



Henry L. Ingwersen
Senator, District 32

THE MAINE SENATE
132nd Legislature

3 State House Station
Augusta, Maine 04333

**Testimony of Senator Henry Ingwersen presenting LD 1311, “An Act to Expand Maine’s Health Care Workforce by Improving Educational Opportunities”
Before the Joint Standing Committee on Health and Human Services
April 4, 2025**

Chair Meyer and my colleagues on the Joint Standing Committee on Health and Human Services, I am Senator Henry Ingwersen, and I am presenting LD 1311, “An Act to Expand Maine’s Health Care Workforce by Improving Educational Opportunities.”

As we all know, Maine is facing significant health care workforce shortages, particularly in rural and underserved communities. These shortages have serious consequences, including reduced access to care, delayed treatment, and poorer health outcomes. To address these shortages, it is essential that we invest in clinical training and residency programs that prepare the next generation of health care professionals.

To give you some idea of the acute nature of Maine’s health care workforce shortages – the Organization of Maine Nurse Leaders estimates that Maine was lacking 2,115 Registered Nurses in 2024, and that number is expected to grow to 2,817 RNs by 2030. The Maine Hospital Association estimates that its member hospitals need an additional 250 Respiratory Therapists to meet current needs. A recent survey of behavioral health providers in Maine showed a 21% vacancy rate for mental health clinician positions. And demographics will exacerbate these shortages in the coming years. A recent Maine Department of Labor health care occupations report noted that approximately 30% of Maine’s current health care workforce are over the age of 55.

LD 1311 establishes the Maine Health Care Education Training and Medical Residency Fund, which will provide \$5 million annually to support health care workforce development in rural and underserved communities. This funding will be used to expand clinical rotations, residencies, and preceptorships, as well as support innovative solutions and technological advancements in health care education.

DHHS has engaged in similar work in recent years, utilizing American Rescue Plan funds to support the MERGE Collaborative¹ and the Building ME program², which are two collaborative efforts aimed at increasing the number of clinical rotations, preceptorships, and residences across the state.

¹ <https://mergecollaborative.org/about/>

² <https://clinicalrotationsinmaine.org/about/>



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These collaborations have been very successful, but federal funding is running out. The intent of this bill is to create a Fund within the department that would be used to continue this important work. If we let these programs lapse, then we will lose the momentum we have built in recent years and backslide in meeting our health care workforce needs.

Clinical training and residencies are critical to meeting our health care workforce needs. Students are required to complete such training; however, Maine does not have enough opportunities to accommodate all of the students who are pursuing their education here. Clinical training provides hands-on experience and exposure to local communities, increasing the likelihood that students will choose to practice in these areas.

Unfortunately, many Maine students have to move out of state to complete their clinical rotations and residencies. As you can imagine, many of these students end up settling in the communities in which they train, as opposed to returning to Maine to practice. By investing in these training programs, we can attract and retain top talent, improve health care access, and enhance the overall quality of life in Maine.

One note for the committee – my intent in sponsoring this legislation was to support clinical training opportunities for a wide range of health professions. We may need to work on an amendment in order to make this clear since it's possible that, as drafted, this language could be construed to just apply to medical students and residents. It is my hope that our capable analysts can work with the stakeholders to ensure this legislation supports training for many different health professions.

Thank you for considering this important bill. This legislation has the potential to make a meaningful difference in the lives and health of Mainers, particularly those living in rural and underserved communities. By investing in our health care workforce, we can ensure that all Mainers have access to high-quality, affordable care for years to come.

I urge this committee to vote Ought to Pass on LD 1311, I'm happy to answer any questions you may have.

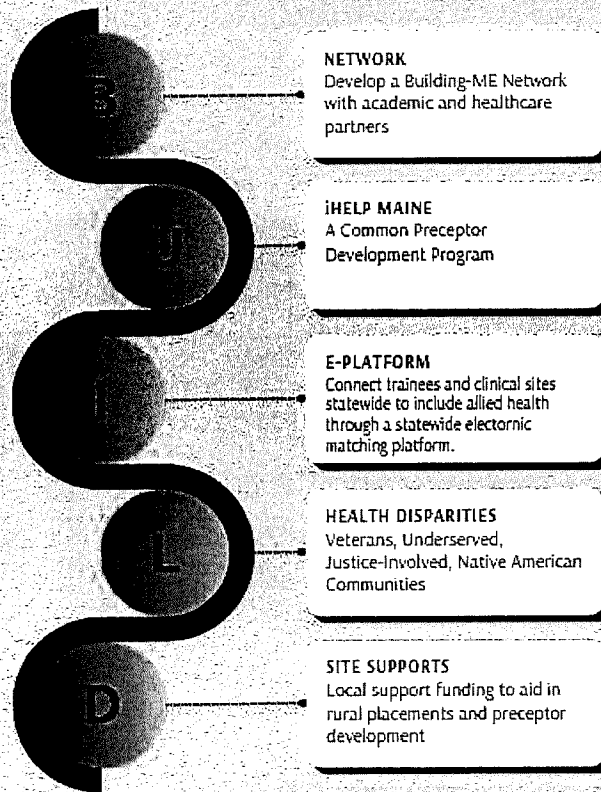
Thank you for your time.

Henry Ingwersen
State Senator, District 32

*Chair, Health and Human Services Committee * Agriculture, Conservation, and Forestry Committee*
*State House: (207) 287-1515 * Fax: (207) 287-1585 * Toll Free: 1-800-423-6900 * TTY: 711*
*Henry.Ingwersen@legislature.maine.gov * legislature.maine.gov/senate*

Proudly representing Senate District 32: Arundel, Biddeford, Dayton, Hollis, Lyman

CREATING A STATEWIDE NETWORK



Grant: Building-ME Network

Principle Investigator: Kneka Smith

Program Manager: Meredith Bullard



Focusing on five strategies to increase clinical rotations, preceptors and preceptorship education in rural and underserved communities from phlebotomy to physician.

