



## Testimony: SB32

### Kansas Medical Student Loan Program and Kansas Medical Residency Bridging Program House Health and Human Services Committee March 9, 2017

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#### Chairman Hawkins and members of the Committee:

Thank you for the opportunity to present testimony **in support of SB32**, on behalf of the Kansas Academy of Family Physicians (KAFP).

KAFP is an organization representing more than 1,660 active, resident, student and life members across the state. The mission of KAFP is to promote access to, and excellence in, health care for all Kansans through education and advocacy for family physicians and their patients. Quality health care and health outcomes for our patients guide our public policy work. Family physicians see people of all ages, both men and women, and work with almost every type of ailment and illness that afflict patients.

#### Medical Student Loan Program and Medical Residency Bridging Program Background

The Kansas Medical Student Loan Program (MSLP) was designed years ago to encourage **primary care physicians** to practice in underserved counties in Kansas. The program works by requiring a one-year practice commitment in an under-served county for every year of participation in the MSLP.

Similarly, the Kansas Medical Residency Bridging Program (MRBP) provides support to **primary care residents**, based on their commitment to practice in an underserved community. The incentives in this program are funded 50% by the state and 50% by the communities where the resident plans to practice upon graduation.

Currently, the MSLP is funded to allow about 30 students to enter per year. The MRBP currently has 14 residents participating. *Both of these programs have proven to be successful national models and there is always great demand for these slots.*

#### Senate Action

In its original draft, SB32 was a mirror of HB2124, which was previously heard in this committee. As you may remember, KAFP opposed that bill because it would have added psychiatry to the list of specialties eligible for the Kansas Medical Student Loan Program and the Kansas Medical Residency Bridging Program, without adding additional loan slots.

The Senate Public Health and Welfare Committee amended the bill to create loan funds separate from those for primary care – the Psychiatry Medical Loan Repayment Fund and the Psychiatry Medical and the Rural Health Bridging Psychiatry Fund.

***Subject to appropriations***, the bill allows the KU School of Medicine to enter into student loan agreements with six students who commit to practicing in under-served areas in general or child psychiatry. Similarly, it allows the school to enter into residency bridging agreements with three medical residents training in general or child psychiatry.

It is important to note that this bill does not provide funding for the scholarships, rather it sets up the mechanism – subject to appropriations – for that to occur.

**KAFP Position on SB32**

Because the bill, as amended, delineates between primary care and psychiatry scholarship funds and creates additional scholarship slots for psychiatry, KAFP has withdrawn our opposition to the bill. We are grateful for the opportunity to have worked together with the Association of Community Mental Health Centers and the Kansas Psychiatrists Association to develop a bill that meets the interests of all parties and, more importantly, medically under-served communities across our state.

We thank you, again, for the opportunity to present these comments and urge the committee's support of SB32.