



February 4, 2026

Joint Committee on Ways and Means

The Honorable Sen. Kate Lieber, Chair
The Honorable Rep. Tawna Sanchez, Chair

Co-Chairs Lieber and Sanchez, Vice Chairs, and Members of the Committee,

Our names are Joel Burnett, MD, FACP, Sharen Azar, MD, Maureen Lyons, MD, Sima Desai, MD, MACP, and Zachary Jacobs, MD, FACP. We are physicians and medical educators in the Department of Medicine at Oregon Health & Science University (OHSU) School of Medicine, where we lead the OHSU Internal Medicine Residency Training Program, which is the largest residency program in the state of Oregon. Dr. Burnett is Assistant Professor of Medicine and Associate Program Director for Health Equity & Community Engagement for the OHSU Internal Medicine Residency Program. Dr. Azar is Assistant Professor of Medicine and Assistant Program Director for Ambulatory Medicine & Primary Care for the OHSU Internal Medicine Residency Program. Dr. Lyons is Associate Professor of Medicine and Associate Program Director for Ambulatory Medicine & Primary Care for the OHSU Internal Medicine Residency Program. Dr. Desai is Professor of Medicine, Vice-Chair for Education for the Department of Medicine and Assistant Dean of Accreditation for Graduate Medical Education at OHSU. Dr. Jacobs is Associate Professor of Medicine and Program Director for the OHSU Internal Medicine Residency Program. In these roles we have extensive experience with and understanding of the benefits that graduate medical education (GME) offers to Oregonians.

With the endorsement of OHSU, we write to ask for your support to maintain state funding for (GME) so that we may continue training Oregon's physician workforce to provide high-quality medical care across the state of Oregon.

The bottom line summary is this:

- 1) GME training is key to sustaining and improving Oregon's physician workforce, making it essential for providing Oregonians access to quality medical care.
- 2) Oregon already faces a physician shortage, especially in critical areas like primary care.
- 3) Funding cuts to GME training will worsen Oregon's physician shortage and decrease Oregonians' access to quality medical care, especially in critical areas like primary care.

1) GME Training: Key to Oregon's Physician Workforce Development

GME training is a critical period in the development of physicians. After graduating from medical school, new doctors must complete GME training (or "residency") before they may practice independently. This training is both important and required because it provides new doctors with the experience, mentorship, and supervision needed to grow into independent clinicians who practice medicine safely and effectively. Importantly, while in GME training, resident

physicians do provide direct care to patients, thereby extending access to care for Oregonians before resident physicians even exit the training pipeline.

Our residency program trains internal medicine physicians (“internists”), who specialize in the care of adults and are specially trained to solve diagnostic problems, manage long-term illness, and help patients to manage multiple, complex, chronic conditions. Upon completion of our training program, graduates go on to practice *primary care, hospital-based care, or (after completing additional training), medical subspecialty care* such as cardiology or oncology. While *en route* to independent practice, they also provide direct care to patients in these specialties under the supervision of teaching physicians.

Overall, 61% of physicians who complete GME training in Oregon go on to practice in Oregon after training, meaning that maintaining GME training positions in Oregon is vital to physician workforce development. As leaders of the state’s largest GME training program, we are proud to contribute indirectly to the health of Oregonians across the state by training doctors who are proud to make Oregon home. In 2024-25 alone, 23 graduates of our program stayed in Multnomah county to practice or continue training, while 1 each went to practice in Douglas, Josephine, and Jackson counties. For our program these figures equate to retaining more than 75% of our graduates in Oregon. Further, because resident physicians provide direct patient care during their GME training, our trainees routinely care for patients in communities across the state, including in Coos, Clackamas, Deschutes, Lincoln, Marion, and Washington counties.

As medical educators we strongly believe that investing in the physician pipeline is vital to sustaining and improving Oregon’s physician workforce and thereby the health of Oregonians. But we are not alone in this assessment. According to the [2025 Oregon Health Care Workforce Needs Assessment](#), the biennial assessment of health work force needs produced by the OHPB and OHA per statutory requirement, *increasing GME positions* is recommended in order to meet the health care needs of patients and communities across the state. This is because the state already faces shortages in the physician workforce.

2) Oregon’s Existing Physician Workforce Shortage

The U.S. faces a projected shortage of as many as [187,000 physicians by 2037](#). In Oregon, the physician workforce is already failing to keep up with demand. Oregon already has a shortage of primary care providers, especially in rural areas, and the trend is projected to worsen. Further, Oregon is not well positioned to address the shortfall through workforce development because Oregon already has a smaller proportion of primary care medical residents at 11.7 per 100,000 as compared to the national average at 17 per 100,000.

These shortfalls led the 2025 Workforce Needs Assessment authors to recommend sustaining funding levels for workforce development as the top recommendation for improving workforce development and retention in primary care. As stated previously, the report further called for *increasing GME training positions* in primary care order to meet demand in our state.

As medical educators who practice primary care and who train primary care physicians, we deeply understand the important role that high-quality primary care plays for the health of our patients and the health of a robust healthcare system. Studies consistently show that [greater access to primary care](#) is associated with fewer deaths. Quality primary care is also associated with greater health equity, better health outcomes, and lower health care costs. For these reasons, it is no surprise that the 2025 OHPB and OHA Workforce Needs Assessment recommends increasing investment in workforce development for primary care through expansion of GME training positions.

3) Funding Cuts to GME Will Worsen Oregon’s Physician Shortage, Worsen Access to Care

The bottom line is this. The proposed state funding cuts for GME training programs like ours will result in fewer physicians in Oregon, both in the short-term and the long-term.

In the short-term, funding cuts will shrink the number of residents in our program and programs like ours. With the proposed cuts, OHSU alone stands to lose roughly 10% of its incoming class of resident physicians, or 27 fewer physicians per year. This means fewer residents providing primary care, hospital care, and subspecialty care to Oregonians here and now. In the long-term, funding cuts will reduce the number of physicians who come to our state to train and stay in Oregon to practice. All told, cutting funding to GME will weaken Oregon’s physician workforce pipeline at a time when, by all accounts, it needs strengthening.

Crucially, because Oregon leverages federal matching funds to support GME training, cutting state support for GME means reducing federal funding for GME as well. With [better than expected corporate tax revenue](#) contributing to an improved financial outlook for the state, state dollars supporting GME is a wise investment because it triggers these federal matching funds, essentially making Oregon’s dollar go further in supporting GME funding.

In the interest of meeting the diverse health needs of our state, we respectfully urge you to maintain current state GME funding. This investment supports the development of a physician workforce that will provide high-quality medical care across the state of Oregon tomorrow and for decades to come.

Sincerely,



Joel R. Burnett, MD, FACP
Assistant Professor of Medicine
Associate Program Director, Internal Medicine Residency Program
OHSU School of Medicine



A. Sharen Azar, MD
Assistant Professor of Medicine
Assistant Program Director, Internal Medicine Residency Program
OHSU School of Medicine



Maureen Lyons, MD
Associate Professor of Medicine
Associate Program Director, Internal Medicine Residency
OHSU School of Medicine



Sima S. Desai, MD, MACP
Professor of Medicine
Vice Chair of Education, Department of Medicine
Assistant Dean of Accreditation for GME
OHSU School of Medicine



Zachary G. Jacobs, MD, FACP
Associate Professor of Medicine
Program Director, Internal Medicine Residency Program
OHSU School of Medicine