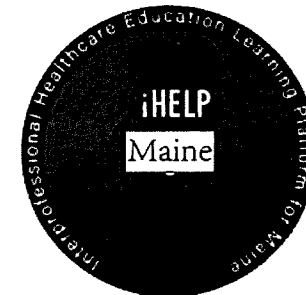
clinicalrotationsinmaine.org

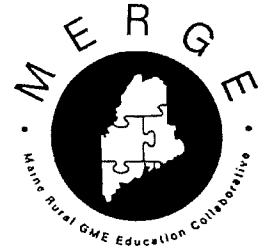
\$650,000

Funding via Maine DHHS Health Equity Grant

\$50,000

Peter and Carmen Lucia Buck Foundation





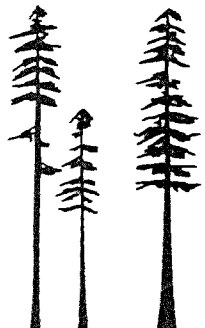
The MERGE Collaborative

Leveraging Graduate Medical Education to meet Rural Maine Healthcare Needs

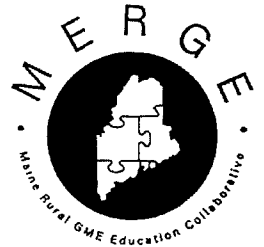
Kalli Varaklis, MD, MEd

PI, MERGE Collaborative

MaineHealth Designated Institutional Official



MERGE Collaborative




Mission: To collaborate to create a state-wide infrastructure for the purpose of increasing access to high quality GME rural training

Funded by a generous grant from the Maine Department of Health and Human Services

January 1, 2023 – December 31, 2024

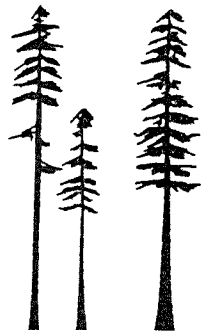
Partnering
Institutions

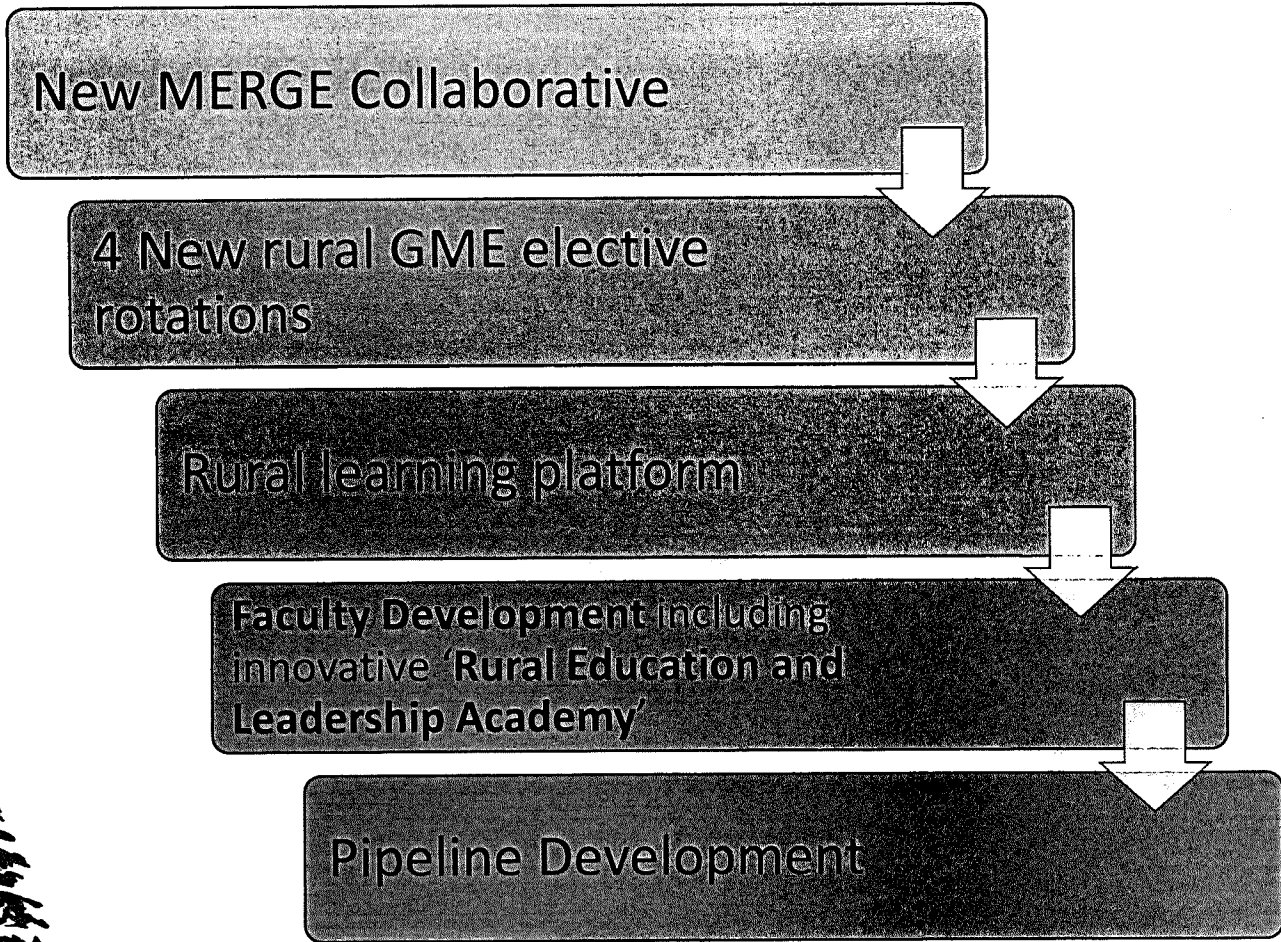
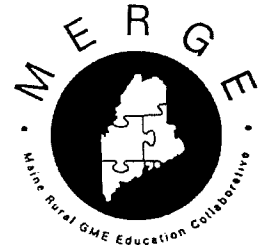
 Northern Light Health.

 **Central Maine
Healthcare**

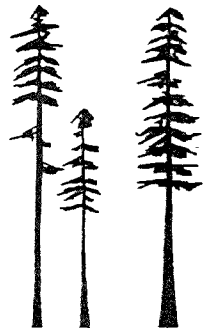
Maine-Dartmouth
MDFMR
Family Medicine Residency

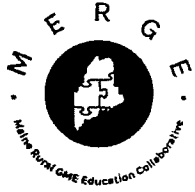
 **MaineHealth**





Five MERGE Deliverables





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[MERGE Annual Conference](#)

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Maine Rural Graduate Medical Education Collaborative

Welcome to the MERGE Collaborative

want to...

