

# HEALING THE FOUNDATION

THE CRITICAL IMPORTANCE  
OF INVESTING IN PRIMARY  
CARE IN CALIFORNIA

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HEALTH POLICY  
SCHOLARS PROGRAM

UCSF MEDICAL STUDENT PRIMARY  
CARE LEADERSHIP ACADEMY



University of California  
San Francisco

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# EXECUTIVE SUMMARY

We are California medical students alarmed by the current state of US health care as the most costly, least effective, and least equitable system among high-income nations. A driving force for this crisis is the US and California's chronic underinvestment in a critical component of health care delivery: **primary care**. In this brief, we demonstrate that strong primary care systems improve health outcomes and equity while reducing overall health care expenditures. To remedy worsening workforce shortages and underinvestment in primary care, we seek radical change in our state's valuation of primary care. Enacted in 2023, SB770 calls for California to design a unified financing system for health care in the state. SB770 is a unique opportunity to implement evidence-based policies to revitalize primary care.

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## THE VALUE OF PRIMARY CARE

Robust, accessible, and high-quality primary care systems are the foundation of a healthy society. Expanding primary care decreases hospitalizations and lowers mortality rates, with one recent study finding that 10 additional primary care physicians per 100,000 population in a county are associated with an average 51.5 day increase in life expectancy. Importantly, primary care also improves health equity among historically marginalized populations. More primary care physicians in a community is associated with decreased racial disparities in referral patterns, uptake of cancer screening, medications, and immunizations, and increased trust of the medical system by racially minoritized populations. Remarkably, up-front investment in primary care also saves costs. A recent study sponsored by the California Health Care Foundation found that if all commercial HMOs increased their primary care investment to 12.5% of total health care spending, California would save an estimated \$2.4 billion annually.

## PRIMARY CARE IN CRISIS

Despite primary care accounting for 35% of health visits, California spends only 6% of its total health care expenditures on primary care—less than half the percentage spent by peer nations and high-performing health care organizations in the US. This underinvestment results in a growing access crisis in California.

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In 2022, 11.4 million people in California—over one-quarter of the state’s population—resided in a primary care shortage area. Black, Latine, and Indigenous Californians are overrepresented in primary care shortage areas, contributing to health disparities. Primary care underinvestment also places additional burden on other sectors of the healthcare system, as patients unable to access primary care seek care in already overcrowded emergency departments or are hospitalized for illnesses that could have been prevented by timely primary care. Finally, excessive workloads and inadequate organizational support result in primary care clinicians having particularly high rates of burnout, discouraging medical students from entering primary care careers and further endangering access. 02

## **OUR RECOMMENDATIONS FOR SB770 AND A PRIMARY CARE REVITALIZATION PLAN**

SB770 provides an exciting opportunity for transformative health reform in California. But a unified health care financing program will only succeed in actualizing the goals of equitable, affordable care for all if it rests on a solid foundation of primary care. The SB770 implementation plan must include measures that decisively rectify the imperiled state of primary care. We recommend the following actions, based on evidence-based recommendations recently issued by the National Academies of Sciences, Engineering, and Medicine and the California Future Health Workforce Commission:

### **1. INCREASE PRIMARY CARE INVESTMENT FROM 6% TO 15% OF TOTAL STATE HEALTH CARE EXPENDITURES.**

These additional resources would pay for integrating behavioral health professionals, community health workers, and other staff into primary care teams, recruiting more primary care clinicians, and related needs. The California Office of Health Care Affordability is currently charged with defining and measuring primary care spending and setting voluntary benchmarks for payers for primary care spending. The SB770 plan must set a mandatory target for primary care investment of 15% of total health care expenditures.

### **2. ENSURE THAT ALL CALIFORNIANS ARE LINKED TO HIGH QUALITY PRIMARY CARE MEDICAL HOMES TO CREATE STABLE PRIMARY CARE RELATIONSHIPS.**

A unified financing program must assist Californians in overcoming barriers to establishing and sustaining a relationship with a personal primary care clinician and care team. Covered California has been a national leader in assuring that all enrollees in exchange plans are linked with a primary care practice; this is a precedent for universal primary care linkage under a unified financing system.

