

Physician Recruitment and Retention Working Group

October 21, 2025 | 7:30-8:30am

Meeting Minutes

Members present: Anton Alerte, Steven Angus, Jill Banatoski, Emily Byrne, Katie Cullinan, Khuram Ghumman, Mariam Hakim, Amy Kohn, Andrew Lim, Traci Marquis-Eydman, Krishnan Narasimhan, Diana Paez, William Petit, Rémy Sirken.

Members absent: Stephen Huot, Liz Mahan.

DPH: Melia Allan, Margaret Gradie, Tom St. Louis.

Introduction

- Krishnan Narasimhan called the meeting to order at 7:32am.
- Bill Petit motioned to approve the September minutes, and Jill Banatoski seconded; the minutes passed without discussion.

Presentation on State Health Workforce Policies by Julie Harrison

- Krishnan introduced Julie Harrison, Senior Manager at the State Affairs at American Academy of Family Physicians.
- Julie spoke about Graduate Medical Education (GME) investments, giving examples from several states including Minnesota, Florida, and New Mexico.
 - 42 states have some form of Medicaid GME financing, which in some circumstances can allow for federal matching funds by CMS.
- She then highlighted financial Incentives in the form of loan repayment
 - Tennessee passed a bill creating a family medicine student loan repayment grant program, requiring a commitment to serving in a shortage area for at least five years.
 - Rhode Island established the Medical Primary Care Scholarship program, which awards up to five new medical school scholarships per academic year at a maximum award of \$70,000 per academic year. Recipients sign a contract agreeing to work in RI upon completion of their education.
 - Georgia passed preceptor tax credits in 2014, and since then, eight other states have enacted similar laws (Alabama, Colorado, Georgia, Hawai'i, Maryland, Missouri, Ohio, and South Carolina).

- Julie spoke about the Rural Health Transformation (RHT) Program, which was authorized by HR1. The RHT allocates \$50 billion to approved states over five fiscal years, with the first 50% distributed equally amongst all approved states.
- She then brought up scope of practice expansion, allowing nurse practitioners and physician assistants to practice more autonomously to meet the shortage.
- Rhode Island recently announced \$5 million in grant funding for primary care practices that expand patient panels, accept Medicaid patients, and recruit new clinicians or mid-levels.
- Julie also shared a few alternative pathways to licensure:
 - Since 2018, 18 states have enacted legislation that allows qualifying international medical graduates to gain full licensure without accredited North American PGT.
 - Associate physician legislation: when a medical school graduate does not match into a residency program, 12 states have enacted legislation that allows them to practice somewhere. This legislation was introduced but did not pass in CT.
- To better understand each state's primary needs, Julie brought up the importance of measuring and accessing data on states' primary care workforce needs and shortage areas.
 - Utah, Virginia, and Arkansas have used data from all-payer claims databases to conduct analysis of the primary care workforce.
- Non-Legislative workforce proposals
 - Washington Health Workforce Sentinel Network is an example of a tool to understand employers' workforce needs
 - AAFP-HOSA partnership: working with kids as young as high school to engage them about family physician careers

Discussion on State Health Workforce Policies

- Members expressed appreciation for the comprehensive overview of how states are working to address the shortage in primary care.
- Amy Kohn asked if there were metrics for the success of any of these different programs. Since a lot of these programs are new and only in a few states each, there is not a lot of evidence of success yet.
- Mariam Hakim shared a solution idea about giving a federal tax credit to individuals who see Medicare patients to help level the playing field.
- The group also discussed a three-year residency at the UNC School of Medicine in North Carolina

- <https://www.med.unc.edu/md/curriculum/pathways/community-health-training-program/curriculum/3-year-program/>
- Discussed some of the policies brought up in the slideshow

Review and Discuss Report Recommendations

- Next month, Krishnan is hoping to walk through the outline and finalize recommendations, and in December, look at the final report and vote to approve.
- Krishnan called for final recommendations if members wanted them to be included in the report.
- Khuram Ghumman brought up the idea of helping third or fourth-year medical students pay for their tuition, so they do not have to take out loans in the first place, especially with the federal landscape capping loan amounts.
 - Steven Angus shared information about a primary care grant program at UConn, and Anton Alerte elaborated, saying the grant is not enough money, and if students take the grant, they are not eligible for other loan repayment programs.
 - In the last couple of years, they have not had many applicants.
- Jill Banatoski asked about the average debt that medical students walk out of their education with.
 - Anton Alerte shared that the average is \$160,000 in debt, walking out of UConn medical school. Tuition is around \$51,000 per-year for in-state students.
 - Traci Marquis-Eydman shared that debt ranges from the high \$200,000s up to \$400,000 for Quinnipiac. Tuition is \$86,000 per-year.
 - Members highlighted that students are concerned about the debt burden when choosing a medical school.
 - Alleviating the burden before it becomes a burden is very enticing.
- The group's major buckets of recommendations include GME initiatives, accelerated pathways, loan repayment, recruitment methods, financial and tax incentives.
- Margaret Gradie reviewed the outline of the report based on what members have indicated they want to include thus far. She highlighted that she needs data on the number of slots, where students are coming from, and more information on the residency programs in the state.
- Krishnan raised the recommendation for Connecticut to look into the data on this issue further, to get a better handle on what the state needs to work on, and which state models might fit best.

- If members have feedback on the report, they are encouraged to send it to Krishnan, Melia, and Margaret.