- Participate in a rural GME residency elective in Maine
- Create a clinical opportunity for GME learners in my rural practice
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- Learn about our Summer Internships

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 Northern Light Health

 **Central Maine Healthcare**

Maine Educational
MDFMR
Family Medicine Residency

MaineHealth



New MERGE Collaborative

- Collaborative of 4 Maine-based GME institutions co-creating new rural GME rotations
 - High quality, competency-based, common evaluations
- Executive committee
 - Oversight, guidance and adherence to mission
- *Collaborative strategic planning*



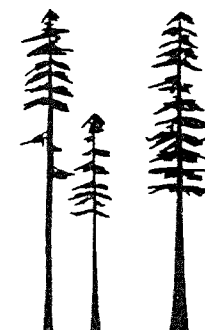
Partnering
Institutions

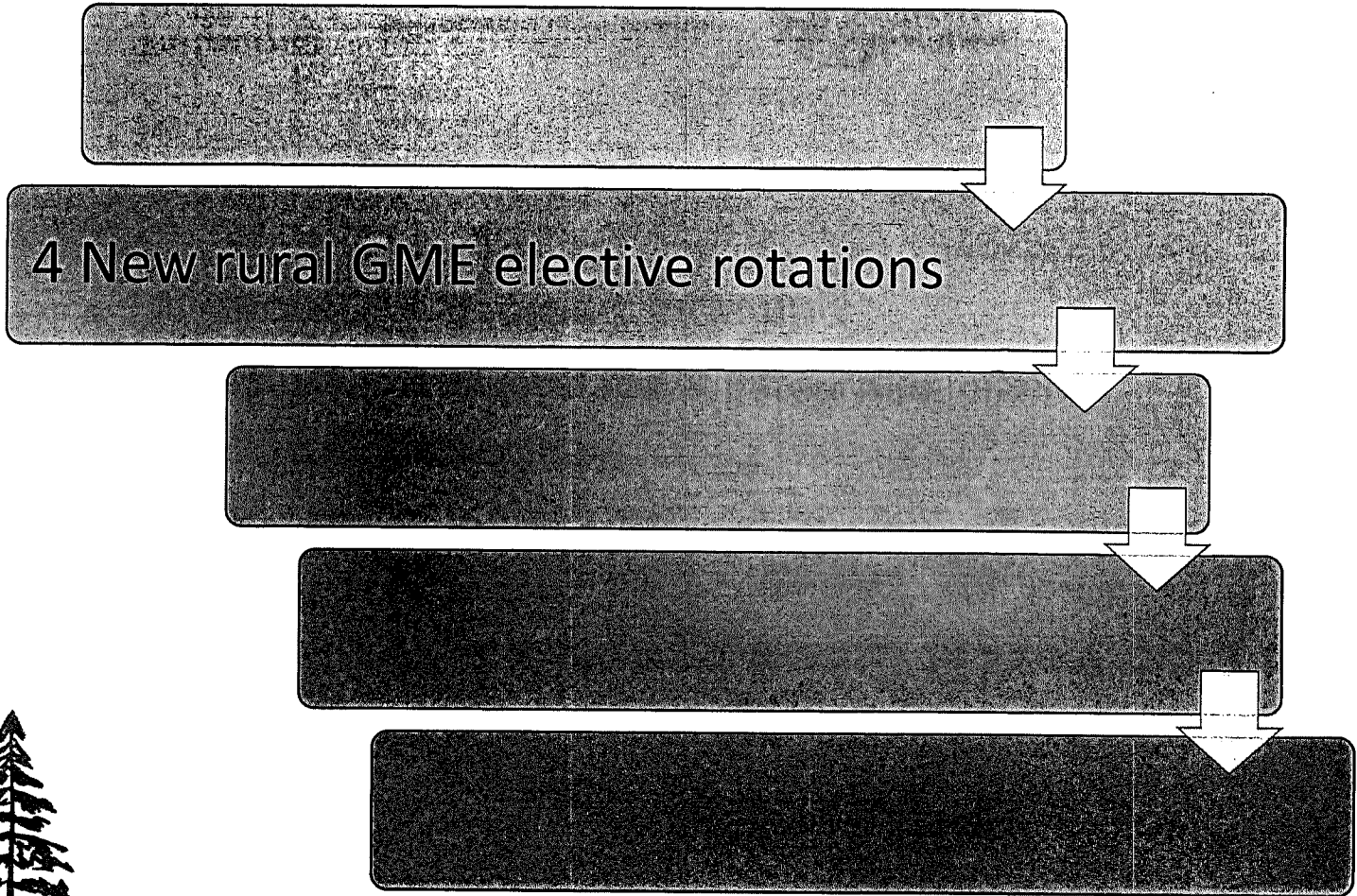
 Northern Light Health.



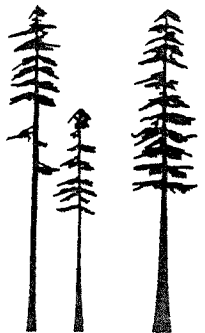
Maine-Dartmouth
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Family Medicine Residency

