



Adequate funding of graduate medical education ensures essential current and future medical services

Workforce experts predict that the United States will face a shortage of up to 90,000 physicians by 2025.

Furthermore, the demand for physician services significantly increased in 2014, as approximately 32 million Americans accessed additional health care services with the implementation of the Affordable Care Act. In addition, population aging and growth will increase demand as the elderly are the largest consumers of America's health care system.¹

Despite the impending worsening shortage of physicians in many states and specialties, the amount of available residency training positions funded by Medicare has been capped since the passage of the Balanced Budget Act of 1997. While medical schools are expanding enrollment to meet future needs, graduate medical education (GME) positions have only minimally increased. As a result, the number of U.S. medical school graduates has already exceeded the number of available residency slots, leaving many medical students unable to train to become physicians. Cuts to federal funding for GME would worsen physician shortages.

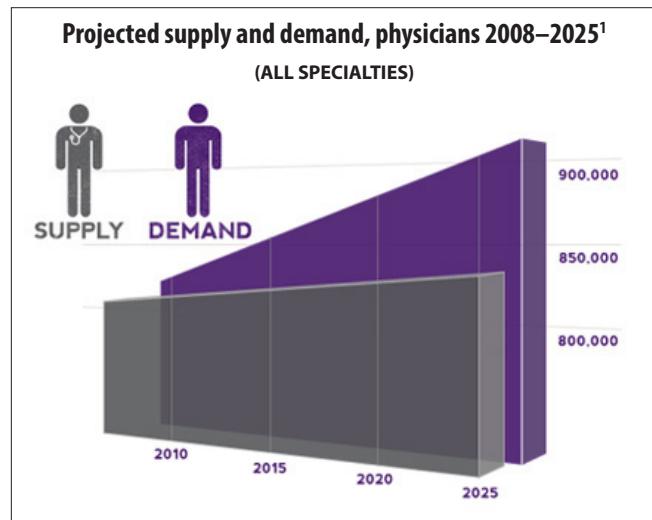
Physicians in GME programs provide much needed care.²

- Many residents train at teaching hospitals where they care for the underserved, indigent and elderly, including 28 percent of all Medicaid hospitalizations.
- Teaching hospitals (where medical residents train) provide 40 percent of all charity care—at a cost of \$8.4 billion annually.
- Over 37,000 medical residents received some or all of their training at VA hospitals while caring for active soldiers and veterans.
- Medical residents provide complex and acute care. Teaching institutions where residents train often operate at a loss to provide specialized services and support clinical research, and rely on federal GME funding to stay afloat.

Medicare spending on GME is actually only ~2 percent of the program's overall budget. Therefore, cutting GME will not meaningfully reduce Medicare costs.

Ask your senators and representative to:

- Retain full Medicare support and federal funding for GME while continuing to explore additional alternative forms of funding streams
- Support legislation that proposes to lift the cap in order to protect access to care and increase the number of residency slots particularly in underserved areas and undersupplied specialties



1. AAMC. The Complexities of Physician Supply and Demand: Projections from 2013 to 2025. (<https://www.aamc.org/download/426242/data/ihreportdownload.pdf>). Accessed Aug. 21, 2015.

2. AAMC. Preserve Medicare Support for Physician Training. (<https://www.aamc.org/download/262676/data/gmefactsheet.pdf>). Accessed Aug. 21, 2015.