

Oct. 5–7

AMA Advocacy in Action Workshop



Advocating for Future Physicians: Strengthening GME to Address the Physician Shortage

Across the country, communities face an intensifying physician shortage, worsened each year by an aging population, rising burnout, and mounting educational costs. To meet future healthcare needs, and stop this gap from widening, we must invest in Graduate Medical Education (GME) to grow and sustain the physician workforce.

Physician Shortage Crisis

By 2036, the country is projected to experience a shortage of up to 86,000 physicians, with especially acute deficits in primary care, general surgery, and other specialty fields such as cardiology and neurology.¹ Nearly two out of five active physicians are expected to retire within the next decade, and workforce losses are accelerating.²

Despite these projections, the number of Medicare-funded residency training slots have remained artificially capped since 1997, creating a bottleneck in the physician pipeline. While the consequences of inaction are already impacting access to care today, the negative consequences of this policy will be far more acute over the next five to ten years. Delays in policy action will undoubtedly compound the access to care challenges over the next decade.

At the same time, the cost of medical education continues to soar, with average student loan debt over \$200,000, not including undergraduate loans.³ During residency, physicians-in-training earn modest stipends, making interest-bearing loans a long-term financial burden. Recent policy changes have also introduced new barriers. Federal loan caps now limit the amount students can borrow through traditional programs, forcing many to seek high-interest private loans.⁴ In addition, the elimination of several income-driven repayment plans has reduced flexibility for graduates trying to manage debt while pursuing high-need specialties. These financial constraints are likely discouraging students from entering medicine and could deter students in the pipeline from applying for primary care and competitive specialties that require longer training.

Legislative Solutions

Recent legislative efforts have begun to chip away at the GME shortfall. The 2021 Consolidated Appropriations Act added 1,000 new Medicare-supported residency positions over five years, and the 2023 omnibus included 200 slots dedicated to psychiatric specialties.⁵ While these steps mark meaningful progress, they fall far short of meeting projected workforce needs across all specialties, particularly in rural and underserved areas. To build on this momentum, several bipartisan bills in the 119th Congress would strengthen the physician workforce pipeline:

- 1. Resident Physician Shortage Reduction Act of 2025 (H.R. 4731/S. 2439)** introduced by Reps. Terri Sewell (D-AL) and Brian Fitzpatrick (R-PA), as well as Sens. John Boozman (R-AR) and Raphael Warnock (D-GA)
 - a. **Expands the number of Medicare-supported residency positions by 14,000** over seven years, targeting hospitals in rural and underserved areas, and those that are training above their existing caps.
- 2. Resident Education Deferred Interest (REDI) Act (H.R. 2028/S. 942)** introduced by Reps. Brian Babin (R-TX) and Chrissy Houlahan (D-PA), as well as Sens. Jacky Rosen (D-NV) and John Boozman (R-AR)
 - a. Allows medical and dental residents to **defer student loans without accruing interest** until after completing residency, reducing long-term debt burden during training years.

3. Specialty Physician Advancing Rural Care (SPARC) Act (H.R. 4681/S. 1380) introduced by Reps. John Joyce (R-PA) and Debra Ross (D-NC), as well as Sens. Jacky Rosen (D-NV) and Roger Wicker (R-MS)

- a. **Authorizes a loan repayment program** to encourage specialty medicine physicians to serve in rural communities experiencing a shortage of these vital physicians.

ACTION REQUESTED

Coordinate a sign-on letter for students from your medical school urging your Representatives and Senators to cosponsor:

- **H.R. 4731/S. 2439, the Resident Physician Shortage Reduction Act of 2025**, to address the physician shortage and support the future healthcare workforce by gradually raising the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new slots.
- **H.R. 2028/S. 942 the Resident Education Deferred Interest (REDI) Act**, to ease medical student debt by allowing interest-free loan deferral during residency training.
- **H.R. 4681/S. 1380, the Specialty Physicians Advancing Rural Care (SPARC) Act**, to address the physician specialty shortage in rural areas by creating a loan repayment program to encourage physicians who have specialized to serve in rural communities.

Strengthen Graduate Medical Education

Contact your representatives to co-sponsor the REDI, SPARC, and Resident Physician Shortage Reduction Acts.

Endnotes

1. Ass'n of Am. Med. Colls., The Complexities of Physician Supply and Demand: Projections From 2021 to 2036 (Mar. 2024), <https://www.aamc.org/media/75236/download?attachment>
2. *Id.*
3. Assoc. of Am. Med. Colls., Medical Student Education: Debt, Costs, and Loan Repayment: Fact Card for the Class of 2025 (Oct. 2025), https://store.aamc.org/downloadable/download/sample/sample_id/652/
4. U.S. Dep't of Educ., Big Updates to Federal Student Aid Programs, Fed. Student Aid, <https://studentaid.gov/announcements-events/big-updates>
5. Ass'n of Am. Med. Colls., Distribution of 400 New Medicare-Supported Graduate Medical Education Residency Positions Marks Milestone in Expanding the Physician Workforce (Dec. 19, 2025), <https://www.aamc.org/news/press-releases/distribution-400-new-medicare-supported-graduate-medical-education-residency-positions-marks>