MaineHealth





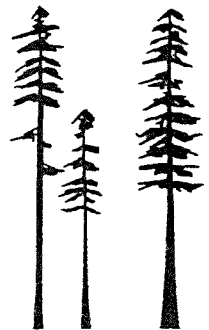
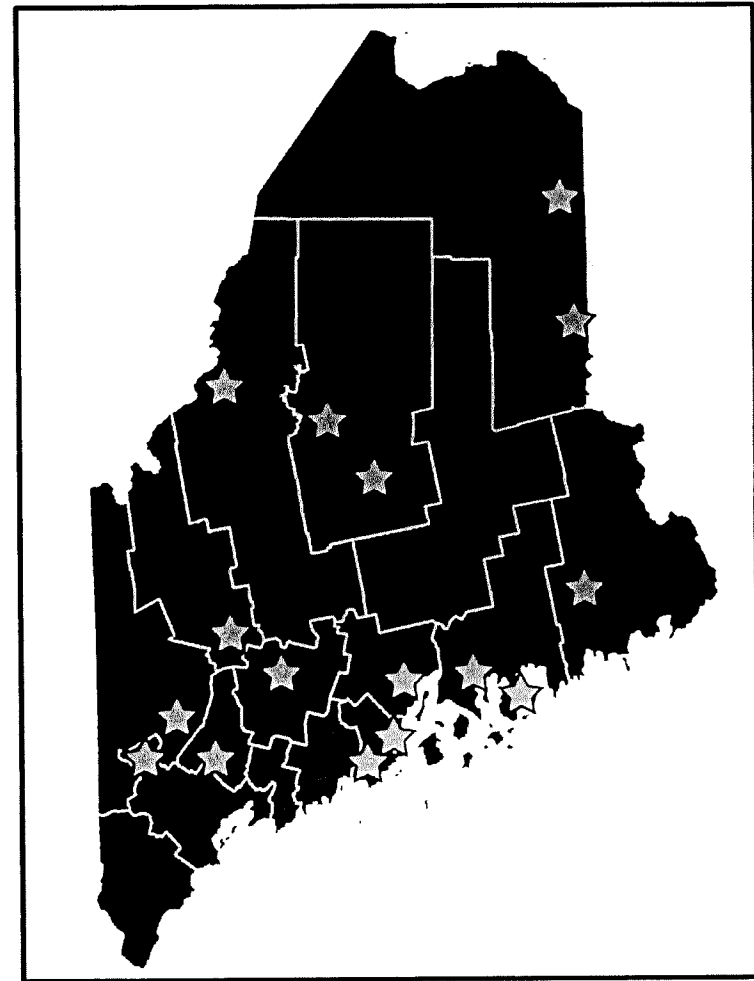
Five MERGE Deliverables

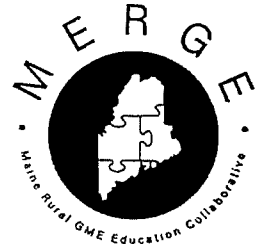


35 new rural rotations

13 different specialties

- Hospitalist Medicine
- Internal Medicine
- Ob/Gyn
- Family Medicine
- Pediatrics
- Direct Primary Care
- Emergency Medicine
- Psychiatry
- Addiction Medicine
- Geriatrics
- Carceral Medicine
- General and Vascular Surgery
- Farmworker Health



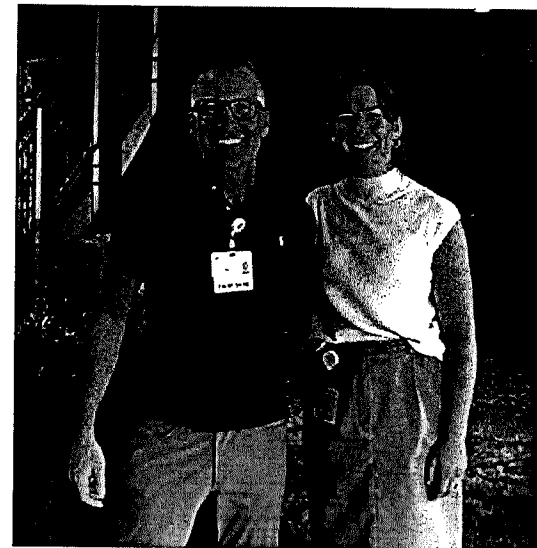


GME Learners...

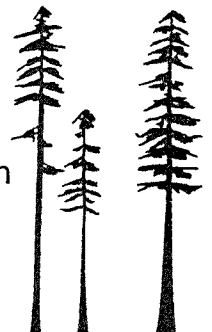
First rural elective launched July 2023
(when academic schedules for 23/24 had already been established....)

In 19 months...

- 45 Rural elective rotations completed
- 12 more scheduled already for 2025
- Marketing to residents within Maine and Maine medical students doing residency training outside of Maine



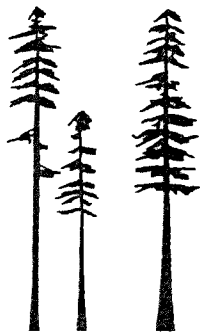
Dr. Rachel Heuer, MMC IM
Dr. Steve Goss, IM Hospitalist, Franklin



Outcome data



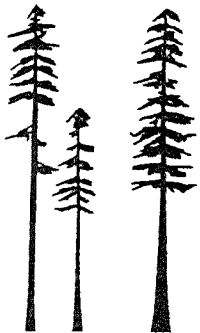
- 10 residents who have completed a MERGE elective graduated June 2024
 - 60% (6) are practicing in rural areas
 - Maine – Redington Fairview in Skowhegan
 - Maine – Mount Desert Island Hospital in Bar Harbor
 - Minnesota (“My positive experience with MERGE had a big impact on my decision”)
 - Montana (moving closer to family)
 - Indian Health Service
 - Rural Ontario, Canada
 - 2 are working in Lewiston (not technically rural, but serving rural patients)
 - 2 are doing a fellowship (one planning to return to Maine)

