Vermont Medical Society

To: Senate Health & Welfare Committee
From: Jessa Barnard, Vermont Medical Society
Date: September 9, 2020
RE: H. 607, Increasing the Supply of Nurses and Primary Care Providers in Vermont

Thank you for the opportunity to testify in support of H. 607, An Act Relating to Increasing the Supply of Nurses and Primary Care Providers in Vermont. The Vermont Medical Society (VMS) is the largest physician membership organization in the state, representing over 2400 physicians and medical students across all specialties and geographic locations. My testimony will primarily focus on Sections 3 & 4 of the bill (related to the primary care scholarship) although VMS also supports a simplified and updated Workforce Strategic Plan (Sections 1 & 2) and the nursing scholarships. This bill has been one of the highest priorities for our members this session. It promises to make one of the most significant direct investments in the primary care workforce of Vermont in my memory.

You are well aware of the challenges facing primary care practice and the primary care workforce in Vermont. The Rural Health Services Task Force that you created last year focused an entire white paper on the health care workforce needs of the state.[1] While you have already heard the findings of that work, I cannot help but focus on a few of the data points highlighted in that White Paper:

- Vermont faces a shortage of 70.5 primary care physician (family medicine, internal medicine, obstetrics, pediatrics) full time equivalents (FTEs).[2]
- 38% of primary care physicians in Vermont are over age 60 and 15% of Vermont's primary care physicians are planning to retire or reduce their hours within 12 months.[3]

Both the Rural Health Service Task Force Workforce Whitepaper and VMS fully acknowledge that this is a multifaceted problem that cannot be solved with one approach. The White Paper recognizes factors including clinician burnout – which is particularly acute in primary care, an aging state demographic, rising education costs, low Medicaid reimbursement rates, and broader economic development challenges leading to difficulty recruiting. The report also included 9 pages of proposed solutions ranging from licensing reform to financial incentives to federal immigration reform. Your committee has already implemented a number of the proposed solutions, such as modernizing telehealth statutes and licensure for physician assistants.

While not the only solution, scholarships are one meaningful piece of the health care workforce puzzle and can be accomplished in the shorter term. We have heard repeatedly from our primary care member that the cost of a medical education and medical debt is a real factor in employment choices. Indeed a recent metaanalysis confirmed that high debt is likely to drive students towards choosing higher paying specialties.[4] Here is how the scholarship proposal is different from the current loan repayment program:

[1] https://gmcboard.vermont.gov/content/rural-health-services-task-force
[2] http://contentmanager.med.uvm.edu/docs/vermont_primary_care_practitioner_workforce_2018_snapshot_f3_19/ahec-documents/vermont_primary_care_practitioner_workforce_2018_snapshot_f3_19.pdf?sfvrsn=2
[3] https://www.healthvermont.gov/sites/default/files/documents/PDF/HS-Stats-phys18bk.PDF
[4] https://bmjopen.bmj.com/content/9/7/e029980

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- It addresses student debt before it is incurred. According to the Rural Health Services Workforce White Paper, nationally, medical school tuition has risen 56% for in-state public school, and 47% for private schools since 2009. At the University of Vermont Larner College of Medicine, Vermont's only medical school, tuition is $37,070 for in-state students and $64,170 for out of state students. This is above the national average in-state/out of state tuition of $31,905/$55,291 for public medical schools. Students may avoid even considering certain specialties due to the debt to salary ratio they face over their career. A scholarship will prevent high debt from being incurred to begin with.
- It requires service in Vermont after residency, meaning students will be connected to employers and settle in the state after training.
- It has "teeth" – not completing the service requirement will incur the same penalties as the National Health Service Corp, which is three times the scholarship award plus interest.

Once the scholarship is in place, this will mean at a very minimum, 10 more primary care physicians practicing in Vermont at any given time, having an impact on the health and wellbeing of Vermonters in rural areas of the state.[5] While we do not imagine that every one of the scholarship recipients will remain in Vermont beyond their service obligation, over time this program will make real progress towards our primary care shortage of 70.

VMS and our primary care physicians also strongly support growing primary care residency programs. However, that is a challenging long-term goal – it is both very expensive and logistically challenging to increase the slots. VMS met with UVM several times last fall and winter to discuss those options when H. 690 was first introduced. Our members learned that increasing the residency slots not only requires extensive funding, but involves having enough patients so that trainees are able to meet their competencies. This is challenging in a small state in areas such as pediatrics and obstetrics. VMS remains committed to continuing to work with UVM on the residency program capacity and thinking of creative solutions to training more physicians in the State. However, this is a long term goal while supporting five more students in primary care to return to Vermont after their residency is a concrete and immediate step towards increasing our primary care capacity.

I would be happy to answer any additional questions.

[5] A study of the impact of the National Health Service Corp program found that the program had measurable success in improving the health of people living in rural areas, and their communities: https://www.graham-center.org/content/dam/rgc/documents/publications-reports/monographs-books/rgcmo-access-health.pdf