



Sound Policy. Quality Care.

June 24, 2024

The Honorable Ron Wyden, Chairman
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Bipartisan Medicare GME Working Group
The Honorable John Cornyn
The Honorable Robert Menendez
The Honorable Bill Cassidy, MD
The Honorable Michael Bennet
The Honorable Thom Tillis
The Honorable Catherine Cortez Masto
The Honorable Marsha Blackburn

RE: *Bipartisan Medicare GME Working Group Draft Proposal Outline*

Dear Chairman Wyden and members of the Bipartisan Medicare GME Working Group:

The Alliance of Specialty Medicine (the “Alliance”) represents more than 100,000 specialty physicians and surgeons across 16 specialty and subspecialty societies and is deeply committed to improving access to specialty medical care through the advancement of sound health care policy. As patient and physician advocates, the undersigned organizations appreciate the Senate Finance Committee’s efforts to advance Medicare graduate medical education (GME) proposals to address health care workforce shortages and gaps. We appreciate the opportunity to provide comments on the outline of your [draft policy proposal](#). As specialty physicians, our comments are focused on Sections 2 and 4 related to the distribution of Medicare GME slots to rural areas, critical specialty shortages and the establishment of a Medicare GME Policy Council.

According to the Association of American Medical Colleges, the United States faces an overall shortage of up to 124,000 physicians by 2034, including 77,100 specialty and 48,000 primary care physicians.¹ Shortages will be particularly acute in the coming years for neurosurgeons, urologists, rheumatologists, ophthalmologists, cardiologists, gastroenterologists, plastic and reconstructive surgeons, dermatologic surgeons, orthopaedic surgeons, osteopathic surgeons, and general surgeons. **It is especially critical to act now because specialty physicians require up to seven years (even longer if they pursue a post-residency fellowship) of post-graduate residency training** compared to three years for primary care physicians. Given the increased demand created for their services by an aging population and the concern that more physicians are leaving medical practice early due to burnout, Congress needs to take steps now

¹ <https://www.aamc.org/data-reports/workforce/report/physician-workforce-projections>.

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American Gastroenterological Association • American Society for Dermatologic Surgery Association
American Society of Cataract & Refractive Surgery • American Society of Echocardiography • American Society of Plastic Surgeons
American Society of Retina Specialists • American Urological Association • Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons • National Association of Spine Specialists • Society of Interventional Radiology

to ensure a fully trained specialty physician workforce for the future. Such shortages not only overburden providers but can also cause longer wait times for patients and can prevent access to care in those areas with the worst shortages.

Addressing medical specialty shortages should be a part of any comprehensive workforce and GME policy reforms, along with proposals to address primary care and general surgery shortages. The Alliance supports the bipartisan ***Resident Physician Shortage Reduction Act*** (S. 1302), which will improve the nation's GME system and help to preserve access to specialty care by increasing Medicare-supported GME residency slots by 14,000 over the next seven years. This legislation also specifies priorities for distributing the new slots (e.g., states with new medical schools) and directs the Government Accountability Office to study strategies to increase the diversity of the health professional workforce.

COMMENTS ON SEC. 2. ADDITIONAL AND IMPROVED DISTRIBUTION OF MEDICARE GME SLOTS TO RURAL AREAS AND KEY SPECIALTIES IN SHORTAGE.

We support the addition of Medicare GME slots from FY 2027 through FY 2031 and urge the Committee to ensure that a meaningful number of new slots are funded. In addition, we encourage the Committee to provide at least the same percentage (in this case 25%) of specialty slots and primary care given that the health care system needs to optimize the training and availability of a robust workforce to fully meet the needs of Medicare beneficiaries.

The Alliance appreciates the steps taken by Congress to address the physician shortage crisis by approving 1,200 new Medicare-supported GME slots in the *Consolidated Appropriations Act, 2021* (P.L. 116-260) and the *Consolidated Appropriations Act, 2023* (P.L. 117-73). We thank you for recognizing that more changes are needed to ensure an adequate supply of physicians and allow the graduate medical education system to operate optimally.

The magnitude of the projected physician workforce shortage emphasizes the need to expand GME to train additional specialty care physicians. The Alliance believes that to produce the number of highly trained specialty physicians needed to treat an ever-expanding patient population, **Medicare must provide financial support for the entire length of training required for a resident's initial board certification.**

Preparing our medical workforce and ensuring medical education continues to evolve to meet advancing medical knowledge is critical to maintaining the standard of health care in this country. Access to high-quality and appropriate care is necessary to contain costs and effectively manage the progression of disease, chronic and complex conditions, and co-morbidities.

