



May 15, 2019

The Honorable Joanne M. Comerford  
Chair, Joint Committee on Public Health  
24 Beacon St., Room 70-C  
Boston, Massachusetts 02133

The Honorable John J. Mahoney  
Chair, Joint Committee on Public Health  
24 Beacon St., Room 130  
Boston, Massachusetts 02133

Dear Chairwoman Comerford and Chairman Mahoney:

On behalf of the American Academy of Family Physicians (AAFP), representing 134,600 family physicians and medical students across the country, I write in strong support of House Bill 1914 and Senate Bill 1282, acts to improve access to family physicians.

This bill would amend an existing but unused and unfunded section of current law to create a primary care grant program. This grant program will fund new family medicine residency positions at family medicine residency programs. If fully funded, the program would create up to five new family medicine residency positions, increasing the statewide total to 51. Additionally, the grant would give preference to residency programs that train physicians who plan to provide primary care in underserved parts of Massachusetts with limited primary care access. We believe this legislation is a necessary step to address the current primary care workforce shortage in Massachusetts.

State funding for graduate medical education must be reformed to establish and achieve a primary care physician workforce sufficient to meet the state's health care needs. The current shortage of fully licensed family physicians and its impact on health outcomes is well known. According to a study by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care, Massachusetts will need an additional 725 primary care physicians by 2030.<sup>1</sup> The shortage and maldistribution of family physicians and other primary care physicians is particularly dire in certain Massachusetts communities. There are more than 100 municipalities in the Commonwealth without a single primary care physician, and 43 municipalities formally qualify as a Health Professional Shortage Area (HPSA) for primary care physicians. This demand for primary care is expected to continue to increase as the population both grows and ages.

<sup>1</sup> Petterson S, Cai A, Moore M, Bazemore A. (2013). "State-level projections of primary care workforce." Robert Graham Center. Web.

#### STRONG MEDICINE FOR AMERICA

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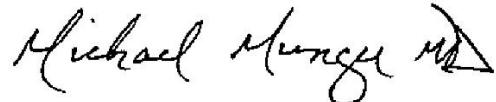
A majority of family physicians practice within 100 miles of their site of residency training.<sup>2</sup> Thus, one of the most promising ways to recruit physicians to practice in underserved areas is through establishing residency training in those communities. The AAFP strongly supports preferential funding of programs that train physicians in underserved communities.

Finally, investing in the primary care workforce improves health and decreases health care costs. Primary care achieves better health outcomes, higher patient satisfaction, and more efficient use of resources. In order to move towards a primary care-based health care system in which all people have appropriate and affordable health care coverage, are provided a medical home, and have primary care-oriented benefits, we must invest in the primary care workforce.

House Bill 1914 and Senate Bill 1282 are thoughtful pieces of legislation that will have real, positive impacts on the primary care physician workforce shortage in underserved Massachusetts communities. The AAFP stands ready to work with stakeholders to promote this and other patient-first solutions to the primary care workforce shortage in the Commonwealth and across the country.

Thank you for your consideration. If you have questions or would like additional information please contact Robert Hall, Director of Government Relations, at [rhall@aafp.org](mailto:rhall@aafp.org).

Sincerely,



Michael L. Munger, MD, FAAFP  
Board Chair

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<sup>2</sup> Fagan E, Finnegan S, Bazemore A, Gibbons C, Petterson S. (2013). "Migration after family medicine residency: 56% of graduates practice within 100 miles of training." *American Family Physician*. Web