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### **H.R. 3200, THE “AMERICA’S AFFORDABLE HEALTH CHOICES ACT” Answers to Frequently Asked Questions on GME and Workforce**

#### **Does H.R. 3200 support Graduate Medical Education (GME)?**

H.R. 3200 includes provisions that support GME and are consistent with AMA policy. Specifically, the bill authorizes the re-distribution of unused GME positions to qualifying hospitals, with preference to hospitals that emphasize primary care training. The bill would also authorize: increased training in non-provider settings (e.g., outside the hospital setting); a demonstration project for qualifying GME at teaching health centers (e.g., federally qualified health centers that develop a primary care residency program); flexibility in the GME program to cover activities outside the hospital setting (e.g., didactic conferences and seminars and supervised clinical experiences in private physician offices); redistributing GME residency slots after a hospital closure; and a study and report on medical residency training programs.

#### **Are the GME provisions adequate for addressing physician shortages?**

The AMA believes that H.R. 3200’s proposal to fill vacant GME resident slots alone will not be enough to address the predicted physician shortages, and ensure that we have a fully trained physician workforce available to serve the needs of patients. An article published in the *Journal of the American Medical Association (JAMA)* in 2008 projects that at least 21,000 additional residency positions will be needed within the next decade to keep pace with the projected increment of more than 5,300 additional MD and DO graduates from US allopathic and osteopathic medical schools. The AMA recommends the following additional GME actions to ensure an adequate physician workforce: (1) maintain adequate and stable Medicare and Medicaid GME funding levels; (2) investigate additional sources of GME funding (e.g., private payers); (3) authorize new funding to increase Medicare supported GME positions in primary care, general surgery, and other undersupplied specialties, as well as in underserved areas; and (4) bring together a variety of health care experts (including practicing and teaching physicians and other health professionals) to assess and make recommendations on (a) our physician workforce needs, (b) the number of needed GME positions, and (c) the source, use, and distribution of GME funds.

In May 2009, the AMA issued support for S. 973/H.R. 2251, the “Resident Physician Shortage Reduction Act of 2009,” which would redirect unfilled Medicare-supported GME positions and expand the number of Medicare-supported positions by 15 percent, with preference given to primary care, general surgery, non-hospital community based settings, and other areas of need. The AMA continues to advocate for increasing

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Medicare supported GME positions for undersupplied specialties and in underserved areas to address physician shortages and to ensure access to care.

### **Does the AMA support all of the GME provisions?**

As is typical with very large bills, H.R. 3200 contains many provisions that we support, others that concern us, and still other provisions that we want to see changed. We plan to continue our efforts to refine the provisions that are inconsistent with our policy as the legislative process progresses. For example, H.R. 3200 includes a provision that would require the Government Accountability Office (GAO) to assess GME training, including curriculum requirements. The AMA, along with other stakeholders, issued strong objections to the provision in the bill that would support efforts by the government to dictate the content of GME training programs.

### **What other provisions in H.R. 3200 address physician workforce shortages?**

H.R. 3200 authorizes increased funding for existing scholarship, loan repayment, and training programs like the National Health Service Corps (NHSC) and Title VII health professions and diversity programs in order to address the need for more physicians and other health care professionals. The bill also provides a loan repayment program for eligible primary care physicians and other health professionals who do not qualify to participate in the NHSC. Details regarding the administration of this program would be provided by the Secretary of Health and Human Services (HHS).

### **Does H.R. 3200 provide funding for the National Health Service Corps?**

Yes. H.R. 3200 authorizes funding for the NHSC to address workforce shortages in high need areas. The NHSC is a national program that recruits and retains primary care physicians and other health care providers in underserved areas by providing incentives through loan forgiveness programs and scholarships. H.R. 3200 also authorizes part-time service to qualify towards the NHSC service requirement. In addition, H.R. 3200 authorizes increasing the annual NHSC loan repayment amount from \$35,000 to \$50,000 starting in FY 2011.

### **What about funding for Title VII programs?**

H.R. 3200 authorizes funding for Title VII health professions and diversity programs. Through loans, loan repayment programs, and scholarships to students, as well as grants and contracts to academic institutions and non-profit organizations, Title VII of the Public Health Service Act is an essential component of the nation's health care safety net. Congress last reauthorized these Title VII programs in 1998. Since then, many of the Title VII health professions and diversity programs have faced significant cuts. The AMA supports adequate funding for these programs, which are crucial to developing a well-prepared, well-distributed, and diverse health care workforce.

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### **What is the Public Health Workforce Corps?**

H.R. 3200 authorizes the establishment of a public health workforce corps to address public health workforce shortages. This Corps would be modeled after the NHSC by providing scholarship and loan repayment support for public health professionals serving in areas of need. Details regarding the administration of this program would be provided by the Secretary of HHS.

### **Does H.R. 3200 include specific provisions, like loan deferments, to help medical students better manage their high debt burdens?**

While H.R. 3200 gears funding and financial assistance towards supporting primary care training programs, the AMA continues to advocate for broad provisions that would alleviate high medical student debt burdens through tuition assistance, loan deferment, and loan forgiveness for service programs for all undersupplied specialties, including programs for medical teaching faculty.