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### 3. IMPLEMENT A COMPREHENSIVE PRIMARY CARE WORKFORCE DEVELOPMENT PROGRAM TO SUPPORT TRAINING PROGRAMS AND INCREASE THE SUPPLY OF PRIMARY CARE PROVIDERS BY:

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- Expanding the number of primary care physician and residency positions, especially in regions with the greatest workforce shortages.
- Optimizing the role of nurse practitioners and other health professionals as part of the care team.
- Expanding and strengthening loan repayment programs for primary care clinicians.
- Recruiting and training students from rural areas and other under-resourced communities for careers in primary care.

As future physicians, we feel compelled to advocate for a system that values patients' well-being and offers more equitable, affordable, and effective health care. We believe that to achieve these goals, primary care must be adequately supported and valued because robust primary care is the foundation of a high-functioning health care system. SB770 presents an opportunity not only to revitalize primary care in California but also to spark broader change across the US. The actions recommended in this brief outline the ways we can collectively rebuild primary care and improve the quality of life and health for all Californians.

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## ABOUT THE HEALTH POLICY SCHOLARS PROGRAM

The Health Policy Scholars Program is a new initiative for medical students within the Primary Care Leadership Academy and is sponsored by the UCSF Department of Family and Community Medicine. The program supports students' development of health policy knowledge and skills needed to create systems change and revitalize primary care. Through the program, scholars collaborate with researchers, health care workers, patients, and policymakers to advocate for a health care system that values and uplifts robust primary care services for all.

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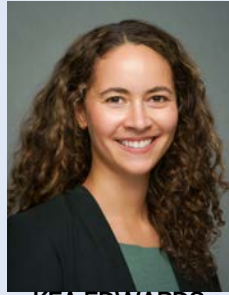
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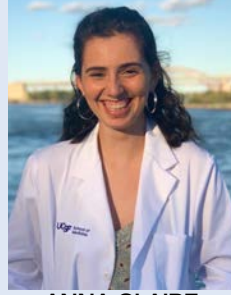
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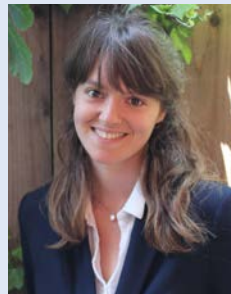


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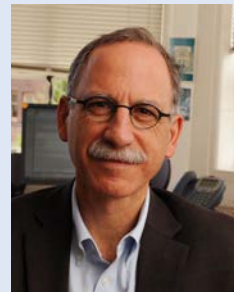
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# INTRODUCTION

As medical students in California facing a US health care system that is the most costly, least effective, and least equitable among all high-income nations<sup>1</sup>, we are profoundly concerned about the collective health of the patients we will serve and about our careers as practicing physicians. Profit-driven approaches to health care have led to shorter clinical appointments, longer wait times for patients, wider health care disparities for vulnerable communities, limited preventive health services, staffing shortages, health worker burnout, and declines in life expectancy. The nation's failure to enact a universal, unified health care financing model is a root cause of these problems. Weakened primary care is both an effect and exacerbating factor in this underperformance. Health care market forces and national policies have threatened public wellbeing by underinvesting in this critical component of the US health care delivery system. The National Academies of Sciences, Engineering, and Medicine defines primary care as “the provision of integrative accessible health care services by clinicians\* who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practice in the context of family and community.”<sup>2</sup>

Primary care workers are some of the most critical health providers and are essential for the public's wellbeing. Yet, over the past few decades, this sector has been chronically underfunded and neglected in the US, including the state of California. As future clinicians committed to the holistic wellbeing and longevity of our communities, we would like to see a radical change in the valuation of primary care.

In 2019, Governor Newsom established the Healthy California for All Commission. Its 2022 report, [Key Design Considerations for a Unified Health Care Financing System](#), endorsed a program of “unified health care financing.” Based on the Commission's findings, the California Legislature passed [Senate Bill 770](#), calling for the implementation of such a system, including pursuing necessary federal Medicare and Medicaid waivers. Governor Newsom signed SB770 into law on October 7, 2023. SB 770 is a compelling opportunity for politicians, health care workers, researchers, and organizers to transform our current culture of care and demonstrate their commitment to building equitable and progressive medical services. It also provides a window of opportunity to rebuild primary care. As medical students who believe that compassionate, preventive,

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\*NPs, PAs, and similar health care workers are included in this definition.

