

Ordered by # of
Med Schools

| State | MD | OD | Dental | Pharmacy | Population | 1 MD school per every... |
|----------------------|----|----|--------|----------|------------|--------------------------|
| New York | 13 | 3 | 4 | 7 | 19,378,112 | 1,490,624 |
| California | 11 | 2 | 6 | 11 | 37,254,503 | 3,386,773 |
| Texas | 8 | 1 | 3 | 7 | 25,146,104 | 3,143,263 |
| Florida | 7 | 2 | 3 | 6 | 18,804,623 | 2,686,375 |
| Illinois | 7 | 1 | 3 | 6 | 12,831,587 | 1,833,084 |
| Ohio | 7 | 1 | 2 | 7 | 11,536,725 | 1,648,104 |
| Pennsylvania | 7 | 2 | 3 | 7 | 12,702,884 | 1,814,698 |
| Michigan | 6 | 1 | 2 | 3 | 9,884,133 | 1,647,356 |
| Georgia | 4 | 1 | 1 | 4 | 9,688,681 | 2,422,170 |
| Massachusetts | 4 | 0 | 3 | 3 | 6,547,817 | 1,636,954 |
| Missouri | 4 | 2 | 1 | 2 | 5,988,923 | 1,497,231 |
| North Carolina | 4 | 1 | 2 | 4 | 9,535,691 | 2,383,923 |
| Tennessee | 4 | 1 | 2 | 6 | 6,346,275 | 1,586,569 |
| Virginia | 4 | 2 | 1 | 4 | 8,001,023 | 2,000,256 |
| Connecticut | 3 | 0 | 1 | 2 | 3,574,096 | 1,191,365 |
| District of Columbia | 3 | 0 | 1 | 1 | 601,767 | 200,589 |
| Louisiana | 3 | 0 | 1 | 2 | 4,533,479 | 1,511,160 |
| Maryland | 3 | 0 | 1 | 2 | 5,773,785 | 1,924,595 |
| Minnesota | 3 | 0 | 1 | 2 | 5,303,925 | 1,767,975 |
| New Jersey | 3 | 1 | 1 | 2 | 8,791,936 | 2,930,645 |
| Alabama | 2 | 2 | 1 | 2 | 4,780,127 | 2,390,064 |
| Kentucky | 2 | 1 | 2 | 2 | 4,339,349 | 2,169,675 |
| Nebraska | 2 | 0 | 2 | 2 | 1,826,341 | 913,171 |
| South Carolina | 3 | 1 | 1 | 4 | 4,625,401 | 1,541,800 |
| West Virginia | 2 | 1 | 1 | 3 | 1,853,033 | 926,517 |
| Wisconsin | 2 | 0 | 1 | 2 | 5,687,289 | 2,843,645 |
| Arizona | 1 | 2 | 2 | 2 | 6,392,310 | 6,392,310 |
| Arkansas | 1 | 0 | 0 | 2 | 2,915,958 | 2,915,958 |
| Colorado | 1 | 1 | 1 | 2 | 5,029,324 | 5,029,324 |
| Hawaii | 1 | 0 | 0 | 1 | 1,360,301 | 1,360,301 |
| Indiana | 1 | 1 | 1 | 3 | 6,484,192 | 6,484,192 |
| Iowa | 1 | 1 | 1 | 2 | 3,046,869 | 3,046,869 |
| Kansas | 1 | 0 | 0 | 1 | 2,853,132 | 2,853,132 |
| Mississippi | 1 | 1 | 1 | 1 | 2,968,103 | 2,968,103 |
| Nevada | 1 | 1 | 1 | 1 | 2,700,692 | 2,700,692 |
| New Hampshire | 1 | 0 | 0 | 0 | 1,316,466 | 1,316,466 |
| New Mexico | 1 | 1 | 0 | 1 | 2,059,192 | 2,059,192 |
| North Dakota | 1 | 0 | 0 | 1 | 672,591 | 672,591 |
| Oklahoma | 1 | 1 | 1 | 2 | 3,751,616 | 3,751,616 |
| Oregon | 1 | 1 | 1 | 3 | 3,831,073 | 3,831,073 |
| Rhode Island | 1 | 0 | 0 | 1 | 1,052,931 | 1,052,931 |
| South Dakota | 1 | 0 | 0 | 1 | 814,191 | 814,191 |
| Utah | 1 | 0 | 2 | 2 | 2,763,885 | 2,763,885 |
| Vermont | 1 | 0 | 0 | 0 | 625,745 | 625,745 |
| Washington | 1 | 1 | 1 | 2 | 6,724,543 | 6,724,543 |
| Alaska | 0 | 0 | 0 | 0 | 710,249 | n/a |
| Delaware | 0 | 0 | 0 | 0 | 897,936 | n/a |
| Idaho | 0 | 0 | 0 | 1 | 1,567,652 | n/a |
| Maine | 0 | 1 | 1 | 2 | 1,328,361 | n/a |
| Montana | 0 | 0 | 0 | 1 | 989,417 | n/a |
| Wyoming | 0 | 0 | 0 | 1 | 563,767 | n/a |

