



**Senate Finance Committee
Article III, Texas Higher Education Coordinating Board
Written Testimony of Rodney B. Young, MD
Texas Medical Association
Feb. 7, 2023**

Chairwoman Huffman and members of the Finance Committee, in my testimony before you today, I am representing the more than 57,000 physician and medical student members of the Texas Medical Association.

I am a family physician practicing in Amarillo, and I teach medical students as well as residents in family medicine. Both my medical education and residency training were completed at Texas Tech University Health Sciences Center Lubbock. I would like to start by thanking Madam Chair Huffman and each member of the Senate Finance Committee for your leadership and support of medical education and graduate medical education (GME) in recent years, and this year in Senate Bill 1. Your support for the education and training of future physicians is critically important for achieving the TMA vision of *improving the health of all Texans*.

As you know, people want to live in Texas. When you are No. 1 in the nation in population gains, this presents a challenge for keeping up with escalating health care needs. Not long ago, despite our efforts, we were losing ground with our physician numbers and our population was growing faster than our physician supply. That has changed. Now we are setting records for new physician arrivals, and the rate of physician growth is greater than the rate of population gains.

But the work is not done. We need to keep going to expand GME and recruit new physicians. I would like to thank you for the additional funding in the base budget for the State GME Expansion Grant Program. It is critically important to maintain support for residency positions that have been created through this program. They are not just numbers; they are young physicians training in medical specialties to prepare to enter our workforce. Because of your efforts, **Texas has achieved the target ratio of 1.1 medical residency positions to every 1 medical school graduate**. As important as that is, it will be tough to hold on to.

When The University of Texas at Tyler opens the doors to its new medical school this summer, it will become the seventh new medical school in Texas since 2016. That is right – the seventh. But in fairness, this follows decades when there was essentially no growth in the number of medical schools in the state.

We need to do everything possible to have enough residency positions for our own medical school graduates. The number has not yet peaked; **TMA projects about 300 more first-year residency positions will be needed by 2027**. Not only is the state GME grant program at the Texas Higher Education Coordinating Board (THECB) vitally important for achieving this goal, GME planning grants also are needed to help identify new teaching hospitals.

There are other physician pipeline programs at THECB that need your attention as well:

- The legislature established the **State Rural Training Track Grant Program** in 2019 but it has never been funded. To become operational, \$1 million is needed. This will help incentivize hospitals to create rural residency training tracks, which are a key component of preparing a physician for rural practice.
- Rural communities need to be able to offer something attractive to compete with the razzle-dazzle of big cities in recruiting physicians. The **State Physician Education Loan Repayment Program** helps: 300 primary care physicians have been caring for patients in underserved areas each year because of this program. I personally know about the benefits because it helped me pay off my medical school loans, and I know it improves access to care in areas that need it most.

The physician education loan repayment program had to close to new applicants for 12 months, in fiscal year 2021. Why? Not enough funds. Instead of adding funds to the program, the allocation was then cut—by almost \$1 million in the 2022-23 budget.

We cannot afford to take this recruitment tool away from our most underserved areas. Please give careful attention to the funding of this program for the 2024-25 biennial budget. Funding is flat in the base budget and additional funds are needed.

- THECB also oversees the **Family Practice Residency Program**. This is among the state's oldest physician workforce development programs, dating back to 1977. TMA has data that show there are more family medicine physicians in rural areas of the state than any other medical specialty. This program is a lifeline for the state's 35 family medicine training programs.

Through a series of budget cuts over time, this program is down from \$20,000 per resident per year to less than \$5,000 – one-fourth the historic funding amount. The base budget provides flat funding. TMA is urging adding \$20 million to restore the amount cut from previous budgets to return this program to a level where it can make a difference. There is also a critical need to raise the funding cap on family medicine resident rotations in Rider 27.

- The **Joint Admission Medical Program (JAMP)** is a program unique to Texas. This helps students of low socioeconomic status pursue their dream of becoming a doctor, and it increases our physician workforce diversity. JAMP was cut 5% in the 2022-23 budget and funding is flat in the base budget for 2024-25. Funding was cut at a time when more medical schools were added to the program, starving it. An additional \$2 million is needed to serve our new public medical schools.

Thank you for the privilege of being able to present this testimony, and thank you for your service on behalf of all Texans.