Resolution 26-307

Sustaining Florida's Rural and Underserved Primary Care Workforce Through Long-Term Retention Incentives

FMA Medical Student Section

Whereas, Florida is projected to face a shortage of nearly 18,000 physicians by 2035, including shortages in primary care, psychiatry, general surgery, and obstetrics and gynecology, with rural and medically underserved communities facing particular challenges in physician recruitment and retention;[1] and

Whereas, Workforce analysis associated with the Live Healthy Act projected that Florida will have only 49% adequacy of family medicine physicians by 2035;[2] and

Whereas, Rural Florida bears this shortage disproportionately, with only 1.89% of the state's physicians practicing in rural counties, reflecting a national pattern in which rural areas have approximately 13.1 physicians per 10,000 residents compared with 31.2 per 10,000 in urban areas;[3,4] and

Whereas, The federal National Health Service Corps (NHSC) Loan Repayment Program provides loan repayment to primary care clinicians who serve at approved sites in Health Professional Shortage Areas (HPSAs), a designation held by many rural and medically underserved communities;[5] and

Whereas, At the state level, Florida's Reimbursement Assistance for Medical Education (FRAME) Program provides loan repayment to primary care physicians who practice in designated underserved areas, with physicians eligible for up to $150,000 over one four-year period of continued qualifying practice;[6] and

Whereas, Florida's recently established Rural Health Transformation Program, administered by the Agency for Health Care Administration, funds rural clinical training, preceptorships, and a five-year rural service commitment;[7] and

Whereas, These programs primarily secure entry into rural or underserved practice through loan repayment, training, or service-obligation structures, but do not provide a recurring retention incentive for physicians who remain after completing the initial obligation period;[5-8] and

Whereas, Physician retention in high-need areas erodes after the service-obligation period, with a 2025 national cohort analysis of family physicians finding that practice in underserved settings declined significantly between three and six years post-residency, falling from 85.0% to 60.7% in medically underserved area practices, from 76.0% to 66.2% in HPSAs, and from 29.8% to 21.3% in rural areas among NHSC participants;[9] and

Whereas, Evidence indicates that physicians' decisions to remain in underserved areas are shaped by ongoing conditions of practice, with a 2024 study of NHSC Loan Repayment Program participants finding that work schedule, compensation, and site leadership were among the factors most commonly cited as influencing intent to stay after the service obligation;[10] and

Whereas, Existing Florida Medical Association policy supports loan reimbursement and physician workforce development, and American Medical Association policy supports financial incentives and expanded funding to encourage and sustain physician practice in underserved areas;[11,12] and

Whereas, Several states use recurring, per-year state income tax credits to reward sustained practice in rural and underserved areas, including New Mexico's Rural Health Care Practitioner Tax Credit Program, which allows eligible physicians and other qualifying practitioners to claim up to $5,000 per year for providing health care services in an approved rural health care underserved area, and Oregon's Rural Practitioner Tax Credit, which provides an annual credit of up to $5,000 for eligible physicians and other practitioners, subject to a limit of 10 eligible tax years;[13,14] and

Whereas, Because Florida does not levy a state personal income tax, it cannot replicate rural provider retention incentives through a state income tax credit, and a direct, appropriated retention payment would provide a practical mechanism for achieving a comparable year-over-year retention effect;[15] and

Whereas, Florida and Nebraska both received first-year awards under the federal Rural Health Transformation Program, but Florida's workforce funding is directed toward clinical training and service-commitment infrastructure rather than a direct retention incentive, while Nebraska, beginning in 2026, is using its allocation to establish the Nebraska Rural Health Workforce Incentive Program, which makes direct payments to rural providers and includes a dedicated retention award for clinicians already practicing in rural counties;[7,16] therefore be it

RESOLVED, That the Florida Medical Association supports the development and implementation of retention incentives for primary care physicians who practice in rural and medically underserved areas of Florida.

Fiscal Note:

Description	Amount	Budget Narrative
100 Staff hours	$20,000	Can be accomplished with current staff
Total	$20,000	$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation and Miscellaneous

