



making  
health care  
happen

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TO: Hon Joseline A. Pena-Melnyk, Chair  
and members of the House Health and Government Operations Committee

FROM: Richard C. Bohrer, External Affairs Committee Chair,  
Primary Care Coalition

DATE: February 20, 2024

SUBJECT: **SUPPORT – HB 757 BRIDGE TO MEDICAL RESIDENCY ACT**

The Primary Care Coalition (PCC) strongly supports HB 757 creating opportunities for medical students to continue their development and training if they do not match with a traditional residency program.

The PCC participates in health care quality improvement efforts throughout Maryland and the National Capital Region, collaborating with clinics, hospitals, health care providers, and other community partners to provide health services for uninsured and underinsured individuals who have limited resources and face barriers to accessing health care.

The people we serve come from diverse backgrounds and are mostly patients of color who face significant cultural, social, and economic barriers to care. Among these barriers is the ability to find health care providers who understand and can relate to their cultural values and lived experience. For this reason, PCC is developing a portfolio of programming to increase minority representation in the health professions.

From technicians to surgeons, the U.S. healthcare system is facing a critical shortage of professionals. The Association of American Medical Colleges projects a physician shortage of up to 124,000 by 2034.<sup>1</sup> Yet, each year, thousands of medical school graduates do not match with a traditional residency program, and candidates from racial/ethnic minorities are more likely to go unmatched than their white peers.<sup>2</sup>

Students of color who *do* match into a residency program may also benefit from an alternative avenue to continue their training. A national study conducted in 2019 found that black (70.7%), Asian (45.9%), and Hispanic (25.3%) residents reported experiencing discrimination in their residency programs at much higher rates than white residents (12.6%).<sup>3</sup> Residents who experience discrimination in their traditional residency program are more likely to drop out and may face consequences to their own mental health and wellbeing. If residents of color had the option to continue their training in another setting where they are less likely to face discrimination and hardship they will be better positioned to learn and become excellent physicians in the future.

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<sup>1</sup> IHS Markit Ltd. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Washington, DC: AAMC; 2021. <https://www.aamc.org/media/54681/download>

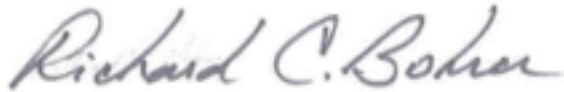
<sup>2</sup> Nguyen M, Chaudhry SI, Desai MM, et al. Rates of Medical Student Placement Into Graduate Medical Education by Sex, Race and Ethnicity, and Socioeconomic Status, 2018-2021. *JAMA Netw Open.* 2022;5(8): e2229243. doi:10.1001/jamanetworkopen.2022.29243

<sup>3</sup> Yuce TK, Turner PL, Glass C, et al. National Evaluation of Racial/Ethnic Discrimination in US Surgical Residency Programs. *JAMA Surg.* 2020;155(6):526–528. doi:10.1001/jamasurg.2020.0260

By allowing medical school graduates to work under the direct supervision of a delegating physician, the Bridge to Medical Residency Act would help to alleviate the shortage of health professionals and provide an alternative training pathway for continued training to unmatched medical student; including students color who often face structural barriers and discrimination that prevents them from matching with traditional residency programs.

HB 757 is a sensible measure that will increase the number of trained health professionals and improve access to culturally sensitive health care for our diverse community. We therefore urge you to send HB 757 to the floor with a favorable report.

Sincerely,

A handwritten signature in cursive script that reads "Richard C. Bohrer". The ink is dark and the signature is fluid and legible.

Richard C. Bohrer,  
Chair, External Affairs Committee  
Primary Care Coalition