

# How is GME funding being spent? The AMA calls for answers

JUN 12, 2019

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Medicare is by far the largest single source of graduate medical education (GME) funding. Over the past two decades, however, Medicare’s financial support of residency training positions has not grown in any significant way, despite the growing demands for physicians.

The AMA House of Delegates (HOD) made changes to policy aimed at addressing that gap between supply and demand at the 2019 AMA Annual Meeting this week.

Delegates modified AMA policy to “encourage the Secretary of the U.S. Department of Health and Human Services to coordinate with federal agencies that fund GME training to identify and collect information needed to effectively evaluate how hospitals, health systems and health centers with residency programs are utilizing these financial resources to meet the nation’s health care workforce needs.”

“This includes,” the policy adds, “information on payment amounts by the type of training programs supported, resident training costs and revenue generation, output or outcomes related to health workforce planning (i.e., percentage of primary care residents that went on to practice in rural or medically underserved areas), and measures related to resident competency and educational quality offered by GME training programs.”

The AMA also supports the following federal bills that have been introduced in this session of Congress:

- The Community and Public Health Programs Extensions 1 Act (S. 192). The bill would reauthorize \$310 million for the National Health Service Corps, \$126 million for Teaching Health Centers Graduate Medical Education (THCGME) programs, and \$4 billion for Community Health Centers for each fiscal year from 2019 to 2024. The AMA has submitted a support letter.
- Rural Physician Workforce Production Act of 2019 (S. 289). The bill would establish a national per resident payment amount in order to make accepting residents a financially

viable option for rural hospitals.

| Training the Next Generation of Primary Care Doctors Act of 2019 (S. 304). The bill provides funding for current THCGME programs and supports and funds the creation of new programs or centers, with a priority for those serving rural and medically underserved populations and areas.

| Resident Physician Shortage Reduction Act of 2019 (S. 348). The bill would provide 15,000 additional Medicare-supported GME positions over five years. The AMA has submitted a support letter.

“The AMA is reinforcing its commitment to advocate for expanded GME funding to ensure we train enough physicians to meet the nation’s changing health care needs,” said AMA Board Member Ryan J. Ribeira, MD, MPH. “There is currently a lack of sufficient data available to identify gaps between federal GME programs and the needs of the nation’s physician workforce—particularly distribution of physicians geographically and across specialties.

“We urge HHS to gather comprehensive data that will help them accurately determine whether the federal investment in GME training meets current workforce needs, and properly make recommendations to Congress and the administration on improving the efficient and effective use of federal funds to meet those needs,” Dr. Ribeira said.