nearly 4.4 million over the last three decades. Along with this dramatic population growth, Georgians are also aging and demanding greater levels of care. Georgia's elderly population is expected to increase from 9.6 percent to 15.9 percent of the total population by 2030.

Furthermore, Georgia's medical professionals are also growing older. Baby boomers are facing retirement, and the rate at which new doctors and nurses are added to the state's workforce continues to decline. New data gathered by the American Medical Association indicates that Georgia ranks 40th in the nation with regard to the per capita number of practicing physicians and 42nd in its per capita supply of registered nurses. As the population continues to age and expand, our state will ultimately require the introduction of a large number of new medical professionals just to maintain its current workforce capacity.

At the same time, the medical and nursing education systems in Georgia are struggling to keep up with the pace of demand for more doctors and nurses. Physician residency programs have not been enhanced to meet the number of students entering Georgia's medical schools, and nursing schools are facing a drastic shortage of faculty due to retirements and a lack of competitive salaries. Without significant and immediate state action, there will be even fewer physicians and nurses than today, caring for an additional 3 million residents in 2020.

In response to these concerns, the Senate Study Committee on the Shortage of Doctors and Nurses in Georgia was established pursuant to Senate Resolution 66 to examine ways in which the Legislature can promote the increase of Georgia's physician supply and its supply of nurses. After many hours of testimony and careful consideration of the information presented, the Committee agreed that our state is facing an alarming shortage of medical professionals. The Committee recognized that, in order to sustain its economic viability and promote the health and quality of the life of its residents, Georgia must ensure that it has a strong healthcare system with a sufficient number of both doctors and nurses. Therefore, our state must respond to the impending shortages and build a sufficient medical workforce to meet the increased needs of the growing, aging population. Finally, the Committee agreed that the primary focus of any state action should be within the medical and nursing education systems, specifically by expanding medical education enrollment and physician residency training, and increasing nursing faculty salaries and doctoral programs.

II. INTRODUCTION

The Senate Study Committee on the Shortage of Doctors and Nurses in Georgia was created pursuant to Senate Resolution 66 during the 2007 Legislative Session. The Committee was charged with undertaking a study of Georgia's current physician and nurse capacity and addressing ways in which the Legislature can promote increasing the supply of both doctors and nurses in our state. The Committee was asked to make any recommendations, including suggestions for legislation, that it deemed necessary.

The Committee was composed of the following members: Senator Cecil Staton, Chairman; Senator David Adelman; Senator Seth Harp; Senator Lee Hawkins; Senator Steve Henson; Senator Horacena Tate; Senator Don Thomas; and Senator Renee Unterman.

The Committee held five meetings across the state: September 13, 2007 at Mercer University School of Medicine in Macon; October 4, 2007 at Georgia Southern University School of Nursing in Statesboro; October 25, 2007 at Emory University School of Medicine in Atlanta; November 29, 2007 at Morehouse School of Medicine in Atlanta; and December 13, 2007 at the State Capitol, sponsored by the Medical College of Georgia.