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and holistic health care should be accessible for all, we are champions of primary care and trust in its power to uplift the health care system in California and the US.

To demonstrate the critical importance of adequately resourced primary care and to advocate for change, our student organization developed the following report. In this document, we seek to: (1) summarize research demonstrating the positive impact of robust primary care services; (2) reflect on and document the current imperiled state of primary care in the US and more specifically California; (3) offer policy recommendations to center primary care and its revitalization when developing strategic plans for SB 770 and unified health care financing in California.

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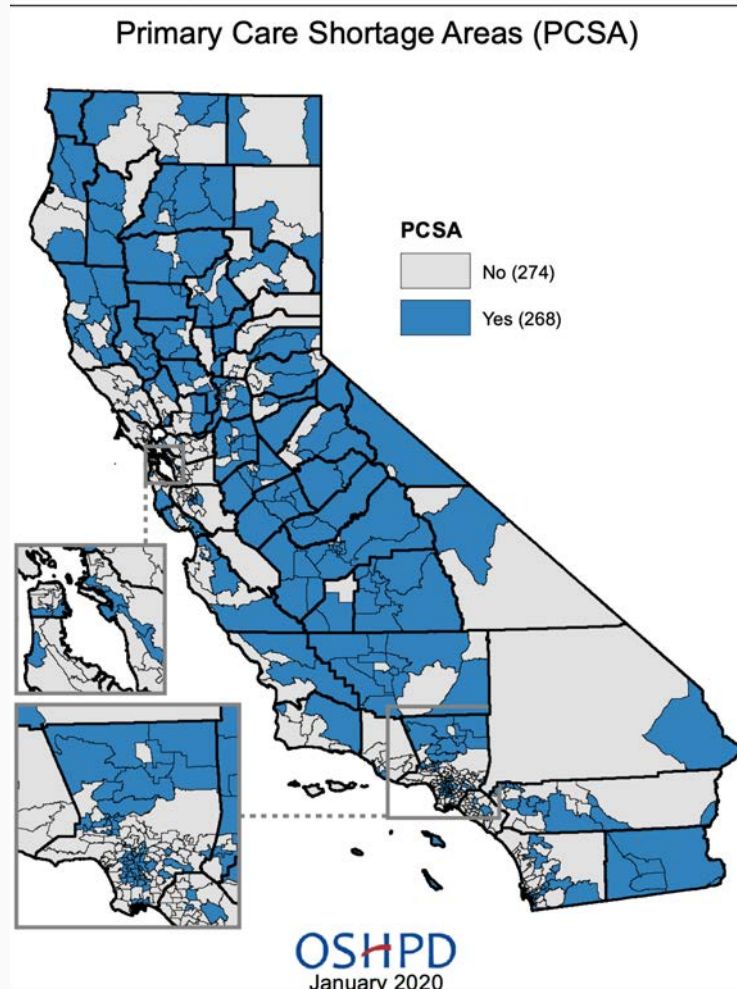


# WHY PRIMARY CARE MATTERS

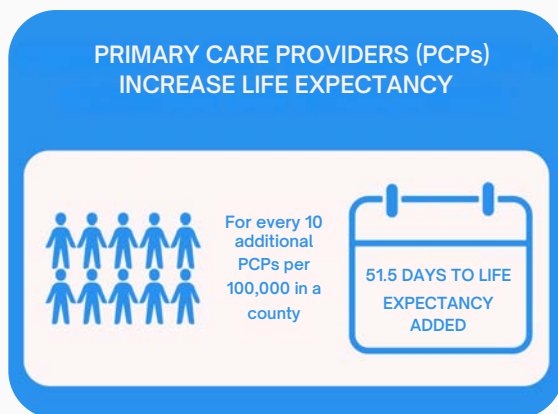
Robust, accessible, high-quality primary care systems are the foundation of a healthy society.<sup>2</sup> Primary care offers whole person approaches to care that not only provides comprehensive behavioral and physical health management, but also helps coordinate care for patients across the health system and serve as a space for patients to build trusting partnerships with health providers. Evidence shows that systems which invest more in primary care have better population health outcomes (including lower mortality rates and decreased hospitalizations), greater patient satisfaction, decreased overall health care spending, and greater health equity.<sup>2 3 4 5</sup> Despite compelling research in support of primary care, this sector remains chronically underfunded across the United States and California and inaccessible to many communities.