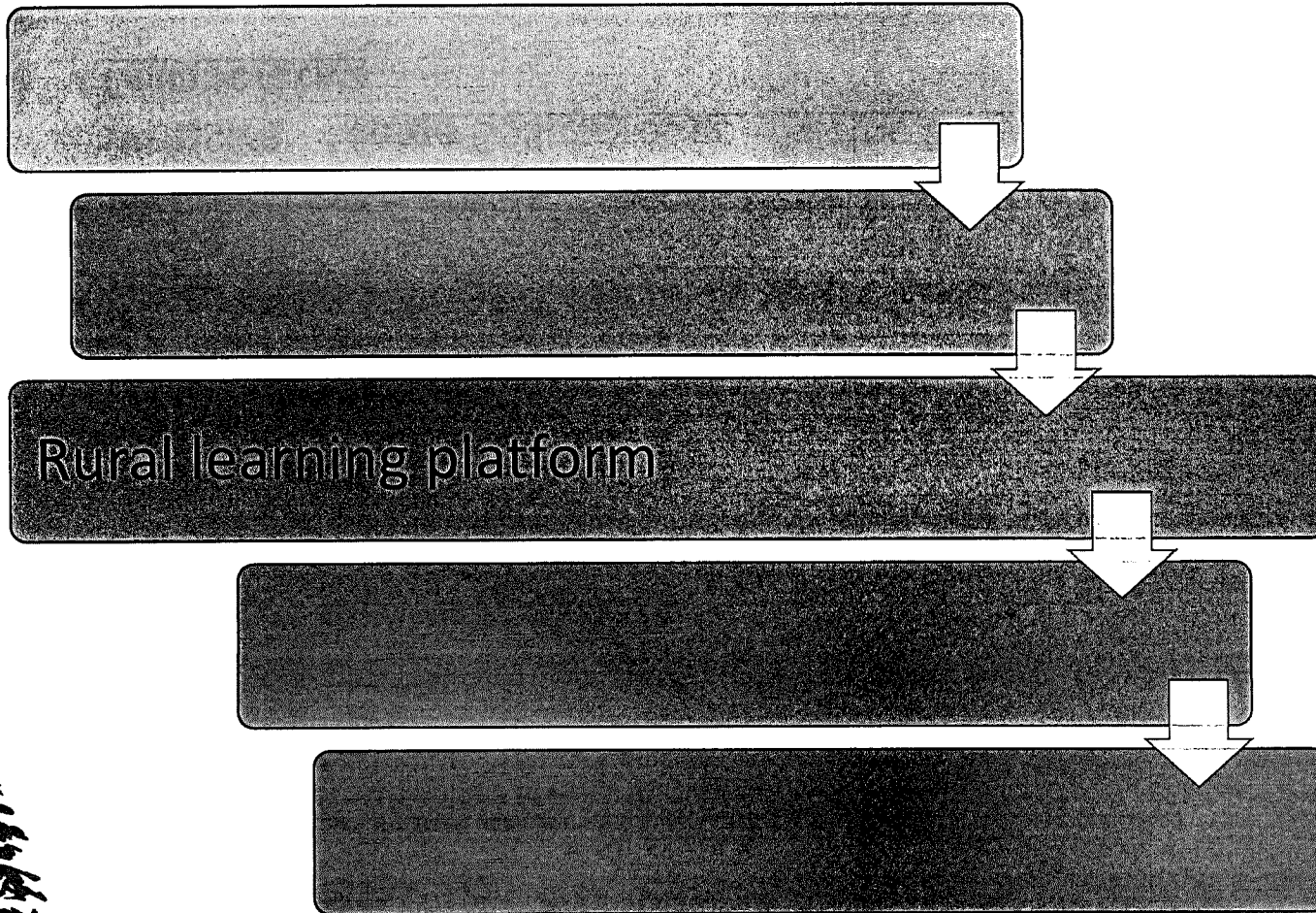
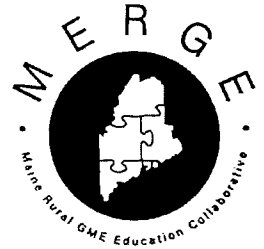


Outcome data – is MERGE working to retain physicians practicing in rural Maine?

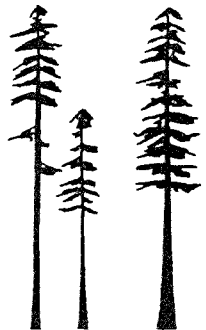


- It's too soon to tell...
 - Only 19 months since the first elective rotation
- Likely attracting residents already interested in rural practice
 - Which is fine – the elective may be helping assuage concerns residents have about working in rural settings
- MERGE may never be able to claim causative link
 - But we'll try 😊





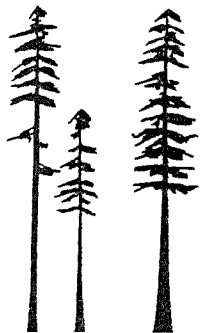
Five MERGE Deliverables



Interprofessional Healthcare Education Learning Platform for Maine (iHELP-ME)



- Learning platform developed to serve all rural healthcare learners, teachers and preceptors
 - Resources focused on rural, medically-underserved and Maine-specific resources
 - DEI resources
- Co-created in partnership with Building-ME grant
- Housed on Canvas™ accessible from the MERGE Collaborative website [Merge Collaborative – Maine Rural Graduate Medical Education Collaborative](#)





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Faculty & Training Sites Grand Rounds Publications and Presentations Contact Us

iHELP Maine – A State-Wide Learning Platform



iHELP Maine – A State-Wide Learning Platform

The Interprofessional Healthcare Education Learning Platform – or iHelp Maine – is a public resource for all healthcare providers in the state of Maine, made possible by the MERGE Collaborative and Building-ME Network grants from the State of Maine Department of Health and Human Services.

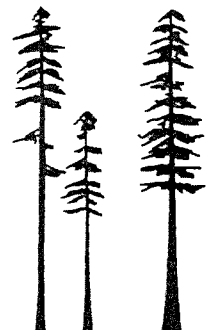
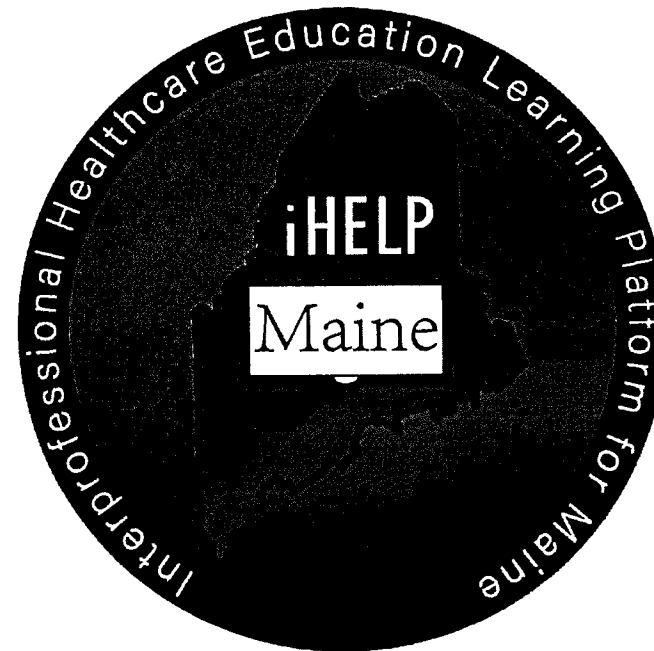
[Click here to access the iHELP Maine Learning Platform](#)

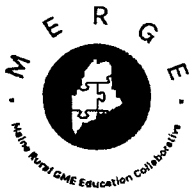
New update released 10/14/24!

