



**Testimony of Sarah Calder, MaineHealth
In Support of LD 904, “An Act Supporting the Rural Health Care
Workforce in Maine.”
Thursday, April 6, 2023**

Senator Baldacci, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here today to testify in support of LD 904, “An Act Supporting the Rural Health Care Workforce in Maine.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. MaineHealth is also the state’s largest private employer with over 22,000 care team members, but, we are facing a workforce crisis that is significantly impacting access to care. We are currently recruiting for over 2,900 positions, in addition to over 55 physicians and 70 advanced practice providers. Of those 2,900 openings, over 800 are nursing positions.

In an effort to address the crisis, we have invested heavily in retaining our current workforce, but also in creative and innovative solutions to “grow our own,” including developing entry-level employees in front line positions from Environmental Services, to creating pathways into nursing, to training tomorrow’s physicians.

Addressing the Physician Shortage

Maine Medical Center (MMC) partnered with the Tufts University School of Medicine (TUSM) in 2008 to start a medical school program designed to address the shortage of physicians in Maine, particularly in our rural areas, and to give Maine student’s access to high-quality and affordable medical education. At the time, Maine ranked 49th in the rate of residents who entered medical school.

The unique Maine Track program offers a rigorous training program that exposes students to rural clinical practice from day one and provides students firsthand experience providing care in local communities throughout the state including such towns as Madison, Caribou, Belfast, Wiscasset, Richmond, and Norway. Most importantly, in an effort to ensure that Maine students have access to medical education at a cost on par with that of a state school, Maine Medical Center guarantees that at least 20 Maine students in each class receive scholarships of \$25,000 per year, totaling more than \$2 million each year. The scholarships have been raised through the generosity of private donors, local companies, and, very importantly, the Doctors for Maine’s Future scholarship program, which was created by the 124th Maine Legislature and, more recently, received \$2 million investment in the Maine Jobs & Recovery Plan passed by the 130th Legislature.

The program is very successful as the number of medical school applications from Maine residents has almost tripled since the program began in 2009 and 45% of Maine Track graduates are now practicing in Maine (while others continue postgraduate training or are serving in the military).

One significant challenge we face in retaining our medical school graduates, however, is that states' residency slots have been limited by funding to support graduate medical education from the Federal government. MaineHealth has been able to increase the number of resident positions through our own resources (an additional 67 positions), recognizing this as a solution to our physician workforce needs. But more needs to be done to ensure that Maine-trained students have access to a residency placements in Maine.

It is for that reason that we strongly support the legislation before you today, which provides funding to expand the number of rural residency placements. As just one example, with additional funding, we would be able to establish a residency program at Franklin Community Health Network in Farmington. This is important because according to the Association of American Medical Colleges' [2022 Report on Residents](#), more than half (55.2%) of the individuals who completed residency training from 2012 to 2021 are practicing in the state where they did their residency training.

We would ask the Committee, however, to consider amending the language in subsection A of Section 3, to add "block" rotations, which allows a student to perform clinical service in a 4-6 week block in one area of medicine. This block model is often used in primary care disciplines, and is critical to attracting high-quality candidates to rural programs.

Addressing the Nursing Shortage

For years, we have known that Maine's 15 nursing programs are not producing enough graduates to meet the growing nursing workforce demands, despite maintaining waitlists. MaineHealth has engaged in a variety of creative approaches with our academic partners over the years in an effort to increase student enrollment, including – and very importantly – providing qualified faculty, clinical sites, and training space.

Additionally, through an investment from the Governor's Maine Jobs and Recovery Plan, MaineHealth has partnered with Northern Light Health, the Maine Hospital Association, and several other provider groups across the state to expand rural clinical preceptorships to help train students in rural clinical settings. This funding is time limited and, and we appreciate the funding included in LD 904 to ensure the sustainability of rural clinical preceptorship programs.

As the Legislature seeks to increase access to health care, including behavioral health care, it is critical that investments be made in increasing the pipeline of future health care workers. It is for reason, we urge you to support LD 904.

Thank you and I would be happy to answer any questions you may have.