Whereas, funding for Graduate Medical Education (GME) is derived from both public and private sources; and

Whereas, the federal government is by far the largest contributor to GME; and

Whereas, various programs that support physician workforce development are managed by agencies within the Departments of Health and Human Services, Veterans Affairs, and Defense; and

Whereas, Medicare is the largest source of federal GME funding and Medicaid, a joint federal-state program, is the second largest source of support for GME; and

Whereas, the ACGME does not control and has no involvement in resident/fellow salaries; and

Whereas, each Sponsoring Institution’s Graduate Medical Education Committee must approve annual recommendations to administration regarding resident/fellow salaries and benefits; and

Whereas, the Institute of Medicine’s (IOM) Committee on Government and Financing of Graduate Medical Education (GME) put out their report “Graduate Medical Education That Meets the Nation’s Health Needs” in 2014; and

Whereas, it was in 2016 that CME last gave its report on Accountability and Transparency in GME funding (CME Report 5-A-16); and

Whereas, it was from CME report 5 at A-16 that our American Medical Association adopted policy H305.929 with provisions 3) and 4) committing to overall transparency and specifically financial transparency with regard to Graduate Medical Education; and

Whereas, The Consolidated Appropriations Act of 2021 added 1000 new Medicare-funded residency positions for the first time since 1997; and

Whereas, it was in 2022 that our AMA, through house policy H305.930, called for appropriate increases in resident salaries; and therefore be it

RESOLVED, that our American Medical Association work with interested parties (including but not limited to the CMS, VA, DOD and others) to issue an annual report detailing the quantity of GME funding for each year including how those funds are allocated on a per resident or fellow basis, for a minimum of the previous 5 years and be it further,

RESOLVED, that our AMA reaffirm policy H 305.929 (Last modified 2016).
Fiscal Note: Minimal - less than $1,000

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