To the Members of the Colorado House Finance Committee -

Thank you for your dedication to serving the people of Colorado. I am writing to express the importance of your approval of HB19-1088.

The National Rural Health Association (NRHA) statistics indicate that the number of physicians per 10,000 is 13.1 in rural areas v 31.2 in urban areas. This discrepancy worsens when you look at specialty physicians per 100,000 which is 30 in rural locations v 263 in urban environments. Adequate workforce is not a new factor that challenges rural medicine, but there is a growing body of evidence that exposure to the realities of rural practice can help provide relief from the inadequate number of physicians that choose to practice in rural areas.

A recent article "Rural Medicine Realities: The Impact of Immersion on Urban-Based Medical Students" in *The Journal of Rural Health* highlighted the findings of an 8 week rural rotation. In this study, urban medical students had more positive opinions about living and working in a rural community as well as reporting an increased level of rural community support at the end of the rotation. This is exciting and according to the authors of this article, the take-away lesson is that 'we can positively affect the opinions of urban-based students about rural practice and rural living'.

Students get exposed to a more personal relationship between provider and patient due to the natural consequence of small town living where providers and staff are often aware of the broader social context of many patients. Further, the study showed that the students reported more hands-on experience due to the lack of competition with other students or residents for procedures, than would have been the case at an urban training site. The conclusion: giving students an up-close and personal view of the joys of rural practice is the best approach.

However, this reasoning assumes that you have willing preceptors to host and teach these medical students. By the numbers alone your chances of findings a physician in a rural area is (at least) half what it is in a urban area. Also, hosting a medical student is not cost-neutral to a practice. A physician that precepts a student is not as productive as one who is not teaching, which easily 'costs' a practice one, likely more, visit/day, at a value of approx $100/visit x 20 days (5/d per week x 4 wk rotation) = $2000 or more. Further, if a preceptors' schedule is not adjusted to allow time for teaching, then it costs that particular person extra TIME for teaching. Going rate for temporary assignments as a primary care physician is $100/hr. Therefore, if the preceptor has to spend an extra hour/day x 20 d in teaching, this results in the same overall 'cost' of AT LEAST $2000.

I would argue that looking at this data, giving a $1000 tax credit to willing rural preceptors is essential. It does not even cover the 'cost' of students for 4 weeks, but most preceptors teach for > 4 wks of the year. Further, as evidence shows, it increases the probability that FUTURE physicians will consider joining the rural workforce. Ensuring the adequacy of the future rural medical physician workforce is essential to providing quality medical care to Coloradans, especially given that the proportion of Medicaid eligible and persons > 65 yrs of age who reside in rural areas is greater than in urban settings (NRHA statistics).

In light of this, I would urge you to approve HB19-1088, for the future health of all Coloradans! Thank you for your time and consideration of this matter.

Sincerely,

Gina S. Carr, MD, MPH

Medical Director - Lake City Area Medical Center