

Testimony before the Joint Standing Committee on Education and Cultural Affairs
In Support of **LD 853**: An Act To Encourage Maine Residents
To Attend Medical School and Practice in Maine

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March 23, 2009

Good afternoon Senator Alfond, Representative Sutherland and members of the Joint Standing Committee on Education and Cultural Affairs. My name is Kevin Lewis, CEO of the Maine Primary Care Association which represents the primary care safety net in Maine – our state’s Federally Qualified Health Centers and Indian Health Centers which rely significantly on public policy driven incentives that help grow the supply of primary care providers who are willing to practice in underserved areas of our state. Furthermore, as a non-profit that has supported hundreds of students and residents through rural rotations among our safety net (most recently as an AHEC Center), we are familiar first hand with the challenges of increasing the supply of primary care providers willing to practice in rural and underserved areas.

Our position on LD 853 stems from our support for:

- *the growth of medical education within Maine;*
- *the use of ARRA funds to subsidize medical education in Maine for Maine students;*
- *an ongoing public subsidy to lower the financial threshold for students to enter medical school;*
- *a program that promises to have a powerful effect on raising student aspiration to apply and attend medical school;*
- *the existence of these emerging joint ventures between Tufts and Maine Medical Center, and UVM and Eastern Maine Medical Center alongside our longstanding medical school at UNE to create broader avenue for medical students to be directly connected to Maine’s communities and hopefully matriculate into one of Maine’s family practice residencies.*

Overall, MPCA supports LD 853 on the grounds that it also provide an equivalent or greater cultivation of primary care clinicians who wil practice among Maine’s underserved communities.

Across the nation, we have witnessed a plummeting of medical student interest in primary care. According to multiple media sources last fall, 4th year medical student intentions to enter primary care have plummeted from 9% in 1990 to just 2% in 2008. The dearth of primary care is a life and death situation for communities without sufficient access: the literature has demonstrated that inadequate access to primary care leads to an increase of infant mortality, overall rise in death rates, and higher incidence of death due to cancer and cardiovascular disease.

Here in Maine we have a longstanding problem of inadequate numbers of Maine university & college graduates bound for medical school. Last year, according to FAME, just 30 matriculated into medical schools – and most of them were connected with FAME’s ACCESS program. Meanwhile, we are experiencing a 20% vacancy rate across Maine’s primary care practices.

We know of two predominant predictors of an ongoing medical practice in Maine: being from Maine and/or conducting one's medical residency here in Maine. The proposed scholarship program will certainly encourage more Maine students to enter medical school. However, without greater stipulation on how the scholarship is tied at least in part to primary care, it is not a given that the proposed program will lead to greater placement rates in one of Maine's five family practice residencies or eventual practice in our underserved areas. Without a condition on rural rotations or eventual primary care practice in rural Maine, and without an ongoing loan forgiveness program to offer as incentive for those physicians who follow through and practice in rural Maine, there is no indication that this scholarship program will produce students with any greater inclination to practice primary care in rural Maine anymore than the current classes of medical students suggest.

MPCA stands ready to fully support this new program direction without reservation if it would contain an appropriate emphasis on practicing primary care in rural Maine. Such a precedent is found within our country's National Health Service Corps service obligation whereby a public investment results in public service among health professional shortage areas. Of course, an alternative is to maintain the FAME loan and loan forgiveness programs as they currently exist, and also support the investment into both our medical schools and Maine students who wish to attend medical school, but it is doubtful that we have the resources for this alternative in these economic times.

The approach we take as a state should also be complemented by the restoration of a State Loan Repayment Program that doubles the state and local investments with dollar for dollar federal matching from the National Health Service Corps. This was a recommendation by the Commission to Study Primary Care Medical Practice. While we pursue a course that will secure local investments from among hospitals and health centers, providing access to state loan repayment resources for communities that are in great need and cannot produce the matching funds depends upon a state investment. While the ARRA increases to the National Health Service Corps will help many communities over the next two years, there are a number of communities with high needs, but low HPSA scores. These include Caribou, Coopers Mills, Jackman, Lewiston, Leeds, Presque Isle, and Richmond, to name just a few. State match of \$300,000 **would produce another \$300,000 in federal funds** for the recruitment and retention of primary care physicians in our most underserved communities in Maine. **At this time, there is no source for this state match and it will need to be introduced in the state budget or through this bill.** (For greater detail, please see MPCA testimony on this opportunity from the public hearing on the biennial budget, LD 353.)

I will conclude by first congratulating the architects of the medical school developments at Maine Medical Center and Eastern Maine Medical Center, as well as the ongoing efforts of UNECOM, and fully support their success. I believe that we can simultaneously support Maine student enrollment in Maine's medical schools while also applying public funds skillfully to reward careers in primary care among Maine's underserved communities. MPCA will gladly work with the bill sponsors and others to achieve both ends.