Medical School Information - from US News and World Report

New England Schools with Medical Programs and their University School Rankings

| State | School | Medical School Enrollment | Medical School Tuition (In-State) | Medical School Tuition (Out-of-State) | Medical School Primary Care Ranking | Medical School Research Ranking | National Institute of Health Funds Granted (in millions) Per Year | US News & World Report University Ranking |
|-------|-----------------------------------|---------------------------|-----------------------------------|---------------------------------------|-------------------------------------|---------------------------------|---|---|
| CT | Univ of Connecticut | 382 | \$27,074 | \$55,928 | 49* | 60* | \$48.6 | 58* |
| CT | Quinnipiac-Netter | 150 | \$51,365 | \$51,365 | - | - | - | 9** |
| CT | Yale University | 415 | \$53,540 | \$53,540 | 57* | 7 | \$361.0 | 3 |
| MA | Univ of Massachusetts - Worcester | 508 | \$8,352 | n/a | 12* | 49* | \$132.0 | 76* |
| MA | Harvard University | 726 | \$54,200 | \$54,200 | 12* | 1 | \$194.0 | 2 |
| MA | Boston Univ | 681 | \$53,894 | \$53,984 | 52* | 30 | \$113.0 | 42* |
| MA | Tufts Univ | 816 | \$57,202 | \$57,202 | 52* | 49* | \$41.9 | 27* |
| NH | Dartmouth Medical School | 368 | \$56,104 | \$56,104 | 29* | 37* | \$86.0 | 11 |
| VT | Univ of Vermont | 465 | \$32,020 | \$56,060 | 29* | 57* | \$55.2 | 85* |
| RI | Brown Univ | 490 | \$51,360 | \$51,360 | 57* | 35* | \$56.7 | 16* |

**regional university

| State | School | Enrollment | U Maine In-State Tuition | U Maine Out-of-State Tuition | US News & World Report University Ranking |
|-------|---------------------|------------|--------------------------|------------------------------|---|
| ME | University of Maine | 9,182 | \$10,604 | \$28,464 | 173* |

If the University of Maine had a medical school, could they increase tuition?
Would a medical school put Maine in the top 100 ranked universities?

*denotes tied for that position

Medical School Information

New Medical Schools:

According to the Liaison Committee on Medical Education (LCME) there are 15 Schools with developing medical programs:

6 are Applicant Schools (*meet the initial criteria for being considered for accreditation*), 7 are in Preliminary Accreditation (*school may start taking applicants*), and 2 are in Provisional Accreditation (*students are enrolled and are now able to start their 3rd and 4th years of school*).

Of these 15, all are in States that currently have medical schools. 1 is in Arizona, 3 in California, 2 in Michigan, 2 in Nevada, 1 in New Jersey, 1 in New York, 1 in South Carolina, 2 in Texas, and 2 in Virginia.

Additionally, there are 7 other schools currently under discussion – including one in Alaska. Currently 44 States have medical schools. **Maine**, Alaska, Delaware, Idaho, Montana and Wyoming do not.

Enrollment Increases:

U.S. medical schools are on track to increase their enrollment 30 percent by 2019, according to results of the 2014 Medical School Enrollment Survey conducted by the AAMC (*Association of American Medical Colleges*) Center for Workforce Studies. According to AAMC, “the majority (62 percent) of the 4,816 new positions projected by 2019 are expected to come from public medical schools.”

