

Advocating for Physicians: Addressing physician workforce shortages with bipartisan graduate medical education legislation.

Increase residency training slots and help relieve financial burdens on physicians in training to improve our physician workforce and alleviate physician shortages

The American Medical Association has long-supported legislation to increase graduate medical education (GME) training slots. The U.S. is facing a shortage of between 37,800 and 124,000 physicians by 2034 – a deficiency that is almost certain to be made worse by rising rates of physician burnout and early retirement. The physician workforce, like our general population, is aging, with nearly 45% of active physicians in the U.S. aged 55 and older. Despite an increasing population of seniors in the U.S., the Balanced Budget Act of 1997 caps the number of federally funded residency training positions, essentially freezing the number of Medicare-supported GME slots at levels that existed in 1996. As medical school enrollment continues to grow, aspiring physicians worry about having adequate GME slots available to complete their training so they can serve their communities.

Congress made an initial investment in shoring up the physician workforce by providing 1,000 new Medicare-supported GME positions in the **Consolidated Appropriations Act, 2021** – the first increase of its kind in nearly 25 years. Additionally, the **Consolidated Appropriations Act, 2023** provided 200 federally supported GME positions for residencies in psychiatry and psychiatry subspecialties. However, more federal assistance is needed to substantially increase the number of physicians.

The AMA urges Congress to further invest in the physician workforce by passing H.R. 2389/S. 1302, the **Resident Physician Shortage Reduction Act**, introduced by Sens Robert Menendez (D-NJ) and John Boozman (R-AK), as well as Reps Terri Sewell (D-AL) and Brian Fitzpatrick (R-PA). This bipartisan legislation would help alleviate the physician shortage by gradually providing 14,000 new Medicare-supported GFME positions over 7 years. Much like the 2020 and 2022 smaller increases, these positions would be targeted to hospitals with diverse needs, including rural teaching hospitals, hospitals serving patients in health professional shortage areas (especially those hospitals affiliated with historically Black medical schools), hospitals in states with new medical schools or branch campuses, and hospitals already exceeding their Medicare supported training caps. With physician shortages continuing to grow across the country, larger workforce investments are desperately needed and will address workforce shortages across the spectrum of specialties to help address the holistic health care needs of America's patients.

In addition, the cost of attending medical school remains a major barrier for individuals looking to become physicians, especially those from minoritized and marginalized communities. Nearly 75% of medical school graduates have outstanding medical school debt with the median amount being \$200,000. As a result, Congress should pass H.R. 1202/S. 704, the **Resident Education Deferred Interest (REDI) Act**, bipartisan legislation introduced by Sens. Jacky Rosen (D-NV) and John Boozman (R-AD), and Reps Brian Babin, DDS (R-TX) and Chrissy Houlahan (D-PA) that permits borrowers in medical or dental residency or internship programs to defer their student loans without interest until completion of their training.

Congressional Asks:

- **Cosponsor H.R. 2389/S. 1302, the Resident Physician Shortage Reduction Act, to ensure the number of physicians trained today will be sufficient to treat the expanding, aging population of tomorrow.**
- **Cosponsor H.R. 1202/S. 704, the REDI Act, which permits physicians in training to defer their medical school student loans without interest until the completion of their residency program.**