The iHELP Maine platform has been updated to ensure up to date resources that best support healthcare educators and preceptors across the state. Key updates include:

- Featured precepting and teaching resources, including quick links to general resources and refreshers
- Detailed teaching content including information about specific settings and techniques
- Grouped resources, curated by top needs such as population health resources, DEI & cultural humility, research info and more!
- A new “Rural Resource” marker denotes articles specifically about a rural setting or supporting a rural competency.

The goal is to provide up-to-date content relevant to Maine’s unique healthcare needs – especially in rural and underserved communities.





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Maine Rural Graduate Medical Education Collaborative

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Maine Rural Healthcare Education Grand Rounds

- Monthly Grand Rounds
 - Archived
 - Free CME
- Interprofessional content
- “Virtual Connects”
- Maine Medical Center weekly Internal Medicine Grand Rounds link shared broadly
- Oncology Grand Rounds link

Maine Rural Healthcare Education Grand Rounds Archives

January 12th, 2024 - Dr. Kalli Varaklis - "Teaching in the Rural Outpatient Setting"

February 9th, 2024 - Dr. Annie Derthick - "Competency-Based Evaluation and Assessment"

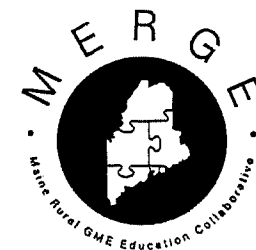
March 8th, 2024 - Dr. Jim Jarvis - "Billing for Things Learners Do"

April 12th, 2024 - Dr. Jason Hine - "Time Efficient Teaching - Presented by Dr. J..."

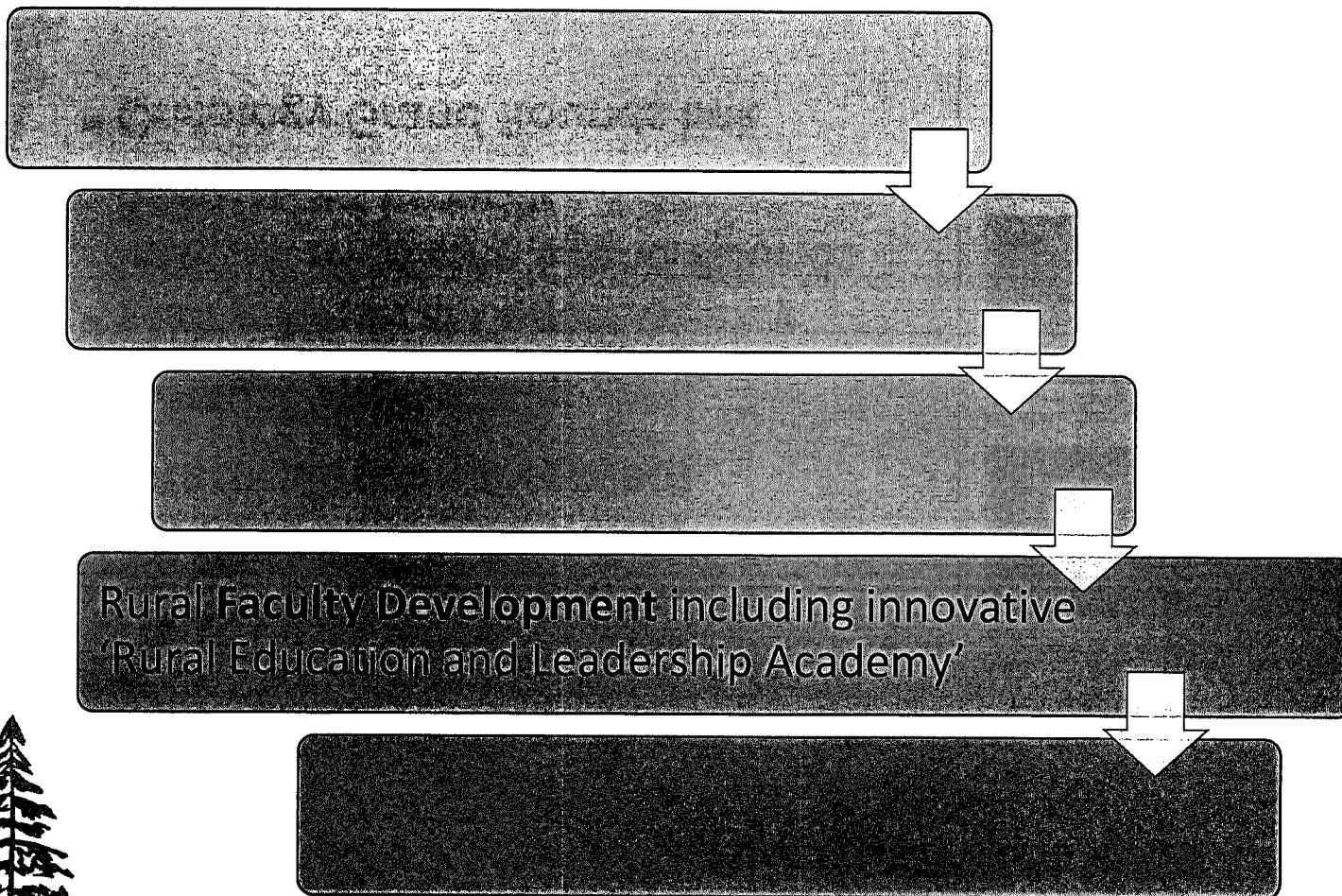
May 10th, 2024 - Dr. Cheryl Seymour - "Structural Competency and Migrant Farmworker Health"

June 14th, 2024 - Eva Querion, NP, PhD - "Integrating Addiction Care into Healthcare Provider Education"





Five MERGE Deliverables



Co-Directors:

Annie Derthick,
PhD

Associate Program
Director, FM Residency,
CMMC

Kalli Varaklis
MD, MSED
DIO MaineHealth

Rural Education Leaders Academy (RELA)

