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**Testimony in Support of LD 1797, An Act to Expand Maine's Health Care Workforce by Expanding Educational Opportunities and Providing Tax Credits**

May 2, 2023

Senator Curry, Representative Roberts, and members of the Joint Standing Committee on Innovation, Development, Economic Advancement and Business, my name is Jane Carreiro. I am the Dean of the University of New England College of Medicine (UNE COM) and a family doctor by training. I thank Senate President Jackson for bringing the bill forward.

Given my area of expertise, I will focus my testimony on Section 3 of the bill, the Maine Healthcare Education Training and Medical Residency Fund. This new fund to support expansion of medical student training, residencies, and clinical preceptorships will be instrumental in helping us expand our healthcare workforce, especially the number of physicians practicing in rural Maine.

Maine is facing a lack of healthcare professionals, specifically physicians and nurses, practicing in rural and underserved areas. As you probably know, Maine's population is the oldest in the nation and is tied with Vermont as being the most rural state. Our healthcare workers are also among the oldest in the country, with many practitioners approaching, or even practicing beyond, retirement age. At 39.3%, Maine ranks first in the nation for the percentage of active physicians who are age 60 or older.[1] In 9 of 16 Maine counties, 50% or more of physicians are 55 or older.[2]

Over the past 40 years, UNE has worked closely with our Maine health systems and community hospitals to train healthcare workers for our state. As a result, UNE's College of Osteopathic Medicine is the number one provider of physicians for the State of Maine. Our medical school graduates make up the majority of physicians in every health care system in Maine, with over twice as many of them practicing primary care compared to other medical school graduates in the state.

Years ago, prior to moving to UNE, I had a very busy family practice in Waterville which I loved. When I first went into practice, I became very busy, very quickly. I was astonished that some of my patients were driving 60-90 minutes to see me because there wasn't a family doctor with an open

[1] Association of American Medical Colleges. (2019). Maine physician workforce profile. https://www.aamc.org/media/37931/download
[2] Skillman, S. M., & Stover, B. (2014). Maine's physician, nurse practitioner and physician assistant workforce in 2014. Seattle, WA: WWAMI Center for Health Workforce Studies, University of Washington. https://www.familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2018/08/maines_physicians_nps_and_pas_2018.pdf

practice any closer. This was the early 1990s, and our neighbors in rural areas were already dealing with a physician shortage. Since then, it has only worsened. I decided I could help more patients by training medical students who would want to practice in rural areas, and so I took a position at UNE. Almost thirty years later I am now dean of a medical school, and I am still working to attract, train and retain physicians in our State.

The two best predictors of where a physician will practice is where they do their clinical training, (years 3 and 4 of medical school and their residency), and where their partners grew up. After two years of classroom training, medical students do 2 years of clinical training, then graduate from medical school and enter a residency program. Doing one's student training in community and rural-based hospitals increases the likelihood that physician will return to that community to practice. **From 2012 to 2018, up to 53% of UNE COM's graduates who completed third year training in Maine community hospitals returned to practice in those communities later, regardless of where they did their residency or where they were from**.

Likewise, medical school graduates who complete their residencies in rural and community-based settings are more likely to practice in those settings. **Between 75% and 80% of UNE COM graduates who complete their residency in Maine, stay in Maine to practice**.

In Maine there are two bottlenecks to increasing our physician workforce: our capacity to train third- and fourth-year medical students and the number of residency positions that are available. The first limits how many medical students we can train and the second limits how many physicians we can graduate for practice, and these both effect the choice to practice in Maine.

Each year there are 223 second-year medical students training in Maine (178 at UNE COM and 45 in the Maine Tufts program). When they become third-year students, 108 of them must leave the state to get their clinical training. Currently, our state's healthcare system can train 115 third-year medical students (70 from UNE's medical school and 45 from the Tufts Maine track program). Thus, each year, Maine effectively loses the opportunity to retain 108 physicians.

There is a similar dearth of residency opportunities in Maine. In the entire State, considering all hospitals and programs, we can only graduate 65 primary care physicians each year: 4 obstetricians, 7 pediatricians, 31 family doctors, 4 psychiatrists, 13 internal medicine, and 4 combined internal medicine-pediatrics. Each year 223 medical students graduate from Maine based medical programs, but only 65 of them can complete primary care residencies in Maine.

Why do these bottlenecks exist? Medical students need to be trained by physicians, and Maine has a physician shortage. Additionally, training medical students results in a loss in productivity, calculated at 25% nationally. Put another way, if a doctor can typically see four patients in an hour, the addition of a medical student will slow them down and only allow them to see three. This results in delays in seeing patients and lost revenue for clinics and hospitals. Hospitals, especially our community hospitals, are struggling to keep up with patient loads and expenses. They do not have the personnel or financial resources to take on more students. Absent a total overhaul of healthcare payment system in the US, we need to find ways to make up for the lost productivity and capacity associated with sponsoring student trainees by subsidizing hospitals, clinics, and/or clinicians that participate in training students.

Similar challenges exist for starting or ramping up residency programs. Residency programs are accredited through the Accreditation Council for Graduate Medical Education (ACGME) and supported by Center for Medicare and Medicaid Services (CMS) funding. The ACGME accreditation process can pose challenges for smaller rural community hospitals and the CMS payment calculation system for residencies favors academic medical centers, places caps on successful rural residency programs making expansion difficult, and penalizes community hospitals that may have previously allowed “visiting residents” from GME institutions. In order to assist rural facilities in expanding residency slots, some states, such as Washington and Utah, have stepped in with funding to support GME expansion to train and retain a larger physician workforce.

Lastly, physicians in rural areas tend to see fewer but more complicated patients, and our reimbursement system is based on procedures and volume, not spending time teaching someone for example, how to care for their diabetic mother. Physicians finishing residency are often overwhelmed by the difference between the debt they carry and their predicted income from rural practice. The Doctors for Maine’s Future program has made a significant impact on those students fortunate enough to receive it, and expansion of that program could help many more.

Many of us in the state are working collaboratively to address our healthcare workforce crisis. President Jackson’s legislation to expand clinical training, residencies, and loan repayment for health professionals will incentivize health professions students to train and stay in underserved areas throughout Maine. The opportunities and incentives created by this legislation are critical to retaining students in Maine to practice and contribute to their communities.

Thank you,

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