Doctor Shortages:

It is estimated that currently, we are already facing a shortage of 17,000 primary care practitioners in areas around the country (*Health Resources and Services Administration*). Due to an increased aging population, it is estimated that a total of 46,100 to 90,000 physicians will be needed by 2025 (*AAMC*).

Maine has the highest median age in the nation (43.9 years) as of the 2013 (source U.S. Census).

Maine also has the 4th highest percentage in the U.S. for Physicians over the age of 60. Of the 4,076 physicians in Maine, 1,243 (30.5%) of them were over 60 years old. (*Source: 2013 AAMC State Physician Workforce Data Book*). As physicians retire, they will need to be replaced.

Retention:

- 38.7% is the U.S. median for Physicians retained from Undergraduate Medical Education (UME). The median is 44.9% for Public Medical Schools.
- 2,144 active physicians graduated from OD or MD programs in Maine, 17.4% are still active. This ranks 4th nationally at 17.4%
- Maine has a 49.6% retention rate for physicians who do their Graduate Medical Education (GME) in the state – of the 1,894 who did, 939 stayed.
- Of the 203 who did both their UME and GME in the state, 144 were retained. This is 70.9% above the U.S. median of 68.1%

It stands to reason that more students able to participate in a UME in Maine who lead to more physicians staying in the state. As we know, Maine is a beautiful state with a lot to offer people. When surveyed, medical school residents said their top considerations in deciding where to practice included: geographic location, personal time, and lifestyle.

Economic Impacts:

A 2014 Study by *Sammons Consulting LLC* for the University of Colorado Denver/Anschutz Medical School had the following findings for the economic impact on the community for FY 2012-2013:

- Over \$2.6 billion to the Colorado economy in 2012-2013;
- 21,954 jobs; and
- \$60 million in sales and income tax revenue.

Other facts of note:

- Of the 32,362 graduates of the University's medical program, 54% still reside in Colorado.
- If one compared the Medical School to publicly traded companies with a headquarters in Colorado, the campus would rank in the top 25 companies in the state.

Associate of American Medical Colleges – Study of Economic Impact (Study includes 130 of 141 Medical Schools and 255 Teaching Hospitals)

During 2011 the economic impact of medical schools totaled more than **\$587.3 billion in revenue**. *Of this revenue:*

- \$34.1 billion was from total state tax revenue (income and sales, corporate net, and capital stock);
- \$44.9 billion from publicly funded research;
- \$156.6 billion for capital improvements, goods, supplies and services;
- \$56.7 billion in staff spending;
- \$19.6 billion in physician and faculty spending;
- \$4.7 billion in resident and student spending;
- \$3.7 billion in out-of-state patient spending;
- \$14.4 billion spent by conference and meeting visitors and visitors to staff;
- \$34.3 billion from government revenue impact;
- \$86.9 billion in real property investments; and
- \$72.8 billion in business inventories.

Members accounted for 3.5 million jobs (increase of 15% from 2009) – roughly 1 out of every 40 wage earners in the United States.

Some of the reasons why Maine is a great fit for a Medical School?

- **Maine has the highest median age in the U.S.** therefore will need more doctors in the future.
- **Eastern Maine Medical Center's CancerCare of Maine has several new advanced technologies not readily available in the United States:**
 - o RapidArc, which was approved by the FDA in January 2008 and delivers ultra precise image-guided intensity-modulated radiotherapy (IMRT) two to eight times faster than the IMRT in use in other Maine sites. This approach spares healthy tissue while effectively treating the tumor;
 - o Stereotactic Radiation Treatment/Surgery, delivers a large, but precise radiation dose to a small tumor area and greatly reduces treatment times for some patients and helps protect health tissue surrounding the tumor;
 - o Large Bore Computed Tomography, significantly improves patient comfort during the process of delineating tumors and treatment planning;
 - o Frameless Radiotherapy, maintains precision in the treatment of brain tumors without the need for an invasive Stereotactic head frame (which requires a frame screwed into the skull to immobilize the head). Frameless radiotherapy has been shown to have levels of accuracy on par with the frame-based approach, but with less patient discomfort.
- **Maine has many of the best rural hospitals in the country.** A 2012 Leapfrog Group (*Washington D.C.-based organization that tracks health care safety, quality and value and uses that information to name the best hospitals in the country each year*) named 5 out of the 13 best rural hospitals being in Maine. Maine is the only state to have more than one hospital on the list. Those hospitals are: Calais Regional Hospital, Inland Hospital in Waterville, Mount Desert Island Hospital Organization, Rumford Hospital and Sebec Valley Health. Maine rural hospitals consistently perform well in national polls.
- **Eastern Maine Medical Center is recognized as a destination hospital for surgeons interested in learning robotic surgery.** Of the more than 5,000 registered hospitals in the United States, Eastern Maine Medical Center in Bangor is the first, and only, hospital designated as a general and bariatric surgery robotic epicenter by Intuitive Surgical.

