

State of Maine | 131st Legislature Joint Standing Committee on Education and Cultural Affairs Testimony of Hannah A. Hudson on behalf of Maine Primary Care Association February 2, 2023

Supporting:

LD 129, "Resolve, to Direct the University of Maine System to Study the Feasibility of Establishing a Public Allopathic Medical School in Penobscot County"

Sponsored by Senator Baldacci

Senator Rafferty, Representative Brennan, Representative Sampson, and members of the Joint Standing Committee on Education and Cultural Affairs, I am Hannah Hudson, Policy and Communications Manager at Maine Primary Care Association (MPCA).

MPCA is a membership organization that includes all of Maine's 20 Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs). Maine's CHCs make up the largest independent primary care network in the state, providing high quality and equitable primary and preventive medical, behavioral, and dental health services for over 200,000 people (1 in 6 Mainers) at more than 70 service delivery sites in all 16 Maine counties.

They are at the forefront of delivering care to rural and underserved Maine communities. Community Health Centers provide all patients with these comprehensive primary care services, as well as a host of other services that include transportation, translation, and case management services. They are further required to provide this care without regard to a patient's insurance status or ability to pay - which is a mandate unlike any other primary care provider.

At the heart of each CHC is the staff that work every day to deliver innovative, high-quality care. Staff at both the clinical and non-clinical levels understand the communities they serve and are dedicated to ensuring health care access. However, there are long standing challenges related to primary care recruitment and retention in Maine. Some commonly identified issues specific to Maine CHCs are increased retirements due to an aging workforce; difficulty hiring, recruiting, and retaining clinical staff; a dire need for more primary care physicians, RNs, and behavioral health clinicians (such as LCSWs); wage inflation and competition; and a lack of high-quality training that prepares staff for employment at a CHC.

MPCA is supportive of efforts, such as this study, that would create additional pathways for people to enter the medical profession in Maine, especially in more rural locations. We believe that it is important for this study to examine the following issues:

- **Partnerships with CHCs.** We welcome the opportunity to discuss the ways in which CHCs can be a partner and resource in this study.
- Support systems for students. When we speak with students, their number one
 concern is their ability to pay back loans. Consideration should be given to what
 supports will be available to students at this school, including scholarships and housing
 resources.



• Shortage of clinical rotation sites in the state. Many CHCs want to take on students and introduce them to the innovative style of care delivery that makes health centers unique; however, health facilities often don't have the capacity or preceptors necessary to ensure a beneficial experience for both parties.

According to the Association of American Medical Colleges, the majority of individuals who completed residency training are practicing in the state where they did their training. Nationally, from 2012 through 2021, this was 55.2% of individuals. In Maine the rate was even higher at 57%. The study should examine how this issue may impact residents and students and how residency and teaching sites will be supported, perhaps through additional funding and formalized agreements, to encourage students to remain in the state after they complete their education.

On behalf of Maine's Community Health Centers, thank you for considering our comments and we respectfully ask that you to support this bill. Please do not hesitate to contact me directly at hhudson@mepca.org with any follow up questions.

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¹ https://www.aamc.org/data-reports/students-residents/interactive-data/report-reside[...]22/table-c6-physician-retention-state-residency-training-state