

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

Public Hearing: Tuesday, May 2, 2023 1:00 PM, Cross Building, Room 206

Senator Curry, Representative Roberts, and distinguished members of the Committee on Innovation, Development, Economic Advancement, and Business:

I'm Austin Vaughan, a student completing my second year at the University of New England College of Osteopathic Medicine. My third-year rotation will be in Lewiston, after which I hope for a residency and ultimately a medical practice in rural Maine. I'm privileged to provide the following testimony on behalf of both the college and the Maine Osteopathic Association.

I'd like to share some personal background relevant to this topic. I grew up in a suburb of Tampa as one of four children with an incredible family pediatrician, so I wasn't exposed to disparities in healthcare until I volunteered in northern Florida during my time at Florida State University. There, the unevenness of the landscape was laid bare as I saw inequities such as a single nurse practitioner attempting to care for an entire town. After graduation, I worked for the Muscular Dystrophy Association in New Jersey, where I saw the juxtaposition of 30-person care teams at Children's Hospital of Philadelphia against families who couldn't even access travel to a 3-staff team in Newark. Those experiences shaped my desire to be a physician for the underserved, and as a National Health Service Corps Scholarship recipient, I have committed my service to communities like those I came across years ago.

According to the Maine CDC, Maine is the most rural state in the nation and 40% of its population lives in a rural county.¹ Compared to other states, Maine is above average in rates of physicians per population, ranking 9th in 2018. However, there are concerning caveats to that statistic:

1. More than half of Maine's physician workforce is older than 55.
2. More than one-third of the doctors in rural areas are older than 60.²

This suggests a near future in which access to care will be even more limited for many rural residents – unless we can find innovative ways to bring new healthcare providers to these areas.

At the University of New England College of Osteopathic Medicine, only about one-third of my classmates will stay in Maine to do their third-year rotations, either at one of four clinical campuses or at Longitudinal Integrated Clerkships (LIC), which are singular, rural training spots dispersed throughout the state. But there is demand for more opportunities! Three of the most requested spots were in Maine (Augusta, Lewiston, and Biddeford), and the LIC program has an interview process in order to meet demand properly. Those students who don't get selected for

Maine must choose rotations elsewhere in New England – losing an additional touchpoint with Maine and specifically with our rural communities.

Data shows only 17% of students who do undergraduate medical education in Maine end up practicing here, but over 50% of those who do graduate medical education remain.³ There are other influencing factors for each case, but the fact that students who train in Maine are 3 times more likely to stay is not a coincidence. Third- and fourth-year rotations, along with residencies, are the time that future doctors make connections in the field, put down roots, and even start families. It should be a concerted effort of all who have the welfare of Mainers at heart to keep those healthcare providers in the state, and LD 1797 is a way to do just that.

LD 1797 is an investment in Maine's healthcare system that has the potential to **save** money in the long run. As an example, The Teaching Health Center Graduate Medical Education Program, started a decade ago under HRSA, has increased opportunities for providers to train in rural areas, where they are statistically more likely to stay and practice than peers who did not participate. Additional analysis shows the program could save up to \$2 billion nationally in public program savings by improving access to low-cost care for underserved communities, as well as teaching students how to provide cost-effective care.⁴ An investment now will benefit not only health outcomes of patients and access to care but will have the potential to save the state money long-term.

Granting medical students and residents increased access to these rural communities will heighten their understanding of the social determinants of health that disproportionately impact rural areas. It will increase their connections to communities that are at increased need of longitudinal care providers. And it will allow those who already have a desire to serve those communities additional opportunities to follow that passion to the benefit of Mainers across the state. For these reasons, I ask you please to support LD 1797.

Thank you.

1. <https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/rural-health.shtml>

2. <https://mainepolicy.org/how-will-maine-address-its-shortage-of-medical-professionals/>

3. <https://www.aamc.org/data-reports/students-residents/data/table-c6-physician-retention-state-residency-training-state>

4. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/cogme-april-2022-report.pdf>