- First longitudinal cohort included 7 rural physician faculty and 3 interprofessional members creating a **rural faculty learning community**
- Develop local rural education leaders who can advocate for medical education
- These faculty were subsidized over 18 months to:
 - Attend competency-driven education, leadership and mentoring sessions
 - Develop and execute a medical education scholarly project to benefit rural learners

Co-Directors:

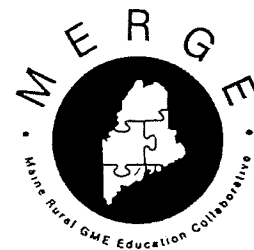
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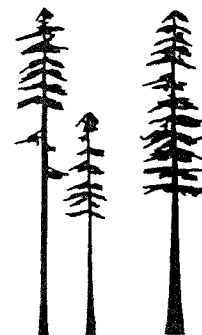
Rural Education Leaders Academy (RELA)

- **SECOND** cohort started January 2025
- Course modified from 18 months to 12 months
- 4 in-person sessions
- Scholarly project is a medical education quality improvement project



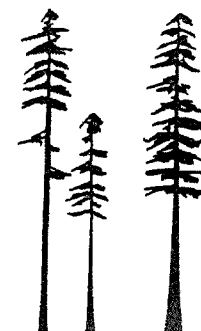
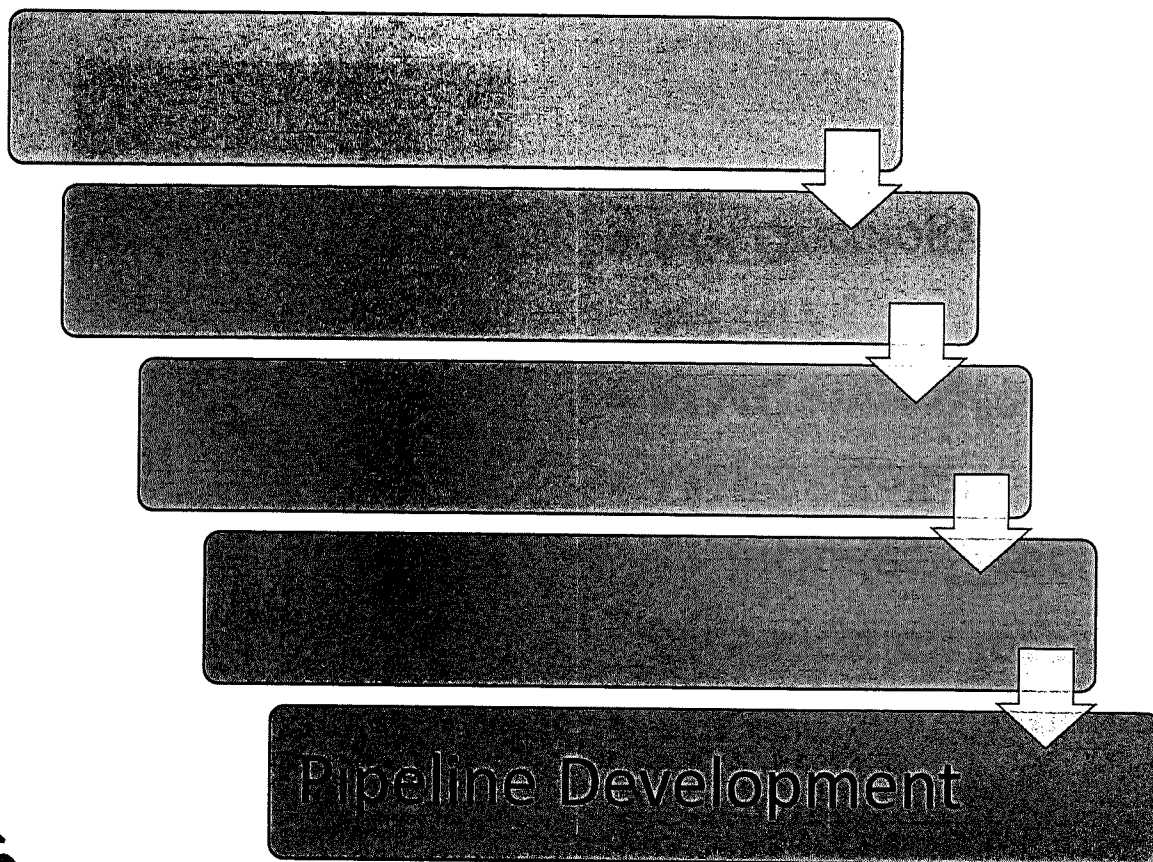
Faculty
Development
to support
Rural
Practitioners
teach and
precept GME
learners

- “GME Slam” faculty development presentation for new preceptors
 - Includes “*Teaching the iGEN learner*”
- MERGE Collaborative monthly Grand Rounds
- MMC Internal Medicine Grand Rounds link weekly
- MH Oncology Grand Rounds link monthly





Five MERGE Deliverables





Supporting Pipeline

Summer internships for medical students engaged in rural research

- 4 students each year (2023 and 2024) selected a top healthcare concern for their rural county (Maine CHNA reports)
- Prepared a policy brief for local healthcare leaders, and present poster at MERGE Collaborative conference
- Support for one post-graduate student at Muskie School of Public Health





MERGE Policy Brief 2023 – Washington County



Expanding Perinatal Support for Individuals with Opioid Use Disorder in Washington County



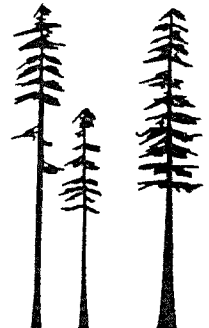
Opioid Use Disorder Treatment Access

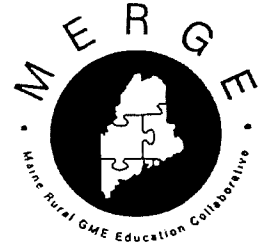
Washington County has one of the highest rates of substance affected infants born annually in Maine at 139.2 out of 1000 live births compared to a state average of 73.7.¹ A portion of these infants have a condition called neonatal opioid withdrawal syndrome, during which infants go through the process of opioid withdrawal from maternal opioid use during pregnancy.² Treatment during pregnancy for opioid use disorder (OUD) can lower the instances of neonatal withdrawal syndrome.^{3,2} This treatment is best accomplished in a wraparound model, where patients are not only receiving medical treatment for OUD and prenatal care, but are also provided with peer support, counselling, and other resources.^{3,4} There are many barriers to access this treatment and support in Washington County for these individuals. Some of these barriers are physical, as Washington County is a large county without a strong public transportation system. Other barriers include the stigma that many of these individuals face in medical settings as well as in community settings.⁵ There are many existing organizations in Washington County that work collaboratively to address many of these barriers to access and to provide support. Organizations such as the Community Caring Collaborative's Connection Initiative, Maine Families, Healthy Acadia, Safe Harbor Recovery Home, Peer Recovery Centers, and Aroostook Mental Health Center create this network of support.⁶ There are still changes that can be made and resources that can be added to further provide treatment for these individuals.

