OFFICE OF THE PRESIDENT

Joint Standing Committee on Innovation, Development, Economic Advancement and Business

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

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Senator Curry, Representative Roberts, and members of the Joint Standing Committee on Innovation, Development, Economic Advancement and Business: My name is James Herbert, and I serve as the President at the University of New England. Thank you for giving me this opportunity to voice my support of this pending legislation. I hope my thoughts on LD 1797 will be helpful in establishing just how critical it is for Maine to act now to address its health care workforce shortage.

As president of the University of New England (UNE), I lead Maine's largest private university, with campuses in Biddeford and Portland, Maine, and in Tangier, Morocco. We are a comprehensive university that houses Maine's only medical school and only physician assistant program, and northern New England's only dental school. We take great pride in being a private university with a public mission and are deeply integrated into communities across the state with a particular focus on addressing critical workforce needs, especially, though not exclusively, with respect to the health care workforce. UNE is the number one provider of

health care professionals for the state of Maine, graduating each year a new crop of osteopathic physicians, physician's assistants, dentists, pharmacists, nurses, nurse anesthetists, physical therapists, occupational therapists, dental hygienists, and other health professionals, many of whom stay in Maine to live and practice.

As I'm sure you know, Maine's population is the oldest in the nation, and Maine is tied with Vermont as being the most rural state. Our health care workers are also among the oldest in the country, with many practitioners approaching, or even practicing beyond, retirement age. As such, the challenges we face are harbingers of what the rest of the country will increasingly confront as our nation ages and as urbanization creates pockets of underserved populations in our cities as well as in our remote rural areas. We have an opportunity now to offer innovative solutions that might soon serve as a model for other states addressing looming provider shortages to emulate.

Maine's shortage in health care professionals is felt especially keenly in rural and underserved areas where there simply are not enough physicians, nurses, and other health professionals. For many years, UNE has been working with Northern Light, MaineHealth, Maine General, Central Maine Healthcare, the Maine Hospital Association, and the Maine Primary Care Association, among others, to address these shortages. As a result, our UNE College of Osteopathic Medicine graduates make up the majority of physicians in every health care system in Maine, with 67% of them practicing primary care. Progress is being made, but there is still much work to be done.

Earlier this year, in February, I was honored to be invited by Senator Bernie Sanders of Vermont and our own Senator Susan Collins to testify before the US Senate Committee on Health, Education, Labor and Pensions (HELP) on solutions to address the health care workforce crisis in America. I discussed how Maine is a microcosm of the larger national problem, as well as how UNE is doing our part to address the challenge. I won't reiterate that testimony in detail here, but I will be happy to provide it to you upon request. I would, however, like to highlight three key points I made in my testimony that are especially relevant to the proposed legislation. First, I would emphasize the need for support for clinical training in hospitals and clinics in

underserved areas, especially rural areas, across Maine. Second, I would express the benefits of making strategic loan repayment programs available as a way of addressing the maldistribution of health care providers by incentivizing providers to practice in underserved rural areas. And third, I would voice my support for funding to expand our clinician educators across the state. The proposed legislation will help fund precisely these kinds of initiatives.

Our experiences at UNE have taught us that clinical training in rural areas is particularly important to addressing Maine's provider shortage because our data show that following graduation many students settle and practice in, or near, those areas where they trained. In fact, two of the best predictors of where a physician will practice is where they do their clinical training, (e.g., years three and four of medical school and their residency, in the case of physicians), and where their partners are located. For example, from 2012 to 2018, 53% of UNE College of Osteopathic Medicine graduates who completed their third-year training in Maine community hospitals returned to practice in those communities later, regardless of where they did their residency or where their original home town was. 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 our College of Osteopathic Medicine graduates who complete their residencies in Maine subsequently stay in Maine to practice. This tells us that we should ensure that Maine has ample clinical training opportunities for medical students and residents, so that the students we're training can become embedded in Maine communities and return to practice here upon completing their programs. Unfortunately, Maine has a dearth of training opportunities for both third- and fourth-year medical students and for medical residents.

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

retain 108 physicians. Our capacity is limited because medical students need to be trained by physicians, and Maine has a physician shortage. The fact is that training medical students results in decreased productivity by approximately 25%, meaning if a doctor can typically see four patients in an hour without a medical student, they can only see three patients with a student in tow. Our 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.

It is precisely these types of limiting factors that LD 1797 seeks to remedy by establishing new clinical training opportunities for third- and fourth-year medical students in the rural parts of the state, funding incentivized loan repayment programs, supporting the Doctor's for Maine's Future Scholarship Program, and offering tax credits for new nurses who practice in Maine. While these efforts won't completely solve the problem, the legislation represents an investment made in partnership between state government, Maine people, hospitals and clinics, and academic institutions that will go a long way to addressing the health care workforce crisis in Maine, and particularly in its rural areas.

I should hasten to add that none of the proposed funding would go to UNE directly, although it would assist our students, graduates, and partners across the state. And, most importantly, it would benefit Maine people. Thank you for the opportunity to comment on this legislation. I will be happy to discuss any of these issues further upon request.

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