Other Accolades:

- o **Eastern Maine Medical Center and Acadia Hospital are among the 100 "Most Wired" hospitals** according to *Hospitals & Health Networks* magazine.
- o Eastern Maine Medical Center was recently recognized by CALGB (*Cancer and Leukemia Group B*) for being the national leader among community cancer centers in making clinical trials available to their patients. EMMC has recently achieved independent membership status in CALGB as a result of their efforts, an important distinction that only a few community cancer centers across the nation have been granted.
- o Recently, EMMC/CancerCare of Maine was accepted as a main member of the Alliance for Clinical Trials in Oncology – the largest and most accomplished research group in North America. It is one of the first three cancer centers in New England and the only center in Maine, to become part of the group.

AVERAGE Costs to Implement a Medical School

(process is generally a 5 year plan to full accreditation):

- LCME Accreditation application fee - \$25,000
- Faculty/Staff: \$15 to 20 million per year – once school is fully operational. Maine already has some of the professors needed so it would be quite a bit less.
- Capital/Building: \$50 to \$100 million (*for all new buildings*) – Maine already has some of the buildings needed.

Recent Schools & Costs:

- Quinnipiac University (Connecticut): \$100 million to get school up and running. They will accepted their first class in 2013
- University of Central Florida – recently built a 170,000 square foot facility at a cost of \$65 million.
- Duke University built a new 6-story, 104,000 square foot medical school facility for \$53 million – it opened in early 2013.

How to Fund?

Put forth a bond that is contingent on raising funds to match (i.e. a \$50 million bond would be contingent on raising \$50 million).

Money raised could come from the following sources:

- Private Donation/Endowment
- University System Reserves
- Federal Funding (National Institute of Health).

Tuition Possibilities

Medical schools generally accept around 30 to 40 new students each year.

As of the 2014/2015 school year, the average in-state tuition for a public medical school is \$32,889 and out-of-state is \$56,796. Tuition increased for all categories from 2013/2014 to 2014/2015.

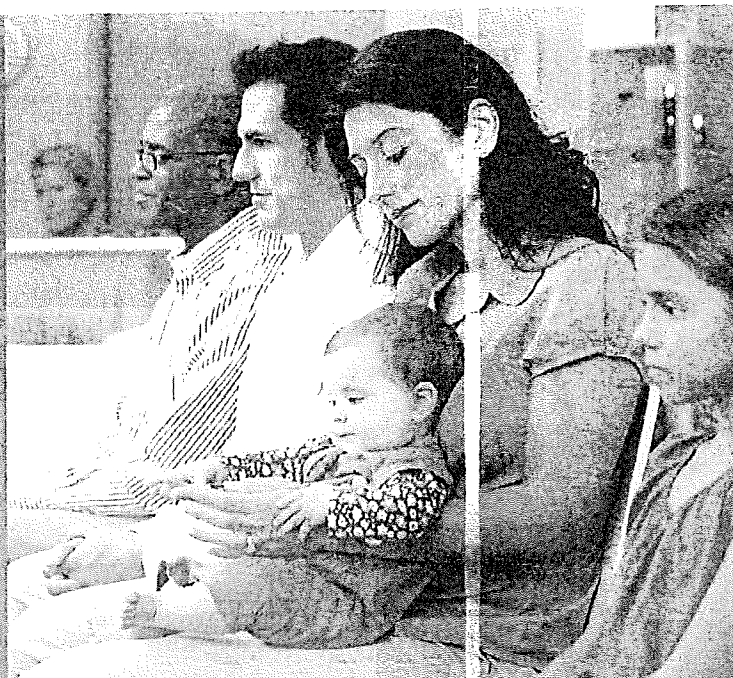
Conservatively that means if 20 students were from in-state and 20 from out-of-state, the first year's tuition would be about \$1.79 million. This would increase each year (and depend on the ratio of in- to out-of-state) and would easily be \$5 to \$6 million per year.