While it is imperative that primary care physicians and specialists work together to ensure the delivery of quality care, evidence indicates that specialists achieve better outcomes in the treatment of the diseases on which they focus. Physician shortages have led to a very precarious situation regarding the ability to train high-quality specialists who can treat such diseases in the near future. And, unlike primary care physicians, who receive full GME support for their three-year residency training, specialty physicians require up to eight (and sometimes nine) years of post-graduate residency training. By the time a true crisis manifests itself, we will be unable to correct it quickly. Thus, we need to take steps now to ensure a fully trained specialty physician workforce well into the future.

How could Congress improve the recruitment of physicians to work in rural or underserved communities? For example, would adding criteria to allocate GME slots for hospitals affiliated with centers of excellence, HBCUs, or MSIs and for hospitals affiliated with non-academic hospital settings improve the distribution of physician training and recruitment in rural and underserved areas?

In response to the above question, the Alliance believes that there should be incentives to train and develop a quality workforce, sufficient in numbers, for rural settings. Such opportunities should provide both primary and specialty medicine residents with diverse training opportunities to best prepare them for patient care. **Rotations in rural and underserved areas can help achieve this goal.**

However, it is important to recognize that certain specialties, such as neurosurgery, require significant resources (e.g., expensive technology and other high-tech medical equipment, neuro-ICUs, specialized nurses and other ancillary clinical personnel and services) that are not often found in rural and underserved areas. As such, these specialties may not be able to practice in rural or underserved areas. Thus, policies to incentivize physicians to serve these locations should be measured and flexible.

COMMENTS ON SEC. 4. ESTABLISHMENT OF MEDICARE GME POLICY COUNCIL TO IMPROVE DISTRIBUTION OF SLOTS TO SPECIALTIES IN SHORTAGE

The Alliance agrees that a better mechanism is needed to distribute Medicare GME slots to specialties in shortage that does not require congressional action. Exemplified by the more than 25 years it has taken to modestly increase the cap on GME slots, we need a more flexible and nimble mechanism to better respond to projected workforce shortages. As mentioned earlier, it takes many more years to train specialists than primary care physicians, and the delay in acting to address specialist workforce shortages can impact an entire generation.

Should Congress include additional specifications for a GME Policy Council in order to improve its success in allocating GME slots to physician specialties projected to be in shortage?

The Alliance does not support the creation of a new GME Policy Council, finding it redundant and unnecessary. However, in response to the question above, the Alliance **strongly recommends that any GME Policy Council include representatives of practicing medical specialists and specialty physician organizations.** In addition, there needs to be a mechanism for public comment and submission of relevant data to fully understand workforce projections. As discussed in response to the question below, an improved COGME could help facilitate this process.

Does the existing Council on Graduate Medical Education (COGME), a federal advisory committee that assesses physician workforce trends, fulfill the goals of this new Medicare GME Policy Council? How can Congress enhance the work of the COGME?

Although COGME was created by Congress nearly 40 years ago and by statute (Sec. 762, Public Health Service Act) is charged with making recommendations to Congress regarding “current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties,” its focus has been mostly on primary care. If the Committee seeks to enhance the work of COGME to fulfill the goals of a new Medicare GME Policy Council, we recommend the following:

- **Ensure consistent funding to support these additional activities.** The current funding language for COGME is “Amounts otherwise appropriated under this title may be utilized by the Secretary

to support the activities of the Council.” Funding should be prioritized for these activities to ensure timely information, analysis, and recommendations.

- **Require more regular reporting.** Currently, COGME is required to submit a report “not less than every 5 years.”
- **Ensure balanced representation of specialty and primary care physicians.** Currently, the composition of COGME includes “6 members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations.” To ensure balance and appropriate input on the physician workforce, this number should be increased and include **practicing** specialty physicians, equally apportioned between specialty and primary care physicians, along with continued involvement of national and specialty physician organizations.
- **Empower the establishment of subcommittees.** In COGME’s 2017 report to Congress, it recommended that “The [Strategic Planning] Committee should be empowered to establish subcommittees in areas it deems of particular need for innovative thinking, such as GME finance, curriculum development and assessment, specialty and geographic distribution of training programs, and training program accreditation. Committee and subcommittee members could be identified through a nomination process that seeks expertise in specific areas of workforce development, health policy, and GME.” We agree that subcommittees that draw on focused expertise could be helpful to the discussion about future workforce needs.

The Alliance applauds the Committee’s efforts to address the growing physician workforce crisis. The Alliance encourages you to explore specialty physician workforce needs and to pursue comprehensive workforce policy to support medical education for primary and specialty physicians. Projected workforce shortages in many fields of medicine will jeopardize access to care for patients and will take time to address. Congress must act now to increase the number of residency slots to ensure access to care. We look forward to working with you on this important issue. Please contact us at info@specialtydocs.org if you have any questions or would like to discuss these issues in greater detail.

Sincerely,

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