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SCHWARTZ'S BIPARTSAN BILL ADDRESSES PHYSICIAN SHORTAGE

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Washington, D.C. – The United States is facing a crisis in access to primary care and specialty physicians due to a growing physician shortage. An expansion of graduate medical education slots around the country is urgently needed in order to ensure access to essential health services for millions of Americans. The Philadelphia region plays a vital role in educating the next generation of physicians, with one out of every six doctors receiving medical training in a Philadelphia teaching hospital.

U.S. Rep. Allyson Schwartz is leading the effort to ensure a robust physician workforce capable of meeting the health needs of our growing and aging population. Earlier this year, Schwartz relaunched the Congressional Academic Medicine Caucus, which works with teaching hospitals across the country to confront the challenges facing academic medicine and the health care system as a whole.

Recently, Schwartz introduced bipartisan legislation with U.S. Rep. Aaron Schock (R-IL) to ensure a sufficient physician workforce by creating 15,000 new medical residency slots over the next five years. If enacted, the *Resident Physician Shortage Reduction and Graduate Medical Education Accountability Act* would be the first increase in graduate medical education slots in nearly 15 years.

Here are the facts:

- Medicare enrollment is expected to surge with 10,000 Baby Boomers expected to turn 65 every day for the next 20 years.
- Already, 60 million Americans, or nearly one in five, lack adequate access to primary care due to a shortage of primary care physicians in their communities.
- Approximately one-third of the country's doctors are 55 or older, and nearing retirement.
- Experts now estimate that 130,000 new physicians would be necessary to eliminate the current physician workforce shortage.

"Our nation's graduate medical education system trains the world's most prominent physicians who serve patients in practice settings ranging from renowned teaching hospitals, to community hospitals, to small primary care practices across the country," **Schwartz said**. "These hospitals are uniquely qualified to provide high-quality patient care to our sickest populations and serve as the epicenter of medical research in this country. This bipartisan effort reflects the pressing need for reforms to our nation's graduate medical education system that will expand training capacity and improve the quality of physician training in this country."

"All indications are that our country requires an increased physician workforce to accommodate our increasing and changing health care delivery needs. Increasing the number of medical students without looking specifically at the limitation of the current graduate medical education system is short-sighted. The *Resident Physician Shortage Reduction and Graduate Medical Education Accountability Act* attempts to address this critical issue with creative and forward-thinking strategies," **said Kenneth J. Veit, DO, MBA, Provost/Senior Vice President for Academic Affairs and Dean, Philadelphia College of Osteopathic Medicine.**

"This bill ensures teaching hospitals can simultaneously meet their commitment to training the nation's doctors and remain true to underserved populations that rely on them for their healthcare. Without additional GME funding, hospitals may be forced to choose between educating the physician workforce of this country and providing the highest quality care to patients. No patient, no doctor, and no hospital will benefit from this sort of choice. It is imperative that Congress act to pass this bill," **said Douglas McGee, DO, Chief Academic Officer, Einstein Healthcare Network.**

Graduate medical education slots are funded primarily by Medicare for the purpose of training medical school graduates in patient settings. In order for these young doctors to become fully accredited physicians, they must undergo a residency program in a specific specialty that lasts from three to seven years. During this time, the medical residents care for patients under the supervisions of physician faculty while also participating in both educational and research programs. After successfully completing their residency program, a doctor is eligible to take his or her board certification exam in order to practice medicine independently.

The *Resident Physician Shortage Reduction and Graduate Medical Education Accountability Act* (H.R. 6352):

- Allows the Secretary of Health and Human Services to issue 3,000 new slots a year over five years.
- Allows hospitals to apply for the slots through one of two pools, but no hospital will be able to gain more than 75 slots. This limit ensures smaller and rural hospitals are able to compete for the slots in the same manner as larger hospitals and hospital systems.
- Prioritizes hospitals that are training new medical doctors despite the current freeze on medical residency slots. Under this legislation, hospitals that are training residents out of their own budget can choose a "cap relief pool" in which the hospital is awarded new slots based on how long and how many residents they have trained over their cap. 1,000 slots per year will be available through the cap relief pool.
- Allows hospitals to apply through a second option, the "priority pool," which awards graduate medical education slots based on certain priority criteria, including hospitals with new medical schools, hospitals that emphasize training in community-based settings or outpatient departments, and hospitals eligible for electronic health record incentive payments. There will be 2,000 slots available per year through this option.
- Requires hospitals issued additional residency slots to allocate 25 percent of those slots to specialties with the most pronounced shortages – primary care and general surgery.

- Provides accountability by requiring teaching hospitals to report the full cost of their medical residency programs to ensure they are using federal funds efficiently.

- Requires the nonpartisan Government Accountability Office to update a report on specialties in which there is a physician shortage and issue a new report on ways to increase diversity in the health care workforce.