

State of Maine | 131st Legislature
Joint Standing Committee on Health and Human Services
Testimony of Emily Ferry on behalf of Maine Primary Care Association
April 6, 2023

Supporting:
LD 904, "An Act Supporting the Rural Health Care Workforce in Maine"

Sponsored by Representative Osher

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, I am Emily Ferry, Director of Workforce Initiatives 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.

Maine's 20 CHCs have long felt the impacts of primary care workforce shortages.¹ Rural areas, in particular, are experiencing critical challenges with access to care. Some commonly identified issues specific to our CHCs are increased retirements due to an aging workforce; difficulty hiring, recruiting, and retaining clinical staff and support staff (such as MAs and community health workers); 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 clinical support staff for employment at a CHC.

Hosting residents is of interest to many CHCs who understand the impact these opportunities could have on long-term pathways for MDs and DOs. When looking at medical schools, we know that 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%.²

Despite the desire to invest in staff, the capacity to provide training is a major challenge given workforce shortages that expand into both clinical and non-clinical roles. We encourage the Committee to ensure that this funding is flexible enough to support expanding the workforce; training and rotations, incentives, and placement programs should be available to support

¹ A recent survey from the National Association of Community Health Centers found that 68% of health centers lost between five and twenty-five percent of their workforce in early 2022, with a majority citing financial opportunities at a large health care organization as the main reason for departure:

<https://www.nachc.org/current-state-of-the-health-center-workforce/>

² Association of American Medical Colleges Report on Residents: <https://www.aamc.org/data-reports/students-residents/data/report-residents/2022/table-c6-physician-retention-state-residency-training-state>

pharmacy staff, nursing staff, medical assistants, and community health workers, in addition to physician training.

Additionally, we would strongly encourage the Committee to consider increasing the funding allocated to this effort. The current amount is only a drop in the bucket of what is needed by host sites as they build out the necessary infrastructure to support students.

On behalf of Maine's Community Health Centers, thank you for considering our comments. Please do not hesitate to contact me directly at eferry@mepca.org with any follow up questions.

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