**IN 2022, ABOUT 11.4 MILLION CALIFORNIANS—OVER ONE-QUARTER OF THE STATE'S POPULATION—RESIDED IN PRIMARY CARE SHORTAGE AREAS.**

This situation is even more glaring when reviewing evidence on vulnerable populations. Black, Latine, and Native American communities are disproportionately impacted, representing two-thirds of those living within a shortage area. SB 770 offers California a unique opportunity to lead in primary care investment and thus improve the overall health of its population.



## PRIMARY CARE IMPROVES HEALTH OUTCOMES

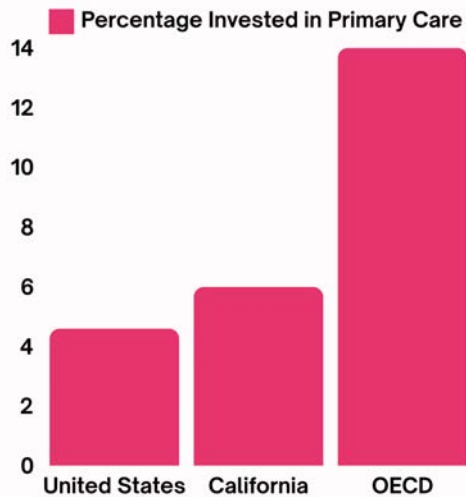


Increases in primary care access and supply have been associated with improved life expectancy.<sup>6</sup> Research across different counties, states, and countries has consistently shown a positive relationship between primary care supply and health outcomes, even when controlling for age, income, sex, education, and race/ethnicity.<sup>3</sup> Greater connection to primary care can lead to more complete immunization, earlier detection and treatment of disease, and reduced disease severity due to effective management of chronic conditions such as diabetes—all of which contribute to improved long-term quality of life.<sup>2 7</sup> The elements that define primary care—continuity, coordination, comprehensiveness, and whole-person orientation—demonstrate why primary care has such a positive and wide-ranging impact on population health. As the first point of contact for patients, primary care offers access to needed health care services.

Additionally, as coordinators of care, primary care teams serve as a bridge for patients that can connect them to specialists, mental health care, and social services. Continuity and relationships maintained over time in primary care settings are associated with greater patient satisfaction, better treatment adherence, and lower rates of preventable hospitalizations and emergency department use. Furthermore, primary care takes an individualized, holistic approach to health that considers social context, history, family, and culture as integral to patient care. Whole person care is associated with improved patient management of chronic conditions and increased adherence to physician advice.<sup>3 4 7</sup> Together, these powerful positive health effects affirm the exceptional value of high quality, accessible primary care.

## INVESTMENT IN PRIMARY CARE SAVES MONEY

Despite abundant evidence about the myriad benefits of primary care, the low level of investment in primary care in the United States stands out relative to peer nations. Countries within the Organization for Economic Co-operation and Development (the OECD)—such as Australia, Canada, Chile, France, Germany, and Japan—on average spend 14% of their total health care budget on primary care.<sup>8</sup> States across the US spend less than half as much, only 5-7% of total health expenditures.



