

TESTIMONY OF THE MAINE HOSPITAL ASSOCIATION

In Support Of

LD 129 – Resolve, to Direct the University of Maine System to Study the Feasibility of Establishing a Public Allopathic Medical School in Penobscot County

February 2, 2023

Senator Rafferty, Representative Brennan and members of the Education and Cultural Affairs Committee, my name is Sally Weiss and I am here on behalf of the Maine Hospital Association.

I am here today to express our support for LD 129.

MHA represents Maine's 36 private acute care, psychiatric, and rehabilitation hospitals.

Multiple studies have examined the correlation between practice locations with where physicians graduated from medical school. In particular, it has been documented that rural education is associated with increased likelihood of practicing in rural communities.¹ Furthermore, a paper published in 2014 identified that 22% of all Maine's physicians graduated from one of three medical schools affiliated with Maine Medical Center (University of New England College of Osteopathic Medicine [UNECOM], University of Vermont [UVM] or Tufts University School of Medicine), and nearly 10% of those graduated from the only medical school in Maine (UNECOM).² What this demonstrates is the power of geographic location combined with strong affiliations between medical schools and training hospitals, and how they are essential to bringing physicians into underserved areas and retaining physicians throughout the State of Maine, including rural counties, which may not otherwise have access to such services.

While current data indicate Maine has a higher-than-average ratio of physicians to population, those data do not necessarily reflect the reality of access in the state.³ For example, most

http://depts.washington.edu/uwrhrc/uploads/Maine%20Workforce%20090514.pdf

¹ Impact of the Rural Pipeline in Medical Education: Practice locations of recently graduated family physicians in Ontario (2017). Retrieved from: <u>https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0191-6</u>

² Center for Health Workforce Studies (2014) Maine's Physician, Nurse Practitioner and Physician Assistant Workforce in 2014. Retrieved from:

³ Maine Division of Public Health Systems. (2020). Data, research, and vital statistics. Retrieved January 23, 2020 from: <u>https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/data/profdata.htm</u>

physicians in Maine are concentrated in the urban center of Portland, while the rural counties and communities remain underserved. Moreover, 40% of Maine's population lives in three counties designated as metropolitan, while the remaining 60% live in Maine's most rural 11 counties, and rural areas in Maine have fewer healthcare providers per population. A report issued in April 2022 by the Maine Rural Health Research Center noted, "Most counties in Maine face shortages of primary care, mental health, and/or dental health professionals, with fifteen Maine counties designated as partial health professional shortage areas in all three domains: primary care, mental health, and dental health."⁴

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This report, unfortunately, reflects the reality facing Maine's small rural hospitals. Some of our members have shared with me the increasing need for primary care and specialty care access in their communities, as the pandemic pushed many physicians to retire. And, despite great efforts, these roles are taking longer and becoming more difficult to fill leaving Mainers to delay important medical care or seek care in the emergency department of their community hospital.

In addition to current physician shortages, Maine's aging physician workforce in one of the oldest states in the nation means an entire generation of physicians will soon, or have begun to, retire en masse and lead to a worsening shortage of physicians, particularly in the rural and underserved communities. In September of 2022, the Maine Department of Labor issued a healthcare occupations report that noted approximately 30% of Maine's current healthcare workforce, including physicians, were over the age of 55 years old.⁵ And in June of 2021, the Association of American Medical Colleges reported that the U.S is on course to see a physician shortage anywhere between 37,800 and 124,000 by 2034, with population aging and an aging workforce as primary drivers of future need. For instance, to maintain the status quo, Maine will require an additional 120 primary care physicians by 2030, a 9% increase of the state's current 1,243 practicing Primary Care Physicians (PCPs). This 9% increase is in addition to the backfilling of retired physicians over the next 7 years. ⁶ What these national and local data demonstrate is the need for physicians, particularly those educated and trained to provide care in rural communities, is only increasing over time.

It is for these reasons that the MHA supports the exploration of expanding medical school education in Maine, with a particular focus on the northern half of the state.

Thank you and I'm happy to answer any questions you may have.

https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1025&context=population_health ⁵ 2022 Maine's Healthcare Occupations report, September 18, 2022. Retrieved from:

https://www.maine.gov/labor/cwri/publications/pdf/2022MEHealthOccupationsReport.pdf

⁴ Maine: A Health Focused Landscape Analysis, April 28, 2022. Retrieved from:

⁶ Maine: Projecting Primary Care Workforce. The Graham Center. Retrieved from: <u>https://www.graham-</u> center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Maine.pdf