During its meetings, the Committee heard testimony from numerous medical professionals and stakeholders, including: Dr. Bill Underwood, President, Mercer University; Dr. Martin Dalton, Dean, Mercer University School of Medicine; Mr. Benjamin Robinson, Executive Director, Georgia Board for Physician Workforce; Dr. Joe Sam Robinson, Georgia Neurosurgical Institute; Dr. Fred Girton, Department of Family Medicine, Mercer School of Medicine and Medical Center of Central Georgia; Dr. Jean Bartels, Chair of Nursing, Georgia Southern University; Dr. Donna Hodnicki, Professor of Nursing and MSN Program Director, Georgia Southern University; Ms. Mary Anderson, Chief Nursing Officer, East Georgia Regional Medical Center; Ms. Carole Jakeway, Chief Nurse, Georgia Department of Human Resources, Division of Public Health; Dr. Rosemarie Parks, District Health Director, Southeast Health District; Dr. Dawn Cartee, Department of Technical and Adult Education; Dr. Lucy Marion, Chair, Georgia Board of Regents' Task Force on Nursing Education and Dean, Medical College of Georgia School of Nursing; Dr. Thomas Lawley, Dean, Emory University School of Medicine; Dr. Bill Eley, Executive Associate Dean for Medical Education and Student Affairs, Emory University School of Medicine; Dr. Jim Zaidan, Associate Dean for Graduate Medical Education, Emory University School of Medicine; Dr. Lisa Eichelberger, Dean, Clayton State University School of Nursing and Chair, Georgia Association of Nursing Deans and Directors; Dr. Maureen Kelley, Emory University School of Nursing; Dr. John Maupin, Jr., President, Morehouse School of Medicine; Dr. Daniel Rahn, President, Medical College of Georgia; Mr. Raj Sabharwal, Senior Researcher, Center for Workforce Studies, Association of American Medical Colleges; Ms. Terry Durden, Interim Assistant Vice Chancellor, Georgia Board of Regents, Office of Economic Development; Mr. Michael McCann, Director of Legislation and Policy, Georgia Nurses Association; and Ms. Maria Kulma, Vice President of Patient Care and Chief Nursing Officer, Southern Regional Health System.

III. COMMITTEE FINDINGS

A. The Physician Shortage

During its hearings, the Committee received compelling testimony regarding the physician shortage in Georgia. Although Georgia is the 9th most populous state, it currently ranks 40th in the nation in its physician-to-population ratio and 44th in its ratio of primary care physicians.¹ Georgia's population is growing at an alarming rate and will ultimately require the introduction of a large number of new doctors just to maintain its current capacity. In fact, our state's population is expected to grow by nearly 20 percent over the next decade. As the population continues to increase, older Georgians are requiring greater levels of care, and baby boomer doctors are planning for retirement. Ultimately, our state's growing and aging population creates a continuous, increasing demand for healthcare services that exceeds current workforce capacity. New data published by the Georgia Board for Physician Workforce (Board) indicates that, without immediate state action, Georgia will experience an overwhelming shortage of more than 2,500 physicians by the year 2020 and will rank last in its ratio of physicians.²

Unfortunately, even as new physicians enter the workforce in Georgia, the amount of work performed is decreasing.³ Studies show that the new generation of doctors display different perspectives toward the practice of medicine; they are working fewer hours and placing a greater emphasis on balancing work and home life.⁴ Similarly, the increasing presence of women in medicine is also contributing to the overall reduction in work contribution. Women often bear a greater responsibility for managing family life and are therefore reducing their workload to meet demands at home. According to Mr. Benjamin Robinson, Executive Director of the Board, the rapid population growth, combined with an increased demand for healthcare services, a declining supply of doctors, and changing patterns in the practice environment and work ethic, could effectively diminish the impact of any real growth in physician capacity, ultimately leading to a devastating shortage of doctors in our state.

Testimony provided to the Committee further revealed that Georgia faces considerable challenges in the availability of primary care doctors and core specialists. Primary care doctors are important because they are considered to be the "gateway" into the entire healthcare system; they treat common medical problems and refer patients to specialists when necessary. Specialists, on the other hand, provide distinctive medical expertise. They are trained to provide levels of care beyond that of primary care doctors. Yet, current data suggests that access to both primary care and core specialties is eroding. The proportion of primary care physicians is on the decline, specifically in the areas of Family Medicine, OB/GYN, and General Surgery.⁵ General Surgery is especially important in rural communities that lack an adequate trauma center. Consider that there are fewer General Surgeons per capita in our state today than there were 10 years ago, with only 8.4 per 100,000 residents. Moreover, recruitment for specialists such as Oncologists, Cardiovascular Specialists, Urologists, and Radiologists continues to be

¹ Testimony given by Mr. Benjamin Robinson, Executive Director, Georgia Board for Physician Workforce, on September 13, 2007.

² *Id.* See also *Expanding Medical Education in Georgia, Roadmap for Medical College of Georgia School of Medicine and Statewide Partners*, Tripp Umbach Consulting Firm, as prepared for the Board of Regents.