Organization for Economic Co-operation and Development (OECD)  
This figure is a representation of data from the OECD 2019 policy brief and 2022 Center for Medicare and Medicaid services

In 2022, the California Health Care Foundation (CHCF) sought to answer the key question of whether increasing primary care spending might result in more affordable care. The study sponsored by CHCF examined 8.5 million adult Californians enrolled in commercial HMO plans, finding that primary care spending across the provider organizations contracting with these HMOs averaged 7.6% of total health care expenditures, with a range from 2.8% to 15.4%. Provider organizations with the highest percentage spending on primary care performed better on clinical quality,\*\* patient experience, and total cost of care than those with lower primary care spending. The study then extrapolated the data to examine the potential benefit if all provider organizations invested in primary care at the same level as those in the highest quartile of primary care investment, concluding that this would result in 25,000 fewer acute

hospital stays, 89,000 fewer ED visits, and a savings of approximately \$2.4 billion dollars in total health care expenditures.<sup>4</sup>

If all commercial HMOs increased their primary care investment to 12.5% of total spending, California would save \$2.4 billion annually in total health care expenditures



The 2019 Patient-Centered Primary Care Collaborative (PCPCC) report highlighted the value of high quality and more accessible primary care from Rhode Island's decision to increase primary care investment. In 2010, Rhode Island established the Affordability Standards, which set a benchmark for primary care spending and required private insurers to increase primary care spending to 10.7% by 2014. This policy led to an increase in primary care spending from \$47 million to \$74 million between 2010 and 2017. The greater investment in primary care coupled with state measures to contain the growth of spending in other health care sectors contributed to an \$88 million net decline of total medical expenditures of the state compared with projected total costs. In addition to the direct economic benefits, Rhode Island also experienced an increased supply of primary care providers per capita from 2010 to 2017.<sup>8</sup>

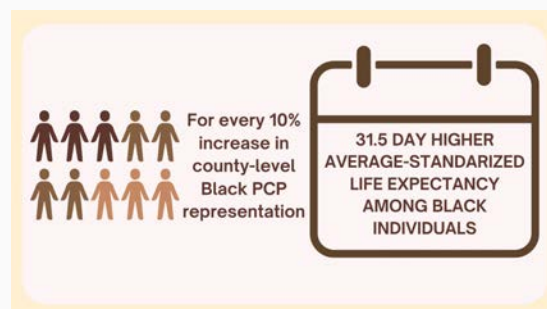
\*\*Some items to calculate performance measures included the percentage of women aged 21 to 64 with appropriate cervical cancer screening, the percentage of members aged 50 to 75 with appropriate colorectal screening, etc.

Together, the reports confirm that health care systems that invest more in primary care achieve an excellent financial return on investment as measured by lowered total health care expenditures.

## PRIMARY CARE IMPROVES HEALTH EQUITY

In addition to improved health outcomes and affordability, access to high-quality primary care reduces health disparities and promotes equity. Historically marginalized communities and population groups with lower incomes and education experience pervasive health inequities.<sup>9</sup> Among the many drivers of these disparities is inequities in primary care utilization due to structural barriers. Non-Hispanic Black and Hispanic populations are less likely than white populations to have a regular place and clinician to receive care, even after controlling for income and insurance. Non-Hispanic Black and Hispanic individuals have a 37% and 66% higher rate of inconsistent primary care access compared to white individuals.<sup>10</sup> However, increased availability of primary care can help reduce inequities.<sup>2</sup> Areas with a higher supply of primary care physicians demonstrate lower avoidable morbidity and mortality as well as longer life expectancies.<sup>6</sup> The benefit of primary care for health outcomes is particularly strong among Black populations.<sup>11</sup>

The presence of more primary care physicians in a community has also been found to decrease racial disparities in referral patterns and increase necessary hospital admissions for Black Americans. In these areas, Black patients also receive preventive primary care services at rates equal to their white counterparts.



Furthermore, continuity with primary care results in fewer racial disparities in uptake of cancer screening, medications, and immunizations and increased trust of the medical system by racially minoritized populations.<sup>5</sup> Health inequities not only harm the public but also cost the US health care system billions of dollars per year.<sup>12</sup>

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# THE CRISIS OF PRIMARY CARE IN CALIFORNIA