Public Opinion - Data from AAMC survey conducted in November 2011

- When asked about cuts to medical research funding, 62% of those surveyed opposed significant cuts in federal funding for medical research.
- Majority of Republicans, Democrats and Independents oppose cutting federal funding for medical research.
- 77% oppose significantly cutting federal funding to teaching hospitals.
- There are no subgroups across the dataset where a majority, or even plurality, support funding cuts to teaching hospitals.

Physician Supply and Demand — A 15-Year Outlook: Key Findings

In June 2021, the AAMC released *The Complexities of Physician Supply and Demand: Projections from 2019 to 2034*. The report includes projections across four broad categories: Primary Care, Medical Specialties, Surgical Specialties, and Other Specialties.¹ The study presents ranges for the projected shortages of physicians rather than specific shortage numbers to reflect uncertainties in the health care system. The report takes a separate look at the impact of an evolving health care delivery system and inequities in health care utilization.



Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2019 to 2034, demand will grow more steeply.

- By 2034, demand for physicians will exceed supply by a range of between 37,800 and 124,000 full-time-equivalent physicians.
- Total projected shortages by 2034 vary by specialty grouping and include:
 - A shortfall of between 17,800 and 48,000 primary care physicians.
 - A shortfall of between 21,000 and 77,100 non-primary care physicians, including 15,800 and 30,200 surgical specialists.
- Demographics — specifically, population growth and aging — continue to be the primary driver of increasing demand from 2019 to 2034. During this period, the U.S. population is projected to grow by 10.6%, from about 328 million to 363 million.

The population aged 65 and over is projected to grow by 42.4%.³ Therefore, demand for specialty physicians who predominantly care for older Americans will increase.

The total projected physician shortage persists under most likely scenarios: a moderate increase in the use of advanced practice nurses (APRNs) and physician assistants (PAs), greater use of alternate settings such as retail clinics, and changes in payment and delivery (e.g., accountable care organizations, or ACOs).

Included for a sixth year, the AAMC's analysis of Health Care Utilization Equity Scenarios found that current U.S. demand could increase by between 102,400 to 180,400 physicians if health care utilization patterns are equalized across race, insurance coverage, and geographic location. This estimate was not included in the ranges of projections.

Physician Supply and Demand — A 15-Year Outlook: Key Findings



The COVID-19 pandemic has contributed to a rising physical and emotional toll on physicians and other health professionals. The ongoing crisis has also exposed vulnerabilities in the health care system that led to some health care workers being furloughed or facing financial hardship while other health care workers were working around-the-clock to care for people with pandemic-related health care needs.

Addressing the Doctor Shortage

Addressing the shortage will require a multipronged approach, including innovation in care delivery; greater use of technology; improved, efficient use of all health professionals on the care team; and an increase in federal support for residency training. The magnitude of the projected shortfalls is significant enough that no single solution will be sufficient to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2034 is a problem that needs to be addressed now.

The study is an update to last year's report. It incorporates the most current and best available evidence on health care delivery and responds to questions received after the release of the previous report. The AAMC has committed to updating the study annually to make use of new data and new analyses and to take an active role in fostering the conversation around modeling physician workforce projections.

For more information: aamc.org/workforceprojections

NOTES

1. Primary Care consists of family medicine, general internal medicine, general pediatrics, and geriatric medicine. Medical Specialties consist of allergy and immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology and oncology, infectious diseases, neonatal and perinatal medicine, nephrology, pulmonology, and rheumatology. Surgical Specialties include general surgery, colorectal surgery, neurologic surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, and vascular surgery. The Other Specialties category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine and rehabilitation, psychiatry, radiology, and all other specialties.
2. The range in the projected shortfall for total physicians is smaller than the sum of the ranges in the projected shortfalls for the specialty categories. The demand scenarios modeled project future demand for physician services, but scenarios can differ in terms of whether future demand will be provided by primary care or nonprimary care physicians. Likewise, the shortfall range for total nonprimary care is smaller than the sum of the shortfall ranges for the specialty categories.
3. U.S. Census Bureau. 2017 National Population Projections Datasets. <https://www.census.gov/data/datasets/2017/demo/popproj/2017-popproj.html>. Published 2018. Accessed Dec. 12, 2019.