³ *Id.* See also *Update on Georgia's Physician Workforce, Follow Up Report to: "Is There A Doctor in The House?"*, Georgia Board for Physician Workforce, October 2006.

⁴ *Id.*

⁵ *Id.*

minimal.⁶ According to the Board, the physician workforce must provide the skill set needed to care for a growing, aging population. In other words, the state must have a sufficient number of primary care doctors and general surgeons, as well as an adequate supply of specialists to treat diseases such as cancer and Alzheimer's.

Physician distribution is also a concern in Georgia. Large areas of our state are particularly underserved by a lack of primary care doctors, OB/GYNs, pediatricians, and an adequate trauma network. It is significantly harder to attract and retain physicians in small, rural communities, and many Georgians living in rural areas are forced to travel hours just to reach a hospital. A recent survey of physicians completing their final year of residency training in Georgia revealed that only 4 percent had plans to practice in a rural area.⁷

B. The Medical Education System

Policymakers and medical professionals who testified to the Committee suggested that the ultimate solution to the physician shortage in Georgia is developing and maintaining a medical education system that can produce enough doctors to meet the state's increasing demands for services. Currently, Georgia has five medical schools, four of which are private entities:

- Mercer University School of Medicine in Macon;
- Emory University School of Medicine in Atlanta;
- Morehouse School of Medicine in Atlanta;
- Philadelphia College of Osteopathic Medicine in Suwannee, which opened in 2005; and
- The Medical College of Georgia in Augusta, the state's only public medical school.

Unfortunately, however, Georgia ranks 35th among the 45 states with medical schools in its per capita enrollment of medical students.⁸ Georgia's medical education system is struggling to keep up with the staggering population growth, and our state continues to rely on doctors from other states and countries to supplement its workforce. Enrollment in our state's medical schools must be expanded to meet the increased need for doctors in Georgia.

Nationally, the Association of American Medical Colleges (AAMC) has recommended that all medical schools increase their enrollment by 30 percent by the year 2015.⁹ Over the past several years, Georgia's medical schools have sought to meet these recommendations, and all five schools have either increased their enrollment or made plans to do so. For example, the Medical College of Georgia, Georgia's only state-operated medical school, recently announced its plans to expand enrollment statewide from 745 to 1200 students by 2020, with significant expansion in Augusta, along with a plan to open a new four-year campus in Athens in partnership with the University of Georgia and two clinical campuses in Albany and Savannah.¹⁰ Similarly, Mercer University plans to increase its medical school enrollment by 50 percent by opening a new campus in Savannah in the fall of 2008,¹¹ and Emory has increased its

⁶ Testimony given by Mr. Benjamin Robinson, Executive Director, Georgia Board for Physician Workforce, on September 13, 2007

⁷ See *Physician Supply and Demand Indicators, A Survey of Georgia's GME Graduates Completing Training in June 2006*, Georgia Board for Physician Workforce, May 2007.

⁸ Testimony given by Mr. Benjamin Robinson on September 13, 2007.

⁹ Testimony given by Dr. Thomas Lawley, Dean, Emory University School of Medicine, on October 25, 2007.

¹⁰ Testimony given by Dr. Daniel Rahn, President, Medical College of Georgia, on December 13, 2007. This expansion will require a minimum investment of \$10 million by the state.

¹¹ Testimony given by Dr. Martin Dalton, Dean, Mercer University School of Medicine, on September 13, 2007.

enrollment by 15 percent.¹² Morehouse School of Medicine has also expanded its class size from 32 to 52 students and hopes to further expand to a total of 70 students by 2011. Finally, the Philadelphia School of Osteopathic Medicine opened a new medical facility in Gwinnett County in 2006. However, even with an overall increase in enrollment at each medical school, Georgia still ranks well below the national average. Mr. Benjamin Robinson suggested to the Committee that the state can address this issue by renewing its investment in medical education, specifically by restoring funding to the Medical Student Capitation Program, which purchases slots for Georgia residents in the state's private medical schools. This program could effectively increase the size of our physician workforce by ensuring that more graduates stay in the state, since students originally from Georgia are more likely to practice here upon graduation.