## **CHRONIC UNDERINVESTMENT IN PRIMARY CARE RESULTS IN PRIMARY CARE SHORTAGES AND DETERIORATING ACCESS TO CARE**

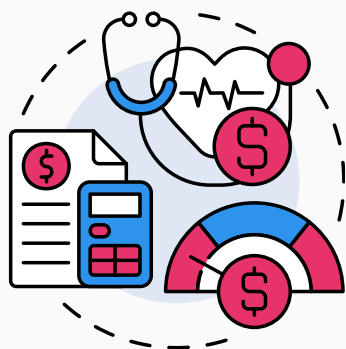
Despite the tremendous amount of evidence confirming how essential primary care is for achieving better population health outcomes, health equity, and health care system savings, it continues to be underfunded, as compared with international norms and US policy recommendations. Primary care accounts for 35% of health visits, yet only 5.4% of US total health care expenditures.<sup>2</sup> Payments for primary care services and earnings for primary care providers fall far below norms for specialists. This has led to shortages in primary care workers across the US, including California. Millions of Californians are unable to access the primary care clinicians and health services that they need. Almost 20% of Californians live in communities designated by the Federal Government as having a shortage of primary care physicians, and only 49% of primary care needs

in the state were met in 2022.<sup>13 14</sup> Indisputably, this poses an equity issue. Californians who are Black, Latine, and Indigenous comprise 70% of the residents who live in primary care shortage areas.<sup>15</sup> Furthermore, patients living in certain regions within the state suffer more than others due to the unequal geographic distribution of primary care. Shortages are most severe in rural counties; in 2018, 100% of the population in 5 counties (Alpine, Calaveras, Glenn, San Benito, and Sierra) did not have sufficient access to primary care providers. The Central Valley, Central Coast, and Southern Border regions are projected to have the worst shortages in the future.<sup>16 17</sup> For example, the San Joaquin Valley has 39 primary care physicians per 100,000 people—far below the state average of 50 per 100,000 and the federal recommendation of 60 to 80 per 100,000.<sup>18</sup>

The inaccessibility of primary care in California results in patients waiting longer and traveling greater distances to their appointments. The underinvestment has created conditions where it is more difficult

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to find clinicians accepting new patients, and when patients do, it is not uncommon for them to wait 6 to 8 months for an initial visit with their clinician.<sup>19</sup> Consequently, patients have been forced to delay or forgo preventive care and neglect the health management of chronic conditions.<sup>20</sup> Insurance policies have also contributed to health care disparities within California. Medi-Cal recipients experience greater difficulty in accessing primary care services than privately insured Californians due to lower payment rates and related barriers.<sup>21</sup> The growth of High-Deductible Health Plans (HDHPs) for the privately insured—often with deductibles from \$1000 to over \$5000 that must be paid out of pocket before insurance payments begin—has made primary care increasingly unaffordable. Although the deductible is waived for preventive services, all other primary care services are subject to the deductible, including care of chronic conditions like hypertension and behavioral health conditions, leading many patients to defer necessary care.<sup>22</sup>



## THE EPIDEMIC OF BURNOUT AMONG PRIMARY CARE WORKERS



The health care system in California and across the country has created a work environment that predisposes health care workers to burnout. Burnout is a syndrome characterized by emotional exhaustion related to chronic stressors in the workplace and is especially prevalent among primary care clinicians. Family physicians and primary care internists have significantly higher rates of burnout than most other specialties, with over half reporting experiencing burnout in 2022. Excessive primary care workloads without sufficient compensatory organizational support contribute to the crisis of burnout, with practicing clinicians unable to care for all Californians in need. The consequences of physician burnout are severe and detrimental. Physicians who are experiencing burnout deliver lower quality care and are at greater risk of harming their patients.<sup>23</sup> Burned-out physicians have higher rates of mental illness, substance use disorders, and suicidal ideation.<sup>12</sup>

Burnout creates a vicious cycle that exacerbates the primary care workforce shortage.

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Graduating medical students, who often accrue high levels of educational debt, witness the devaluation of primary care, as well as the dwindling wellbeing of primary care clinicians, and thus are less likely to pursue a career in primary care.<sup>24</sup> The production of new family physicians is barely keeping pace with the number of retiring family physicians, and cannot contend with the growth of the overall US population. The situation is even more dire for the primary care internist workforce. Currently only about 9% of residents in internal medicine residencies, who account for 24% of active US residents, report an interest in working in primary care after completing their training, down from 1 in every 2 internal medicine residents entering primary care a few decades ago.<sup>25</sup> In addition to the decline in future clinicians, the current supply of primary care health clinicians is also in jeopardy. Growing numbers of primary care clinicians are tired of working in a system that does not value them and are driven to leave the profession or seek refuge in concierge practices, catering to a small number of high-income patients.<sup>26</sup> The Association of American Medical Colleges estimates that by 2032, there will be a shortage of up to 48,000 primary care physicians.<sup>27</sup> The inadequately supported primary care system is actively harming both patients and clinicians.

