May 1, 2023

The Honorable Dave Pinto

[Health Finance and Policy](https://www.house.mn.gov/Committees/members/93010)

Minnesota House of Representatives

100 Rev. Dr. Martin Luther King Jr. Blvd.

Saint Paul, MN 55155)

Dear Representative Pinto,

**I am writing today in support of the Revitalize the Health Care Workforce provisions in** [**HF 2930**](https://www.revisor.mn.gov/bills/text.php?number=HF2930&version=latest&session=93&session_number=0&session_year=2023) **(**[**SF 2995**](https://www.revisor.mn.gov/bills/text.php?version=latest&number=SF2995&session=ls93&session_year=&session_number=0)). The following sections of the HF 2930 (SF 2995) carry with them important aspects in ensuring health care workforce in rural and underserved areas of Minnesota -

Section 53: Health Professionals Clinical Training Expansion and Rural and Underserved Clinical Rotations Grant Programs

Section 54: Primary Care Residency Training Grant Program

Section 55: Clinical Health Care Training

Section 82: Mental Health Grants for Health Care Professionals

Section 52: Employee Recruitment Education Loan Forgiveness Program

As Associate Vice President for Rural Health and the Vice Chair for Education for Family Medicine and Community Health, I am acutely aware of the significant shortage of healthcare workforce in rural Minnesota. As such there is a projected shortage of ~1200 physicians in rural Minnesota by 2030 and a deficit of about 30% of all healthcare workforce. We also know that the current rural healthcare workforce is aging and there is an urgent need to provide well trained replacements.

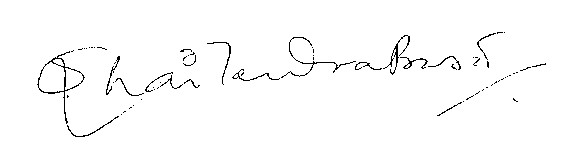
One of the critical elements in increasing the rural healthcare workforce is to arrange for training in rural areas as there is a higher likelihood of the graduates of such programs continuing to work in rural areas. We have had robust discussions with health systems around the state to increase educational activities in rural health care systems. These include creation of pipeline programs, recruitment of learners of rural backgrounds into the health professions, emphasizing and growing current training opportunities for current students (both at the undergraduate and graduate levels).

A limiting factor in growing clinical training/educational opportunities is the lack of funding resources for planning and developing new training opportunities as well as long-term funding for mature programs.

Unfortunately, some rural communities will not meet federal and CMS definitions of rural which limits the ability to secure federal funding to start/maintain clinical training programs. The proposed provisions in HF 2930 (SF 2995) would provide stable funding.

By supporting these provisions and the accompanying proposed budgets we would be investing in creating critical healthcare workforce in Minnesota. Each of these provisions on their own is important and as a package, they are integral to the long-term revitalization of the healthcare workforce and health of Minnesota citizens, particularly in rural Minnesota.

Sincerely,



Shailey Prasad MD MPH

Associate Vice President for Global & Rural Health

University of Minnesota

Professor & Vice Chair of Education

Dept of Family Medicine and Community Health

Medical School, University of Minnesota