



Bipartisan graduate medical education and physician workforce legislation:

Increase residency training slots and reform immigration policies to alleviate physician shortages and serve our aging, growing population

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 124,00 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-N.J.) and John Boozman (R-Ark.), as well as Reps. Terri Sewell (D-Ala.) and Brian Fitzpatrick (R-Pa.). This bipartisan legislation would help alleviate the physician shortage by gradually providing 14,000 new Medicare-supported GME 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.

The AMA also strongly supports H.R. 7050, the **Substance Use Disorder Workforce Act**, introduced by Reps. Brad Schneider (D-Ill.), David Valadao (R-Calif.), Annie Kuster (D-N.H.) and Mike Kelly (R-Pa.), which provides 1,000 additional Medicare-supported GME positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry or pain management. Although not reintroduced yet, the Senate companion bill, entitled the Opioid Workforce Act, is traditionally led by Sens. Maggie Hassan (D-N.H.) and Susan Collins (R-Maine). This bill is critical for medical students to receive appropriate training prior to caring for patients in communities across the country suffering from opioid and related substance use disorders and facing a shortage of physicians trained to treat them.

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-Nev.) and John Boozman (R-Ark.), and Reps. Brian Babin, DDS (R-Texas) 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.

In the short term, there is also a need to capitalize on investments made in foreign doctors trained at U.S. medical schools. Current law requires these physicians who complete their medical residency in the U.S. on a J-1 visa to return to their country of origin for two years before being eligible to apply for an immigrant visa or a Permanent Residence Card (Green Card), forcing physicians who have been trained here to leave the country even though they are desperately needed. Under the Conrad 30 program enacted in 1994, physicians who agree to serve in a rural and underserved area for three years can receive a J-1 visa waiver and remain in the U.S. after completing their medical residency. For many patients living in underserved communities, international medical graduates serve as the only access point to a physician. Consequently, the AMA supports Congress passing H.R. 4942/ S. 665, the **Conrad State 30 and Physician Access Reauthorization Act**. Introduced by Sens. Amy Klobuchar (D-Minn.) and Susan Collins (R-Maine) and Reps. Brad Schneider (D-Ill.), Don Bacon (R-Neb.), David Valadao (R-Calif.) and Sylvia Garcia (D-Texas), this bipartisan bill reauthorizes this crucial program for three years, makes targeted policy improvements such as permitting an expansion in the number of waivers granted to each state, and allows physicians who work in an underserved area or Veterans' Administration facility for a total of five years to gain priority access in the Green Card system, thereby helping to address the current physician Green Card backlog.

Finally, Congress should pass H.R. 6205/S. 3211, the **Healthcare Workforce Resilience Act**. Introduced by Reps. Brad Schneider (D-Ill.), Yadira Caraveo, MD (D-Colo.), Don Bacon (R-Neb.) and Tom Cole (R-Okla.) and Sens. Richard Durbin (D-Ill.) and Kevin Cramer (R-N.D.), this bipartisan bill allows for the recapture of 15,000 unused employment-based physician immigrant visas and 25,000 unused employment-based professional nurse immigrant visas from previous fiscal years (1992–2021). The visas would become available immediately upon the date of enactment of the legislation and remain available for a three-year period.

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. Encourage your senators and representative to co-sponsor H.R. 7050, the Substance Use Disorder Workforce Act/Opioid Workforce Act, to significantly increase the supply of physicians trained to meet our nation's immense need for treatment of addiction and related disorders. Urge your senators to reintroduce the Opioid Workforce Act.**
- **Cosponsor H.R. 1202/S. 704, the REDI Act, which permits physicians to defer their medical school student loans without interest until the completion of their residency program.**
- **Cosponsor H.R. 4942/S. 665 the Conrad State 30 and Physician Access Reauthorization Act, which reauthorizes this important program for international medical graduates for three years, establishes a process for increasing the number of waivers per state, and makes targeted improvements so that rural and underserved communities continue to have access to a physician.**
- **Cosponsor H.R. 6205/S. 3211, the Healthcare Workforce Resilience Act, which recaptures 15,000 unused employment-based visas for physicians and 25,000 unused employment-based visas for nurses.**