Recommendations

Invest in Referral Specialists in Hospitals in Washington County

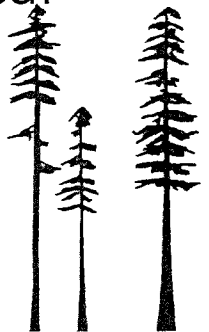
There are many excellent organizations in Washington County that are working to support individuals with opioid use disorder during the perinatal period. Unfortunately, there is often a gap between the two existing hospitals and those resources. Due to limited resources and time in the hospital setting, it is difficult for hospital staff to know enough about those resources to refer individuals from the Emergency Department or inpatient setting. This is made more difficult by the staffing of the hospitals with traveling physicians and nurses that might not be familiar with the resources in the community. A referral specialist would be able to make those connections and bridge the gap between

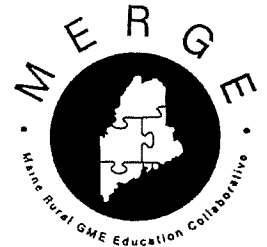




Rural Northern Borders HRSA grant

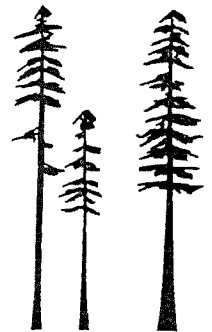
- Award received in October 2024
- Develop “Rural Obstetrics Training Intensive”
 - Longitudinal rural OB training rotations
 - 6 partners across Maine and NH (so far)
 - Develop rural Ob curriculum to accompany rural OB clinical training, mentorship and education
 - Informed by patients and providers



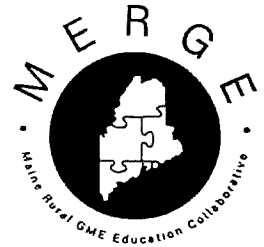


Funding Updates

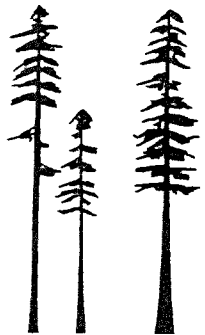
- Received funding from the Peter and Carmen Lucia Buck Foundation (PCLB) to support the 2024 internship and RELA programs.
 - This helps support the internship and RELA in 2025
 - Will be re-applying for next year
- Received funding from AgingME2 HRSA GWEP grant for an educational specialist to develop Geriatric curriculum for learning platform



MERGE Collaborative Next steps...



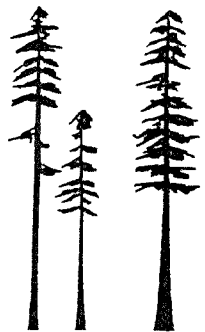
- Continue developing GME rural rotations
 - Focus on Northern Maine – 3 additional rotations in development
 - Hematology/Oncology rural rotation
 - Geriatrics *interprofessional* learning initiative
- Continue to recruit learners
 - Training in Maine, Mainers training outside of Maine
 - Acad Med 2018: “...a rural upbringing was the most common predictor of entering rural practice”
- Evaluate learner and faculty feedback to improve educational experiences
- Sustainability funding....





Scholarly Activity

- RELA Scholars scholarly project completion
- Scholarly presentations and publications
 - Northern New England CoOP Practice and Community Based Research Network conference (January 2025)
 - Invited editorial “Journal of Maine Medical Center” February 2025
 - STFM Conference for Medical Student Education January 2025
 - Medical student policy brief project
 - New England Rural Health Association presentation (fall 2023)
 - Maine Hospital Association conference (June 2024)
 - RELA project is innovative, publication



Thank you! MERGE GME Directors



Maine-Dartmouth
MDFMR
Family Medicine Residency



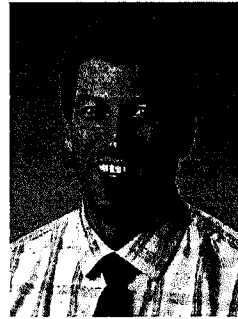
Dr. Kate Hoffmann
MD-FMR Program
Director

 **Central Maine
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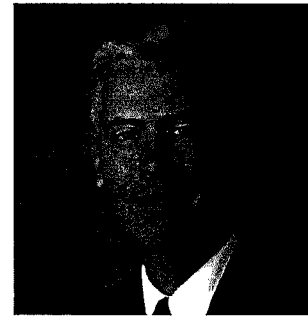
Annie Derthick, PhD
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RELA Co-Director

 **MaineHealth**

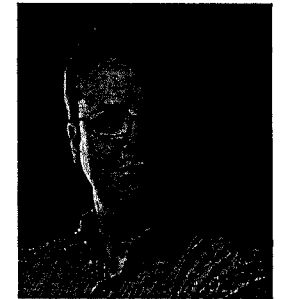


Tom Gearan, MD
Associate DIO
MMC-MaineHealth

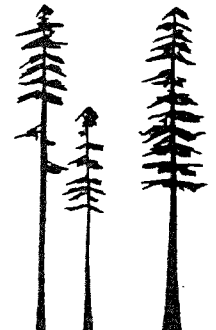
 **Northern Light Health.**

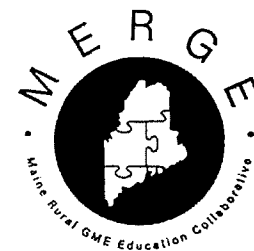


Jim Jarvis, MD
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Questions?



Partnering
Institutions