Update ^{as of} 1/2023

States without Medical School

Alaska
Delaware
Idaho
Maine
Montana
Wyoming

Summary

| # Schools | Accreditation Status | Notes |
|-----------|---------------------------|-------------------------|
| 144 | Full Accreditation | One school on probation |
| 3 | Preliminary Accreditation | |
| 10 | Provisional Accreditation | One school on probation |
| 3 | Applicant Schools | |
| 1 | Candidate School | |

44 States and DC and Puerto Rico have medical schools

5 states do not have medical schools

Maine Physician Workforce Profile

| 2019-2020 | | | |
|--------------------------|-----------|--------------------------|-------|
| State Population: | 1,344,212 | Total Female Physicians: | 1,691 |
| Population ≤ age 24 | 353,060 | Total MD or DO Students: | 699 |
| Total Active Physicians: | 4,459 | Total Residents: | 308 |
| Primary Care Physicians: | 1,733 | | |

For additional data, including maps and tables, please see the 2021 State Physician Workforce Data Report online at www.aaamc.org/workforce

| | ME | ME Rank | State Median |
|---|-------|---------|--------------|
| Physician Supply | | | |
| Active Physicians per 100,000 Population, 2020 | 305.2 | 7 | 239.8 |
| Total Active Patient Care Physicians per 100,000 Population, 2020 | 128.9 | 3 | 94.7 |
| Active Primary Care Physicians per 100,000 Population, 2020 | 119.0 | 2 | 84.5 |
| Active Patient Care Primary Care Physicians per 100,000 Population, 2020 | 11.9 | 1 | 7.7 |
| Active General Surgeons per 100,000 Population, 2020 | 11.5 | 1 | 7.0 |
| Active Patient Care General Surgeons per 100,000 Population, 2020 | 38.0% | 17 | 36.1% |
| Percentage of Active Physicians Who Are Female, 2020 | 13.6% | 43 | 19.7% |
| Percentage of Active Physicians Who Are International Medical Graduates (IMGs), 2020 | 39.3% | 1 | 32.9% |
| Percentage of Active Physicians Who Are Age 60 or Older, 2020 | 7.0% | 45 | 13.7% |
| Percent of Active Physicians Who Identify as Asian, 2020 | 1.6% | 45 | 3.8% |
| Percent of Active Physicians Who Identify as Black or African American, 2020 | 2.0% | 49 | 3.2% |
| Percent of Active Physicians Who Identify as Hispanic, Latino or of Spanish Origin, 2020 | 0.4% | 24 | 0.4% |
| Percent of Active Physicians Who Identify as American Indian or Alaska Native, 2020 | - | 41 | 0.1% |
| Percent of Active Physicians Who Identify as Native Hawaiian or Other Pacific Islander, 2020 | 1.2% | 36 | 1.4% |
| Percent of Active Physicians Who Identify as Other Race/Ethnicity, 2020 | 79.9% | 7 | 67.3% |
| MD and DO Student Enrollment per 100,000 Population, AY 2019-2020 & 2020-2021 | 52.0 | 9 | 38.6 |
| Undergraduate Medical Education (UME) | | | |
| Student Enrollment at Public MD and DO Schools per 100,000 Population, AY 2019-2020 & 2020-2021 | — | — | 21.5 |
| Percentage Change in Student Enrollment at MD and DO Schools, 2010-2020 | 37.6% | 17 | 31.2% |
| Percentage of MD Students Matriculating In-State, AY 2020-2021 | — | — | 67.6% |
| Total Residents/Fellows in ACGME Programs per 100,000 Population as of December 31, 2019 | 22.9 | 45 | 32.7 |
| Total Residents/Fellows in Primary Care ACGME Programs per 100,000 Population as of Dec. 31, 2019 | 10.6 | 41 | 12.7 |
| Percentage of Residents in ACGME Programs Who Are IMGs as of December 31, 2019 | 8.1% | 46 | 19.2% |
| Ratio of Residents and Fellows (GME) to Medical Students (UME), AY 2019-2020 & 2020-2021 | 0.4 | 46 | 1.0 |
| Percent Change in Residents and Fellows in ACGME-Accredited Programs, 2010-2020 | -1.0% | 49 | 24.4% |
| Percentage of Physicians Retained in State from Undergraduate Medical Education (UME), 2020 | 18.3% | 42 | 39.7% |
| Percentage of Physicians Retained in State from Graduate Medical Education (GME), 2020 | — | — | 43.7% |
| Percentage of Physicians Retained in State from UME and GME Combined, 2020 | 49.8% | 13 | 45.1% |
| Retention | 70.2% | 20 | 69.7% |
| Graduate Medical Education (GME) | | | |