## **THE DETRIMENTAL RIPPLE EFFECTS ON THE ENTIRE HEALTH SYSTEM**

The under-resourcing of primary care has major detrimental ramifications for the entire health system and public health. Without adequate access to primary care, patients flock to the only place where they are guaranteed health care: Emergency Departments, which have consequently become dangerously overcrowded.<sup>28</sup> In a survey of patients waiting to be seen in the ED of a public hospital, 38% stated that they would trade their ED visit for a primary care appointment.<sup>29</sup> Better access to primary care is associated with lower patient risk of hospitalization and readmissions after discharge.<sup>30</sup> A strong primary care sector is thus also critical for allowing the limited capacity of acute care hospitals to be used efficiently. The failure to adequately support primary care results in the overemphasis on expensive treatment of patients after they are already sick.<sup>31</sup>

Despite decades of reforms aimed to patch up the current system—the Affordable Care Act, Public Health Initiatives, Accountable Care Organizations, and Patient Centered Medical Homes—policymaking in the state and the nation has fallen short of addressing the profound and enduring issues that imperil primary care. However, SB770 offers California an opportunity for

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transformative health reform. In the following section, we propose several specific measures to revitalize primary care as the foundation of a high-performing health care system for all Californians to include in the design of a unified financing system.

Source: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2724392?resultClick=1>

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# SB770 AND A PRIMARY CARE REVITALIZATION PLAN FOR CALIFORNIA

A unified financing program for California’s Healthcare System will only succeed in actualizing the goals of equitable, affordable care for all if it rests on a solid foundation of primary care. That is why it is critical for the SB770 implementation plan to include measures that decisively rectify the imperiled state of primary care. The plan must articulate a bold strategy to rebuild a primary care system that centers patients and supports primary care workers, thus creating a robust infrastructure of well-supported primary care practices across the state that can provide highly accessible, whole person care while promoting a healthy practice environment that will attract and sustain primary care workers

The National Academies of Sciences, Engineering, and Medicine ([\(NASEM\)](#)<sup>2</sup> and the [California Future Health Workforce Commission](#)<sup>15</sup> have recently promulgated evidence-based recommendations for policies to strengthen primary care. These recommendations, along with reforms already underway in California, provide the basis for the following primary care revitalization action plan:

## **1. INCREASE PRIMARY CARE INVESTMENT TO AT LEAST 15% OF TOTAL STATE HEALTH CARE EXPENDITURES**

Primary care is starved for the resources needed to ensure access to timely, comprehensive, high-quality care. Spending on primary care was estimated to represent about 6% of total health care expenditures in California in 2019.<sup>32</sup> Research suggests that about twice this level of investment is needed to support high-performing primary care. These additional resources could address needs such as integrating behavioral health professionals, community health workers, and other staff into primary care teams, recruiting more primary care clinicians, and related needs. The NASEM Committee on Implementing High-

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Quality Primary Care recommended that “States should implement primary care payment reform by...increasing the overall portion of health care spending in their state going to primary care.”<sup>2</sup> The California Office of Health Care Affordability (OHCA) is currently charged with defining and measuring primary care spending and setting voluntary benchmarks for payers for primary care spending.<sup>33</sup> **The SB770 plan must build on the formative work by OHCA and set a mandatory target for primary care spending under a unified financing program of at least 15% of total expenditures.**

## **2. ENSURE THAT EVERY CALIFORNIAN CAN BE LINKED TO A HIGH-QUALITY, PRIMARY CARE MEDICAL HOME.**

A unified financing program must assist Californians in overcoming barriers to establishing and sustaining a relationship with a personal primary care clinician and care team. The NASEM Committee emphasized that “All individuals should have the opportunity to have a usual source of primary care,” citing research on the benefits of stable primary care relationships for effective, equitable, and affordable clinical care, especially when these relationships are culturally and linguistically congruent. Covered California has been a national leader in assuring that all enrollees in exchange plans are linked with a primary care practice, including enrollees in PPO plans.<sup>34</sup> **The SB770 implementation plan should emulate the innovative Covered California model and establish a statewide process for facilitating primary care linkage for all Californians under a unified financing program.**