Ultimately, the biggest challenge facing the state's medical education system is the lack of growth in graduate medical education, or residency training programs. Residency programs are significant because they train and prepare doctors to practice a specific specialty. During their residency, doctors become active members of the community, which increases the likelihood that they will remain in the state to practice medicine. In fact, location of residency is the strongest influence on the location of future practice. Research shows that graduates tend to establish practice within a 50-mile radius of where they completed residency training.¹³ Georgia has been successful with residency retention in recent years, with the 14th best retention of residency graduates in the nation.¹⁴ However, over the last decade, residency programs in Georgia have only increased by a total of 13 percent.¹⁵ As medical school enrollment increases, so must the number of residency slots; otherwise, more of Georgia's medical students will be forced to seek residency training in other states.

Residency programs are typically sponsored by teaching hospitals, although medical schools sometimes solely sponsor residents. Georgia currently has 10 teaching hospitals and 2000 resident slots. Grady Memorial Hospital is the state's premier teaching hospital and is extremely vital in training and producing new doctors for Georgia. Half of Georgia's resident doctors (approximately 1,000) are currently training at Grady, while 1 in 4 doctors practicing medicine in Georgia completed training at Grady.¹⁶

Consider also that no hospital has added a residency program to its operations since the year 2000. This is largely due to the amount of money it costs to run a residency program—an average of \$110,000 per resident per year.¹⁷ Although the state does provide some funding through the Residency Capitation Program, the federal government is the largest source of funding for residency programs, as it pays for Medicare and Medicaid's portion of medical education costs. Unfortunately, in 1997, the federal government capped the number of residency slots that it will pay for with the passage of the Balanced Budget Act. Residency slots were capped that year for cost-saving measures, and have not been increased to meet the needs of the growing population. Residency training must be expanded to accommodate the growth in medical school enrollment and to increase the supply of physicians across the state.

¹² Testimony given by Dr. Thomas Lawley on October 25, 2007.

¹³ Testimony given by Dr. Fred Girton, Chief of Family Medicine, Mercer University School of Medicine, on September 13, 2007.

¹⁴ Id.

¹⁵ Testimony given by Dr. Jim Zaidan, Associate Dean for Graduate Medical Education, Emory University School of Medicine, on October 25, 2007.

¹⁶ Id.

¹⁷ Testimony given by Dr. Daniel Rahn on December 13, 2007.

C. Medical Education Costs and Healthcare Economics

The rising cost of medical education is also affecting the physician workforce. Reports published by the AAMC in 2004 and 2005 showed a significant increase in the cost of tuition. Since the 1980s, tuition has increased dramatically across the country—by 165 percent for private medical schools and over 300 percent for public schools.¹⁸ In Georgia, three medical schools had double-digit increases in tuition in just one year.¹⁹ Most students must obtain outside loans and scholarships to cover the costs of their medical tuition and are left with a large amount of debt after graduation. In fact, nearly half of graduating physicians have medical education debt in excess of \$80,000, and 1 in 10 reported debt in excess of \$200,000.²⁰ Graduates of private medical schools typically have greater debt, because tuition rates of private institutions are higher than public schools. Data collected by the Board showed that Georgia medical school graduates experience greater indebtedness than graduates from other states, as our state is heavily reliant on its four private medical schools.²¹ This type of debt can impact specialty choice and interest in rural practice, thereby creating issues with physician distribution in Georgia.

Another aspect of the medical education system that is often overlooked is the training of future physicians in the business of healthcare economics. According to testimony presented to the Committee by Dr. Joe Sam Robinson, Georgia Neurosurgical Institute, physicians play an important role in healthcare cost savings. Dr. Robinson suggested that medical schools in Georgia should focus on training physicians in healthcare economics and efficiencies as a means of reducing unnecessary healthcare costs. Ultimately, Georgia needs a curriculum to train future physicians in healthcare efficiencies that they can implement in their clinical practice.

