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Testimony: HB 2124
Kansas Medical Student Loan Program and
Kansas Medical Residency Bridging Program
House Health and Human Services Committee
February 2, 2017
By: Dr. Chantel Long, on behalf of KAFP

Chairman Hawkins and members of the Committee:

Thank you for the opportunity to present testimony opposing HB 2124, **as it is currently written**. My name is Dr. Chantel Long and I'm a family physician in Salina, on faculty at the Smoky Hill Family Medicine Residency Program.

I'm speaking on behalf of my membership society, the Kansas Academy of Family Physicians (KAFP). Our organization represents over 1,660 active, resident, student and life members across the state. The mission of KAFP is to promote access to, and excellence in, health care for all Kansans through education and advocacy for family physicians and their patients. Quality health care and health outcomes for our patients guide our public policy work. As family physicians, we see people of all ages, both men and women, and we work with almost every type of ailment and illness that afflict our patients.

The Kansas Medical Student Loan Program (MSLP) was designed years ago to encourage **primary care physicians** to practice in underserved counties in Kansas. The program works by requiring a one-year practice commitment in an under-served county for every year of participation in the MSLP.

Similarly, the Kansas Medical Residency Bridging Program (MRBP) provides loan support to **primary care residents**, based on their commitment to practice in underserved counties. Each loan in this program is funded 50% by the state and 50% by the communities where residents plan to practice upon graduation.

Currently, the MSLP is funded to allow about 30 students to enter per year. The MRBP currently has 14 participants per year.

A high percentage of resident graduates locate within 60 miles of their residency programs. If they leave the state for residency, they are very likely to set up practice elsewhere. However, most of those who are MSLP recipients come back to Kansas to practice and fulfil their service obligations. More importantly, the majority maintain practice in the state after paying back their obligation.

Given the success of the MSLP and MRBP in building our primary care physician network in underserved counties, KAFP is strongly opposed to any effort to diminish the intended goal of the programs by adding any non-primary care specialty.

We do not dispute that there is a critical shortage of psychiatrists in these underserved counties. If the legislature wishes to start a similar program for psychiatrists, that is clearly a policy decision this body may choose to make**. In fact, we would support such an effort if it is done in a way that does not diminish the number of loan slots and funding available for primary care in the MSLP and MRBP. We believe that setting up such programs separate from the current programs for primary care physicians, with separate funding and reporting, would be advisable.**

There is a significant difference between the practice of primary care specialties and that of specialties such as psychiatry, related to the breadth of practice. If the program is opened to psychiatrists and if a psychiatrist were to choose to practice in an area without a primary care physician, the community would still need a family physician or other primary care physician to take care of the full scope of patients' health needs. (E.g., pediatrics, obstetrics and gynecology, blood pressure, diabetes, asthma, preventive care, etc.) There remains a significant shortage of primary care physicians in rural Kansas and, short of the MSLP, this problem will only increase.

Before closing, I want to share briefly about my experiences with the MSLP. I was a blessed recipient of the scholarship and still remember how excited my parents and I were when I received it. We celebrated the scholarship more than my acceptance letter to medical school. Why? I already knew I wanted to stay and practice in Kansas but I was extremely concerned about the cost of my education and had immediately started weighing all of my options. With the MSLP, I was assured that Kansas not only needed me, but wanted me to remain here and practice medicine. The decision to stay in Kansas for medical school, residency, and private practice was then a certainty and I never hesitated or looked back. I now supervise and teach recipients, and watch this program solidify their Kansas choice on a yearly basis. I now see students already choosing their permanent rural practice locations up to 6 years in advance. When the state invests in them, it inspires them to give back.

If the bill were to be amended as recommended earlier in this testimony – *in a way that clearly delineates between primary care and psychiatry in both the MSLP and the MRBP* – KAFP would withdraw our opposition to HB 2124 and, in fact, would support such an effort.