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*To the Editor:* - - I found the Editorial "Improving the Supply of Physicians in Rural Areas" to be very thought-provoking.<sup>1</sup> However, I would like to add the additional factor of practice disincentives. Everything from the difficulty in cleaning lab coats under the new Occupational Safety and Health Administration standards to the inability to share the cost of medical practice administration adds to the frustrations often experienced by the rural physician. To make matters worse, in many states (Kentucky included), Medicare pays metropolitan physicians up to 25% more for the same services that are provided by physicians in rural areas. At the same time, politicians wonder why states are underserved in rural areas. In Kentucky, the Health Care Financing Administration enacted this rule after input from the state medical society. The state medical society decides its recommendations by vote. Needless to say, the underserved rural areas have fewer physicians representing them at the state medical meetings than the physicians from metropolitan areas. All concerned have conflicts of interest and should not be involved in this decision process.

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1. Verby JE. Improving the supply of physicians in rural areas. JAMA. 1992;268:1597-1598.