D. The Nurse Shortage

In addition to examining the shortage of physicians in Georgia, the Committee also addressed our state's drastic shortage of nurses. During its meetings, the Committee received testimony from nursing faculty from several area schools, practicing nurses from local health systems, the Georgia Nurses Association, the Georgia Hospital Association, and the Georgia Board of Regents regarding current barriers to the practice of nursing. As the 9th most populous state, Georgia ranks 42nd among all states in its supply of Registered Nurses (RNs) and 48th in advanced practice nursing care.²² The Georgia Board of Regents Task Force on Health Professionals Education (Task Force) has deemed nursing as "the most fragile and in need of attention" of all medical professions in this state.

Those who testified before the Committee stressed that the ability to obtain adequate nursing workforce data is necessary in confronting the nurse shortage in our state. As many as 30 states have Centers for Nursing Workforce to collect and analyze nursing workforce data.²³ Unfortunately, Georgia lacks a research center capable of obtaining such information. This

¹⁸ Testimony given by Mr. Ben Robinson on October 25, 2007.

¹⁹ *Id.*

²⁰ See *Update on Georgia's Physician Workforce, Follow Up Report to: "Is There A Doctor in The House?"*, Georgia Board for Physician Workforce, October 2006.

²¹ *Id.*

²² Testimony given by Dr. Jean Bartels, Chair, Georgia Southern University School of Nursing, on October 4, 2007.

²³ Testimony given by Mr. Michael McCann, Director of Legislation and Policy, Georgia Nurses Association, and Ms. Maria Kulma, Chief Nursing Officer, Southern Regional Health System, on December 13, 2007.

deficit has made it impossible to accurately predict the current and future demand for nurses in our state. Although regulatory agencies and educational programs do collect different types of information for various purposes, none include workforce planning. Without a uniform body to collect and maintain workforce data in Georgia, the ability to isolate problems within the nursing workforce and recommend actions is limited and incomplete. Therefore, the actual number of existing nursing professionals in Georgia is unknown. However, information gathered by the Task Force suggested that Georgia will need an additional 20,000 nurses by the year 2012 in order to meet the demands of the growing, aging population. Even with a best-case scenario and assuming all nursing graduates pass the licensure exam, remain in Georgia, and work full-time, it is estimated that the state will only be able to produce a maximum of 12,000 RNs by the year 2012.²⁴ Based on its analysis, the Task Force predicted that our state will have a shortfall of 37,000 RNs by 2020.²⁵

The nurse shortage significantly affects patient safety, as nurses monitor and care for patients 24-hours a day. High vacancy rates result in an increased nurse-to-patient ratio, which leads to increased safety risks for patients. Currently, the nursing vacancy rate in hospitals and nursing homes is 15 to 18 percent, with a 20 percent vacancy rate for public health nurses.²⁶ The American Medical Association estimates that with every additional patient added to a nurse's workload, patient mortality increases by 7 percent; increasing a nurse's workload from 4 to 8 patients would lead to a 31 percent increase in patient mortality.²⁷ Consider also that nurses often work overtime and keep continuous 12-hour shifts due to staffing shortages. Research shows that 93 percent of nurses report problems with maintaining patient safety because of increased workloads and mandatory overtime shifts. The Task Force estimated that there are approximately 12,000 RNs currently licensed in Georgia who choose not to work as a nurse due to job dissatisfaction.

E. The Nursing Education System

Information presented to the Committee suggested that the nurse shortage can also be addressed through improvements in nursing education. A lack of qualified nursing school faculty, insufficient clinical sites, and poor classroom space are all significant factors contributing to the nursing shortage in Georgia. Georgia's nursing programs are unable to admit 4,000 qualified applicants each year because of these constraints, particularly the shortage of nursing faculty.²⁸ There is a 10 percent faculty vacancy rate in nursing schools across the state, primarily due to the lack of adequate compensation.²⁹ In fact, salaries for nursing faculty are 20 percent (\$14,000 to \$20,000) below market. Dr. Lucy Marion, Dean of the Medical College of Georgia's School of Nursing and Chair of the Nursing Education Task Force, stated that nursing schools in Georgia are simply unable to compete with the better-paying salaries of clinical nurses. The average salary for a faculty member with a master's degree is \$46,000; with a doctoral degree, the average is \$63,000. However, in a clinical practice setting, the average

²⁴ Testimony given by Dr. Lisa Eichelberger, Dean, Clayton State University School of Nursing, on October 25, 2007.

