Good afternoon. We have a shortage of primary care providers, both physicians and advanced level practitioners, practicing in underserved areas of our state. Western Maryland, the Eastern Shore and Baltimore City are hit particularly hard. This shortage results in many seeking care from emergency rooms if they get the care they need at all.

Primary Care medicine, that practiced by a family physician, General Internist or Pediatrician, has been shown consistently to address health care inequality, such as those that we suffer from in our state. Yet, the state of Maryland ranks 50th in the country when it comes to graduating medical students who choose to pursue a primary care residency. We believe that by exposing more students to the joy of primary care medicine early in their medical training, many will choose to practice primary care after their residency training.

A critical factor in a student choosing primary care medicine is to have "face time" with a primary care clinician early in their training. Yet, there are diminishing numbers of community preceptors who are willing to accept a medical or advance level practitioner student in their office. SB 411 was passed in 2016 to incentivize more community preceptors to take medical and nurse practitioner students in their office. Physician assistants were not included in this bill.

We are grateful to the legislature for passing SB 411. We are here today to ask for minor changes to the bill so that more preceptors may take advantage of this tax credit.

- 1. We ask that **physician assistants in the community be eligible** to receive this tax credit in the same way that community physicians and nurse practitioners currently participate. The cost for this allowance would be levied by the Maryland Board of Physicians, just as is done currently for physicians.
- 2. The number of hours required to be eligible for the tax credit be **reduced from 160 to 100 hours.** This is necessary as most students participating matriculate in four-week blocks of 40 hours. Yet, up to one day per week may be needed for the student to participate in orientation or other didactic activities at the parent academic institution. This reduces the total number of face time hours with the clinician in the community. Because of this few tax credits were able to be awarded this past year, thou many more teachers in the community applied and would have been eligible, had it been 100 hours.

We thank you for your time today. We are confident that with revisions to this bill, we will see more community preceptors be willing to host medical, nurse practitioner and physician assistant students in their office, many of whom are in underserved areas of our state. We believe that by encouraging this mentoring program we will see more health professional students choose primary care medicine and that some will eventually choose to return to the underserved community where they were trained to practice.

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