State Rank: How the state ranks compared to the other 49. Rank of 1 goes to the state with the highest value for the category.
 State Median: The value in the middle of the 50 states, with 25 states above the median and 25 states below (excludes the District of Columbia and Puerto Rico).
 Due to changes in the Census data tables, population data was only available for ages ≤ 24, compared to ages ≤ 21 in previous reports.
 * Data not shown, for states with less than 10 physicians.
 — Indicated that category is not applicable because some states do not have data on this
 N.R. = "Not Ranked"

Source: 2021 State Physician Workforce Data Report Population estimates as of July 1, 2019 are from the U.S. Census Bureau (Release date: December 2019).

Maine Physician Workforce Profile

| All Specialties | Specialty | Total Active Physicians | | People Per Physician | | Female | | Age 60 or Older | |
|---------------------------------------|-----------|-------------------------|-----|----------------------|---------|--------|---------|-----------------|---------|
| | | 4,459 | 301 | Number | Percent | Number | Percent | Number | Percent |
| Allergology & Immunology | | 16 | | 84,013 | * | * | * | 10 | 62.5 |
| Anatomic/Clinical Pathology | | 32 | | 42,007 | 11 | 34.4 | 16 | 50.0 | |
| Anesthesiology | | 176 | | 7,638 | 45 | 25.6 | 79 | 44.9 | |
| Cardiovascular Disease | | 107 | | 12,563 | 23 | 21.5 | 48 | 44.9 | |
| Child & Adolescent Psychiatry** | | 63 | | 5,604 | 33 | 52.4 | 26 | 41.3 | |
| Clinical Geriatric Electrophysiology | | | | | | | | | |
| Critical Care Medicine | | 59 | | 22,793 | 25 | 42.4 | * | * | * |
| Dermatology | | 39 | | 34,467 | 17 | 43.6 | * | * | * |
| Emergency Medicine | | 300 | | 4,481 | 93 | 31.0 | 93 | 31.1 | |
| Endocrinology, Diabetes & Metabolism | | 24 | | 56,009 | 14 | 58.3 | * | * | * |
| Family Medicine/General Practice | | 895 | | 1,502 | 414 | 46.3 | 356 | 39.8 | |
| Gastroenterology | | 53 | | 25,362 | * | * | 23 | 43.4 | |
| General Surgery | | 160 | | 8,401 | 42 | 26.4 | 72 | 45.0 | |
| Geriatric Medicine*** | | 38 | | 10,384 | 21 | 55.3 | * | * | * |
| Hematology & Oncology | | 64 | | 21,003 | 30 | 46.9 | 26 | 40.6 | |
| Infectious Disease | | 32 | | 42,007 | 15 | 46.9 | 11 | 34.4 | |
| Internal Medicine | | 541 | | 2,485 | 205 | 38.0 | 225 | 41.6 | |
| Internal Medicine/Pediatrics | | 18 | | 74,678 | 10 | 55.6 | * | * | * |
| Interventional Cardiology | | * | | * | * | * | * | * | * |
| Neonatal-Perinatal Medicine | | 15 | | 89,614 | * | * | * | * | * |
| Nephrology | | 37 | | 36,330 | * | * | * | * | * |
| Neurological Surgery | | 25 | | 53,766 | * | * | * | * | * |
| Neurology | | 49 | | 27,433 | 15 | 30.6 | 26 | 53.1 | |
| Neuroradiology | | * | | * | * | * | * | * | * |
| Obstetrics & Gynecology | | 164 | | 8,196 | 108 | 65.9 | 63 | 38.4 | |
| Ophthalmology | | 72 | | 18,670 | 18 | 25.0 | 38 | 52.8 | |
| Orthopedic Surgery | | 106 | | 12,681 | 13 | 12.3 | 59 | 55.7 | |
| Otolaryngology | | 35 | | 38,406 | * | * | 21 | 60.0 | |
| Pain Medicine & Pain Management | | 13 | | 103,401 | * | * | * | * | * |
| Pediatric Anesthesiology & Anesthesia | | 11 | | 122,201 | * | * | * | * | * |
| Pediatric Cardiology | | 12 | | 112,016 | * | * | * | * | * |
| Pediatric Critical Care Medicine | | * | | * | * | * | * | * | * |
| Pediatric Hematology & Oncology | | * | | * | * | * | * | * | * |
| Pediatrics** | | 240 | | 1,471 | 152 | 63.3 | 80 | 33.3 | |
| Physical Medicine & Rehabilitation | | 42 | | 32,005 | 13 | 31.0 | 22 | 52.4 | |
| Plastic Surgery | | 17 | | 79,071 | * | * | * | * | * |
| Preventive Medicine | | 49 | | 27,433 | 17 | 34.7 | 28 | 57.1 | |
| Psychiatry | | 214 | | 6,281 | 89 | 41.6 | 125 | 58.7 | |
| Pulmonary Disease | | 22 | | 61,101 | * | * | 18 | 81.8 | |
| Radiation Oncology | | 19 | | 70,748 | * | * | * | * | * |
| Radiology & Diagnostic Radiology | | 86 | | 15,630 | 21 | 24.4 | 48 | 55.8 | |
| Rheumatology | | 24 | | 56,009 | 10 | 41.7 | * | * | * |
| Sports Medicine | | 31 | | 43,362 | 13 | 41.9 | * | * | * |
| Sports Medicine Orthopedic Surgery | | 12 | | 112,018 | * | * | * | * | * |
| Thoracic Surgery | | 21 | | 64,010 | * | * | 11 | 52.4 | |
| Urology | | 49 | | 27,433 | * | * | 18 | 37.5 | |
| Vascular & Interventional Radiology | | 19 | | 70,748 | * | * | * | * | * |
| Vascular Surgery | | 23 | | 56,444 | * | * | * | * | * |

