

Testimony of Dr. Allyson Brotherson

My name is Dr. Allyson Brotherson, and I serve as the Chair of the Department of Family Medicine at Hennepin Healthcare.

Since 2012, we have received an appropriation of \$645,000 per year —or \$1.29 million per biennium—designated to support the faculty and meet the accreditation requirements needed to train residents in the family medicine residency training in Minnesota.

One of the oldest FM residencies in the state

Our Family Medicine Residency Program, based at the Whittier Clinic in South Minneapolis and at Hennepin County Medical Center—Minnesota's flagship public teaching hospital in downtown Minneapolis—is one of the oldest accredited programs in the state and in the country. Since its founding in 1970, we have been committed to training comprehensive, community-focused physicians prepared to meet the diverse needs of patients and families throughout our state.

Our residents

Each year, we welcome 11 new residents into our three-year program, maintaining a full cohort of 33. Just last month, we successfully matched another talented class of incoming interns—selected from a pool of over 1,200 applicants. The high volume and caliber of applicants reflect both the reputation of our program and the urgent demand for well-trained family physicians. 100% fill rate and 100% Board pass rate for over a decade

Scope of Family Medicine training

Family medicine training at Hennepin spans every corner of care and ever age demographic. from outpatient clinics to inpatient wards, the ICU to the emergency department, from labor and delivery to nursing homes. Our residents provide comprehensive care from cradle to grave –they deliver babies, care for the elderly, treat chronic disease, and manage complex acute care.

Role of faculty

This training is not theoretical. Teaching residents requires real-time, hands-on instruction from faculty —whether at 2:00 a.m. assisting in a delivery, demonstrating how to suture a wound in the ER, or navigating delicate end-of-life conversations with families. It is a 24/7 commitment by our dedicated faculty, who embody Hennepin's 100-year legacy of service, education, and equity.



What the funding supports:

- This appropriation from the Office of Higher Education is specifically used to support teaching—paying faculty who are in the room, on the floor, and at the bedside, training our next generation of primary care providers. Without this funding, we would be forced to reduce the number of residents we train. Specifically, a loss of the \$645,000 would require us to eliminate nearly four residency positions each year—a devastating impact not only on our program but on the communities these future doctors would go on to serve.
- This funding supports the creation of the curriculum, teaching the courses, running the program, oversee learner remediation and evaluations. These roles are required by the national accrediting body who oversees family medicine training in the United States.
- Helps to support the workforce shortage in primary care obstetric care especially in rural communities. The residency delivers this for Minnesota
 - The vast majority have entered long-term primary care practice continuing to practice more than 10 years after their program. More than 50% remain in Minnesota, serving urban and rural communities for primary care practice with obstetrics proficiency across the state.
 - Many have entered practice in rural areas
 - Recently, residents have gone on to practice in Roseau, Forest Lake,
 Onamia, Janesville, Owatonna and in other communities
 - Without this funding, that is four fewer residents given the opportunity to receive this training and practice in our communities.

There is an impending wave of retirements and workforce attrition among healthcare providers—especially in rural and underserved areas—this residency program is not just a training site. It is a workforce pipeline. It is a long-term investment in the health and stability of our communities.

I urge you to maintain this critical appropriation and help ensure that Hennepin—and Minnesota—can continue to train the physicians we so urgently need.