References

1. Florida Agency for Health Care Administration. *Graduate Medical Education Committee Report*. Florida Agency for Health Care Administration; 2025.
2. Florida House of Representatives. *CS/HB 1549 Staff Analysis*. Florida House of Representatives; 2024. Accessed May 10, 2026.
3. United States Department of Health and Human Services, Health Resources and Services Administration. *Distribution of US health care providers residing in rural and urban areas*. Accessed May 10, 2026. https://www.ruralhealthinfo.org/assets/1275-5131/rural-urban-workforce-distribution-nchwa-2014.pdf
4. Florida House of Representatives. *Staff Analysis: CS/CS/SB 7016 — Health Care*. Published 2024. Accessed May 11, 2026. myfloridahouse.gov. pp. 5-8.
5. Health Resources and Services Administration. *NHSC Loan Repayment Program*. National Health Service Corps. Updated April 20, 2026. Accessed June 7, 2026. https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program
6. Florida Department of Health. *Florida Reimbursement Assistance for Medical Education (FRAME) Program*. Florida Department of Health. Accessed June 7, 2026. https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/FRAMEProgram/index.html
7. Centers for Medicare & Medicaid Services. Rural Health Transformation Program State Project Abstract: Florida. Published 2025. Accessed June 8, 2026. https://www.cms.gov/files/document/rht-florida-application-abstract-01-05-2026-1.pdf
8. Arredondo K, Touchett HN, Khan S, Brill JE, Watanabe-Galloway S. Current programs and incentives to overcome rural physician shortages in the United States: a narrative review. J Gen Intern Med. 2023;38(suppl 3):916-922. doi:10.1007/s11606-023-08122-6.
9. Topmiller M, Peterson LE, Bazemore AW, Kamerow DB. Retention of family physicians in the National Health Service Corps (NHSC) in high-need areas. J Am Board Fam Med. 2025;38(4):768-769. doi:10.3122/jabfm.2025.250083R1.
10. Rowan K, Shah SV, Knudson A, Kolenikov S, Satorius J, Robbins C, Kepley H. *Health professional retention in underserved areas: findings from the National Health Service Corps Loan Repayment Program participants in the United States, 2019-2021*. J Public Health Policy. 2024;45(4):639-653. doi:10.1057/s41271-024-00516-y
11. Florida Medical Association. *FMA Policy Compendium*. Policies P140.004 and P140.008. Florida Medical Association; 2025.
12. American Medical Association. *Principles of and Actions to Address Primary Care Workforce*. AMA Policy H-200.949.
13. New Mexico Department of Health. *Rural Health Care Practitioner Tax Credit Program*. Accessed June 8, 2026. https://www.nmhealth.org/about/phd/pchb/oprh/rhcptc/
14. Oregon Office of Rural Health, Oregon Health & Science University. *Oregon Rural Practitioner Tax Credit for MDs, DPMs and DOs*. Accessed June 8, 2026. https://www.ohsu.edu/oregon-office-of-rural-health/oregon-rural-practitioner-tax-credit-mds-dpms-and-dos
15. Florida Senate. *The Florida Constitution: Article VII, Section 5. Estate, inheritance and income taxes*. Accessed June 8, 2026. https://www.flsenate.gov/laws/constitution#A7S05

16. Nebraska Department of Health and Human Services. *Nebraska Rural Health Workforce Incentive Program*. Accessed June 8, 2026. https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx

Relevant FMA Policies

P 140.004 UNDERSERVED AREA LOAN FUND

The Florida Medical Association supports the establishment and funding of a medical education loan reimbursement program administered by the Florida Department of Health to encourage qualified medical professionals to practice in underserved locations of the state; and further supports the program be administered by the State Health Officer. (BOG June 1988) (Reaffirmed 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)

P 140.008 CREATION OF A FUND TO SUPPORT GRADUATE MEDICAL EDUCATION AND RESEARCH

The Florida Medical Association endorses the concept of the formation of a fund to support graduate medical education and research which should involve assessing the adequacy of Florida's current and future physician workforce needs and developing legislative alternatives to address a possible physician workforce shortage. (BOG Rpt A, A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)

P 440.002 RESIDENT PHYSICIAN MEDICAL EDUCATION SUPPORT

The Florida Medical Association reaffirms, through active legislative advocacy, its continuing strong support for increased funding by the establishment of additional funded positions for resident physician medical education through multiple vehicles including federal, state and private entities. (Res 09-36, HOD 2009) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)

Relevant AMA Policies

Principles of and Actions to Address Primary Care Workforce H-200.949

AMA supports increased financial incentives for physicians practicing primary care, especially those in rural and urban underserved areas, including scholarship or loan repayment programs, relief of professional liability burdens, and Medicaid case management programs, among others, and advocates to state and federal legislative and regulatory bodies for development of such incentives.

Effectiveness of Strategies to Promote Physician Practice in Underserved Areas D-200.980

1. Our American Medical Association, **in** collaboration with relevant medical specialty societies, will continue **to** advocate for the following:
    a. Continued federal and state support for scholarship and loan repayment programs, including the National Health Service Corps, designed **to** encourage **physician practice in underserved areas** and with **underserved** populations.
    b. Permanent reauthorization and expansion **of** the Conrad State 30 J-1 visa waiver program.
    c. Adequate funding (up **to** at least FY 2005 levels) for programs under Title VII **of** the Health Professions Education Assistance Act that support educational experiences for medical students and resident physicians **in underserved areas**.

2. Our AMA encourages medical schools and their associated teaching hospitals, as well as state medical societies and other private sector groups, **to** develop or enhance loan repayment or scholarship programs for medical students or physicians who agree **to practice in underserved areas** or with **underserved** populations.
3. Our AMA will advocate **to** states **in** support **of** the introduction or expansion **of** tax credits and other **practice**-related financial incentive programs aimed at encouraging **physician practice in underserved areas**.
4. Our AMA will advocate for the creation **of** a national repository **of** innovations and experiments, both successful and unsuccessful, **in** improving access **to** and distribution **of physician** services **to** government-insured patients (National Access Toolbox).
5. Our AMA supports elimination **of** the tax liability when employers provide the funds **to** repay student loans for physicians who agree **to** work **in** an **underserved** area.

Educational Strategies for Meeting Rural Health Physician Shortage H-465.988

AMA supports educational, recruitment, financial aid, and training strategies to address rural physician shortages, including rural clinical rotations and preceptorships, primary care residencies in smaller communities, scholarship and loan repayment programs, outreach to rural students, continued support for Area Health Education Centers and the National Health Service Corps, and efforts to expand rural residency training opportunities.

Preservation, Stability and Expansion of Full Funding for Graduate Medical Education D-305.967

AMA supports preserving, stabilizing, and expanding full funding for graduate medical education, including direct and indirect GME costs, increased residency positions to meet physician workforce needs, removal of Medicare GME caps, support for Medicaid and all-payer GME funding, and expanded training opportunities in rural and underserved areas.