²⁵ Testimony given by Dr. Lucy Marion Chair, Georgia Board of Regents' Nursing Education Task Force, and Dean, Medical College of Georgia School of Nursing, on October 4 and December 13, 2007.

²⁶ Testimony given by Ms. Carole Jakeway, Chief Nurse, Georgia Department of Human Resources, Division of Public Health, on October 4, 2007.

²⁷ Testimony given by Dr. Donna Hodnicki, Professor of Nursing and MSN Program Director, Georgia Southern University, on October 4, 2007, and Dr. Lisa Eichelberger on October 25, 2007.

²⁸ Testimony given by Dr. Jean Bartels on October 4, 2007. Testimony also given by Ms. Terry Durden, Interim Vice Chancellor, Georgia Board of Regents, Office of Economic Development, on December 13, 2007.

²⁹ *Id.*

salary for a nurse with a bachelor's degree or less is between \$63,000 and \$78,000 annually. Any solution to the nurse shortage in our state will require strategies for increasing nursing faculty compensation.

Retirement of existing nursing faculty is also a concern. Approximately 41 percent of nursing professors in our state are age 55 or older, with 63 retirements planned in the next five years.³⁰ The retirement of experienced faculty leads to a loss of expertise, and the costs of training new faculty are high. By 2010, faculty retirements will reduce the current enrollment capacity in Georgia's nursing schools by 26 percent, from a total of 10,260 to 7,500 students. Moreover, there has been a plummeting rate of graduate nursing degrees, which further exacerbates the faculty shortage and leads to even more reductions in program capacity.³¹ The Board of Regents recently approved Georgia Southern University's proposal to implement a doctoral nursing program to enroll 30 students. However, graduate program productivity continues to decline; the University System of Georgia has only produced 15 doctoral nurses since 2000.

Nursing schools in Georgia also need improvements to their clinical sites and simulation labs to allow the expansion of existing nursing programs. Clinical training sites are vital to the proper training of nursing students, yet schools lack the necessary funding to upgrade and expand laboratories, software, and simulation equipment. Testimony presented to the Committee suggested that nursing education programs can be enhanced by increasing faculty salaries and doctoral programs, as well as by improving existing nursing school infrastructures and clinical sites.

IV. COMMITTEE RECOMMENDATIONS

After many hours of testimony and careful consideration of the information presented, the Committee agreed that, in order to sustain its economic viability and promote the health and quality of life of its residents, Georgia must ensure that it has a strong healthcare system with a sufficient number of medical professionals. The Committee further agreed that the General Assembly must respond to the impending shortage of physicians and nurses in our state by facilitating and supporting the expansion of the medical workforce necessary to meet the increasing healthcare needs of our growing, aging population.

A. Physicians

- **Recommendation for Increasing Medical School Enrollment across the State**
The Committee recognizes that Georgia's medical education system is struggling to keep up with the staggering population growth, forcing the state to rely on doctors from other states and countries. The Committee further recognizes that enrollment in Georgia's medical schools must be increased to ensure an adequate physician workforce. Therefore, the Committee recommends that medical schools in Georgia continue to increase enrollment for the purpose of producing more physicians. Given that the state has only one public medical school, increases will need to take place at both public and private institutions, requiring additional financial resources from the General Assembly.

³⁰ Testimony given by Dr. Jean Bartels on October 4, 2007.

³¹ Testimony given by Dr. Lucy Marion, on October 4 and December 13, 2007.

