



February 4, 2020

The Honorable Mitzi Johnson  
Speaker  
115 State Street  
Montpelier, VT 05633

The Honorable Tim Ashe  
President Pro Tempore  
115 State Street  
Montpelier, VT 05633

Dear Members of the General Assembly:

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 [HB 607](#), an act to increase the supply of primary care providers in Vermont.

This bill proposes to increase the primary care workforce in Vermont by providing tuition waivers for medical students who choose to practice primary care in an underserved area of the state, creating a recruitment program for medical students likely to pursue primary care, directing a certain portion of state graduate medical education funding to family physicians residency positions, and creating income tax credits for primary care providers who practice in a rural, underserved area of the state for at least five years. We believe this legislation is a necessary step to address the current primary care workforce shortage in Vermont.

The current shortage of fully licensed family physicians and its impact on health outcomes is well known. According to one study, Vermont will need an additional 119 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 Vermont communities as 38 municipalities formally qualify as a Health Professional Shortage Area (HPSA) for primary care physicians. Additionally, over half of Vermont's primary care physician workforce is over 55 years of age.<sup>2</sup> This demand for primary care is expected to continue to increase as the population both grows and ages.

It is worth noting that a majority of family physicians practice within 100 miles of their site of residency training.<sup>3</sup> Thus, one of the most promising ways to recruit physicians to practice in underserved areas is through establishing residency training in those communities. Therefore,

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

<sup>2</sup> Petterson S, Wilkinson E, Kessler AC, Stone C, Bazemore A. (2018). "The State of Primary Care Physician Workforce." Robert Graham Center. Web.

<sup>3</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

#### STRONG MEDICINE FOR AMERICA

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the AAFP strongly supports prioritizing funding for programs that train physicians in underserved communities.

Primary care achieves better health outcomes, higher patient satisfaction, and more efficient delivery of care when appropriately resourced. In order to move towards a 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 this crucial workforce.

House Bill 607 is a thoughtful piece of legislation that will have demonstrable, positive improvements on the primary care physician workforce shortage in underserved Vermont communities. The AAFP stands ready to work with stakeholders to promote this and other patient-first solutions to the primary care workforce shortage in Vermont and across the country.

We appreciate the opportunity to provide our support for this legislation. Please contact Stephanie Quinn, Director of Government Relations at AAFP at [squinn@aafp.org](mailto:squinn@aafp.org), with any questions.

Sincerely,



John S. Cullen, MD, FAAFP  
Board Chair