

**Testimony before the Joint Standing Committee on
Appropriations & Financial Affairs &
The Joint Standing Committee on Health and Human Services**

**Re: LD 353, The Governor's Proposed Biennial Budget for SFY 2010-2011 pertaining to
FAME and the medical school loan and loan repayment programs**

**Kevin Lewis, Executive Director, Maine Primary Care Association
February 24, 2009**

The Maine Primary Care Association appreciates this opportunity to present testimony regarding funding for the Finance Authority of Maine, and more specifically an opportunity for a State Loan Repayment Program, within the Governor's proposed biennial budget, LD 353. MPCA represents the state's safety net of Federally Qualified Health Centers that are delivering care among the state's underserved and shortage areas to more than 200,000 patients. Among these safety net sites, a chief concern is workforce recruitment and the barriers to access that are imposed by longstanding vacancies of primary care clinicians. A State Loan Repayment Program would ameliorate the primary care recruitment and retention challenge, and not just for community health centers, but among all eligible shortage areas. This will require the matching funds which were removed from the FAME budget in 2009 but are vital to pull down hundreds of thousands of federal funding now being made available as described below.

While the entire nation experiences a plummeting supply of medical students in training to be primary care physicians, it is clear that long term solutions to primary care shortages must be national and systemic in nature. Meanwhile, however, Maine must ratchet up its competitive edge in relation to other parts of the country so as to avoid being hurt worse than the average expected loss of primary care in the US, especially in our underserved communities. This challenge is made more daunting by our status as having the lowest matriculation rate of Maine residents into medical school and our status as among the nation's most rural states with vast areas found to be shortage areas and/or underserved.

Among the recommendations made by the Commission to Study Primary Care Medical Practice was its call to "invest in and sustain Finance Authority of Maine (FAME) medical education programs." On the basis of the proven return on investment and impact among Maine's underserved areas, the Commission specifically mentions the development of a loan repayment program.

A year after the release of the findings of the Commission to Study Primary Care Medical Practice, we have an outstanding opportunity to reinstitute a State Loan Repayment Program (SLRP). The Health Resources and Services Administration (HRSA) has just announced at the end of this month that it is making an additional \$3 million available specifically for the eight states (including Maine) and two territories who had SLRP applications deemed approved but unfunded for the three year cycle beginning in 2008. This special two-year funding cycle is essentially ours to lose and represents a tremendous opportunity for the Maine Office of Rural

Health and Primary Care to regain a SLRP. The SLRP requires one-for-one matching and so for us to successfully go after \$300,000 in federal funds, we'll need \$300,000 at the state level. The program was previously funded at \$200,000 (\$100,000 FED; \$100,000 State), but the need supports a larger program.

Across the state, Maine communities – particularly among underserved areas and shortage areas – are facing primary care workforce challenges and primary care provider vacancies. Among health centers, one in five family practice physician positions are vacant at any given point in time. Likewise, the Maine Recruitment Center records similar statistics. We know from peer-reviewed and accepted analysis that a lack of primary care leads to higher infant mortality, higher overall death rates, and escalating mortality due to heart disease and cancer.

Among our state's assets to address the current shortage of primary care are: our direct work on student rotations (we placed 75 students in clinical rotations in 2007); our work as an AHEC Center in concert with the AHEC Program that includes our cultivation of youth aspirations for careers in health care; provider recruitment which places a premium on bringing new providers into the state and/or "raising our own;" FAME's ACCESS program, loan program and loan forgiveness programs; the federal National Health Service Corps, Ready Responder and Loan Repayment programs. The SLRP is best conducted in concert with these three layers of involvement and provide opportunity to underserved areas that otherwise cannot gain the benefit of the more restrictive federal NHSC program.

Our goal is to secure \$300,000 of state funding for the SLRP in order to maximize the federal award available to Maine, knowing that for every dollar of state match we will benefit from an additional dollar of federal funding to support the recruitment and retention of physicians, nurse practitioners and PA-Cs in communities from Sanford to Presque Isle, Fryeburg to Lubec and Strong to Bucksport.

Please help us regain the SLRP and provide within the budget the necessary match.