Sources: AHA Physician Assistant (December 31, 2020), Population estimates as of July 1, 2019 and from the U.S. Census Bureau (Release date: December 2019)

* Counts and percentages for specialties with fewer than 10 physicians are not shown

** Only those 25 years or younger are included in People Per Physician

*** Only those 60 years or older are included in People Per Physician

Maine Physician Workforce Profile

| 2019-2020 | | | |
|--------------------------|-----------|--------------------------|-------|
| State Population: | 1,344,212 | Total Female Physicians: | 1,691 |
| Population ≤ age 24 | 353,060 | Total MD or DO Students: | 699 |
| Total Active Physicians: | 4,459 | Total Residents: | 308 |
| Primary Care Physicians: | 1,733 | | |

For additional data, including maps and tables, please see the 2021 State Physician Workforce Data Report online at www.aamc.org/workforce

| State Where GME Was Completed for All Active Physicians in State | | | |
|--|--------|---------|--|
| | Number | Percent | |
| Maine | 1,096 | 27% | |
| Massachusetts | 511 | 12% | |
| New York | 442 | 11% | |
| Pennsylvania | 281 | 7% | |
| California | 123 | 3% | |
| Connecticut | 109 | 3% | |
| Ohio | 105 | 3% | |
| Rhode Island | 96 | 2% | |
| Michigan | 92 | 2% | |
| New Hampshire | 88 | 2% | |
| All other states | 1,159 | 28% | |
| Maine | 1,096 | 50% | |
| New Hampshire | 131 | 6% | |
| Massachusetts | 114 | 5% | |
| California | 80 | 4% | |
| Washington | 56 | 3% | |
| New York | 49 | 2% | |
| Colorado | 45 | 2% | |
| Oregon | 44 | 2% | |
| North Carolina | 39 | 2% | |
| Vermont | 39 | 2% | |
| All other states | 508 | 23% | |

Practice Location of Physicians Who Completed GME in State

Notes:

GME = Graduate Medical Education

"All other states" includes physicians who completed GME in Canada.

Due to changes in the Census data tables, population data was only available for ages ≤ 24, compared to ages ≤ 21 in previous reports.

Source: AMA Physician Masterfile (December 31, 2020), Population estimates as of July 1, 2019 are from the U.S. Census Bureau (Release date: December 2019).

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