## **3. IMPLEMENT A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM TO RAPIDLY INCREASE THE SUPPLY OF PRIMARY CARE CLINICIANS AND OTHER PRIMARY WORKERS.**

The California Future Health Workforce Commission identified a shortage of primary care clinicians and workers as one of the state’s most pressing workforce problems and issued many recommendations to rebuild the primary care workforce.<sup>15</sup> The Commission also highlighted the importance of training a health care workforce that reflects the communities it serves. A diverse primary care workforce that reflects the demographics of their patient population is essential to providing culturally competent care, building patient trust, and ensuring continuity of care.<sup>35</sup> The California Department of Health Care Access and Information has already moved to implement many of the Commission’s recommendations, but much greater investment in these programs is required to achieve the primary care capacity needed under universal coverage. The SB770 implementation plan should call for intensified investment in these Commission recommendations.

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**A. EXPAND THE NUMBER OF PRIMARY CARE PHYSICIAN AND RESIDENCY POSITIONS, ESPECIALLY IN REGIONS WITH THE GREATEST WORKFORCE SHORTAGES.**

(COMMISSION RECOMMENDATION 2.2)

California should continue to build on recent increases in state funding for primary care residency positions to achieve at least a 50% increase in total positions relative to the number in 2020, with investment prioritized for family medicine residency programs and residency programs in under-resourced communities.

**B. OPTIMIZE THE ROLE OF NURSE PRACTITIONERS AND OTHER HEALTH PROFESSIONALS AS PART OF THE CARE TEAM.**

(RECOMMENDATION 3.1)

Primary care is a team sport; training programs and regulations must promote the full involvement of nurse practitioners, physician assistants, behavioral health workers, pharmacists, and other health professionals in these teams.

**C. EXPAND AND STRENGTHEN LOAN REPAYMENT PROGRAMS FOR PRIMARY CARE CLINICIANS.**

(RECOMMENDATION 1.6)

Growing educational debt deters medical school graduates from pursuing primary care careers, which historically pay much less than careers in non-primary care specialties.<sup>36</sup> State loan repayment programs for primary care workers must be expanded so that future health care workers are not disincentivized from working in primary care, especially in low-income and rural communities.

**D. RECRUIT AND TRAIN STUDENTS FROM RURAL AREAS AND OTHER UNDER-RESOURCED COMMUNITIES FOR CAREERS IN PRIMARY CARE.**

(RECOMMENDATION 2.3)

A diverse primary care workforce that reflects the demographics of their patient population is essential for establishing an equitable health care system. Primary care is a unique and indispensable access point for patients to engage with the health care system. By providing culturally competent care, building patient trust, and fostering continuity of care, primary care can help bolster better patient outcomes and directly contribute to the overall health of Californians.

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Although California faces a primary care crisis that jeopardizes the state's ability to deliver on the promise of a high-performing unified financing system, the good news is that the solutions to the primary care crisis have already been clearly formulated by blue-ribbon national and state committees. The SB770 plan must address how the waiver framework for unified financing will integrate federal and state funds and program authority to implement these essential measures to revitalize primary care.

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# CONCLUSION

As medical students invested in improving health care for all, we hope to witness a radical change in the valuation of primary care in California. Research and practice have demonstrated that investment in primary care reduces health care expenditure, improves health outcomes, and creates a more equitable health care system. Yet, despite these undeniable benefits, primary care has been chronically underfunded, leading to reduced access to care for millions of Californians, overcrowding of Emergency Departments, and higher rates of burnout among primary care workers. Our health care system is in critical need of transformative reforms that center primary care as the foundation of our health system.

We believe that SB770 offers an opportunity to rebuild primary care in California and initiate broader change across the US. By integrating the recommendations outlined in this brief, SB770 can help foster a health care system that prioritizes holistic care, increases accessibility, decreases cost, and enhances the wellbeing of all Californians.

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