- **Recommendation for Increasing Funding for the Medical Student Capitation Program**
The Committee recognizes the value of Georgia’s four private medical schools in producing new doctors for our state and therefore recommends that the General Assembly increase state funding to the Medical Student Capitation Program, which purchases slots for Georgia residents in the state’s private medical schools. The number of slots was frozen several years ago and needs to be increased in corresponding measure to the commitment of these institutions to educate more physicians for Georgia.
- **Recommendation for Urging Congress to Expand Residency Training Programs**
The Committee agrees that residency programs in Georgia must be expanded to accommodate the growth in medical school enrollment and to increase the supply of physicians in our state. It is estimated that Georgia needs a minimum of 200 new residency slots by 2020 to ensure an adequate supply of new doctors, and 2,000 additional residents to reach the U.S. average per capita. Therefore, the Committee recommends that the General Assembly pass a Resolution urging the United States Congress to increase the number of residency slots in Georgia, as well as the amount of funding it provides for our residents.
- **Recommendation for Supporting the Protection of Existing Residency Slots and Adding Additional Slots in Georgia**
The Committee further agrees that Georgia must protect its existing residency slots, particularly those approximately 1,000 spots affiliated with Grady Memorial Hospital. Grady is extremely vital to our state’s ability to train and produce new physicians; if Grady is forced to close, Georgia will experience a devastating loss of resident doctors. Therefore, the Committee recommends that measures be taken to support and protect residency training at Grady. The Committee further recommends that the General Assembly increase funding for the residency capitation program through the Georgia Board of Physician Workforce in ways that will increase the overall number of residency slots in the state.
- **Recommendation for Investigating Ways to Relieve Medical Education Debt**
The Committee recognizes that tuition for medical education is growing at an alarming rate, leaving many new physicians with significant debt. Medical education debt may ultimately affect a physician’s specialty choice and practice location. Therefore, the Committee recommends that the General Assembly thoroughly investigate methods whereby the state can relieve medical education debt for physicians, particularly those who commit to practice in Georgia and to practice in underserved areas of the state.
- **Recommendation for the Creation of a Medical School Curriculum for Healthcare Economics**
The Committee recognizes that the state has a vested interest in addressing the mounting costs of healthcare and therefore recommends that the General Assembly, in partnership with the Georgia Board for Physician Workforce, create a resource fund for assisting medical schools in the development of curricular resources to train future physicians in healthcare efficiencies that they can implement in their clinical practices.

B. Nurses

- **Recommendation for Increasing Nursing School Enrollment**
The Committee recognizes that nursing education programs must be expanded to increase the supply of nurses in Georgia. Both the Georgia Board of Regents and the

Georgia Department of Technical and Adult Education play a significant role in producing qualified nurses in our state. Therefore, the Committee recommends that the General Assembly support the Board of Regents' and the Department of Technical and Adult Education's efforts to increase the enrollment of students in existing nursing programs in Georgia.

➤ **Recommendation for Increasing Nursing Faculty Salaries**

The Committee recognizes that a high faculty vacancy rate is preventing Georgia's nursing schools from admitting 4,000 qualified applicants each year. Nursing faculty salaries are significantly below market value and preventing many qualified nurses from becoming educators in our nursing schools. Therefore, the Committee recommends that the Board of Regents increase nursing faculty salaries so that they are competitive with the salaries of clinical nurses.

➤ **Recommendation for Expanding Doctoral Programs in Nursing**

The Committee agrees that, in order to train more professionals in the field of nursing and increase the supply of nursing school faculty, additional nursing doctoral programs must be implemented. Therefore, the Committee recommends that the Board of Regents work to expand doctoral programs at qualified nursing schools in Georgia.

➤ **Recommendation for the Creation of a Statewide Nursing Data Center**

The Committee finds that Georgia is in need of a system to collect, analyze, and research accurate nursing workforce data. Therefore, the Committee recommends that a statewide Nursing Data Center be created, similar to the Board for Physician Workforce, so that Georgia can accurately predict the current and future demand for nurses in our state.

Respectfully Submitted,

**THE SENATE STUDY COMMITTEE ON THE SHORTAGE OF DOCTORS AND NURSES IN
GEORGIA**

**Honorable Cecil Staton, Chairman
Senator, District 18**

**Honorable David Adelman
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