



May 15, 2009

The Honorable Bill Nelson
U.S. Senate
716 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Nelson:

On behalf of the American College of Physicians (ACP), I am pleased to express our support for S. 973, the Resident Physician Shortage Reduction Act, to increase the Medicare caps on Graduate Medical Education positions for States with a shortage of resident physicians. ACP is the largest medical specialty society in the United States, representing 128,000 internal medicine physicians, residents, and medical students.

The future of primary care is at great risk at a time when the evidence suggests that the nation needs primary care more than ever before. The demand for primary care in the United States is expected to grow at a rapid rate while the nation's supply of primary care physicians is dwindling and interest by U.S. medical school graduates in pursuing careers in primary care specialties is steadily declining. The reasons behind this decline in primary care physician supply are multi-faceted and complex. Unless steps are taken now, there will not be enough general internists to take care of an aging population with a growing incidence of chronic diseases.

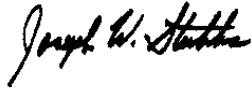
The current Medicare GME-funding limits on residency training positions are impeding the establishment of new residency programs and additional training positions in existing programs. While medical schools have done their part to expand class sizes, this effort will not increase the total number of physicians in the country unless GME capacity is increased as well. Increasing the overall pool of physicians will not assure that adequate numbers enter and remain in practice in primary care (general internal medicine, family medicine, and pediatrics). Instead, a more targeted approach is needed, recognizing the nation's increasing demographic demands for health care, by strategically increasing the number of Medicare-funded GME positions in adult primary care specialties. With an estimated shortage of 44,000 – 46,000 primary care physicians anticipated by 2025, the federal government must act now to eliminate such a deficit.

ACP is especially pleased that H.R. S. 973 calls for a 15% increase in the number of Medicare-supported physician residency positions, with a preference for those programs that create or increase positions in primary care and general surgery. ACP also supports your efforts to change existing rules so residents can spend time training in ambulatory care settings, including physician offices and community health centers. Residents in primary care training programs need increased exposure to the ambulatory care setting, in a practice environment that demonstrates the satisfaction to be gained from providing ongoing, continuous care to patients.

The evidence suggests that residents who spend increased time in outpatient settings as opposed to the hospital delivered a higher quality of care and had more satisfaction in their duties.

Primary care is the best medicine for better health and lower costs. ACP commends you for your leadership in introducing this legislation, and we look forward to working with you to pass this legislation as Congress advances health care reform. If we can be of further assistance, please contact Alicia Lee in our ACP office at 202-261-4526.

Sincerely yours,

A handwritten signature in black ink that reads "Joseph W. Stubbs". The signature is written in a cursive, flowing style.

Joseph W. Stubbs, MD, FACP
President

CC: The Honorable Harry Reid
The Honorable Charles Schumer



May 15, 2009

The Honorable Joseph Crowley
U.S. House of Representatives
2404 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Crowley:

On behalf of the American College of Physicians (ACP), I am pleased to express our support for H.R. 2251, the Resident Physician Shortage Reduction Act, to increase the Medicare caps on Graduate Medical Education positions for States with a shortage of resident physicians. ACP is the largest medical specialty society in the United States, representing 128,000 internal medicine physicians, residents, and medical students.

The future of primary care is at great risk at a time when the evidence suggests that the nation needs primary care more than ever before. The demand for primary care in the United States is expected to grow at a rapid rate while the nation's supply of primary care physicians is dwindling and interest by U.S. medical school graduates in pursuing careers in primary care specialties is steadily declining. The reasons behind this decline in primary care physician supply are multi-faceted and complex. Unless steps are taken now, there will not be enough general internists to take care of an aging population with a growing incidence of chronic diseases.

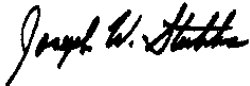
The current Medicare GME-funding limits on residency training positions are impeding the establishment of new residency programs and additional training positions in existing programs. While medical schools have done their part to expand class sizes, this effort will not increase the total number of physicians in the country unless GME capacity is increased as well. Increasing the overall pool of physicians will not assure that adequate numbers enter and remain in practice in primary care (general internal medicine, family medicine, and pediatrics). Instead, a more targeted approach is needed, recognizing the nation's increasing demographic demands for health care, by strategically increasing the number of Medicare-funded GME positions in adult primary care specialties. With an estimated shortage of 44,000 – 46,000 primary care physicians anticipated by 2025, the federal government must act now to eliminate such a deficit.

ACP is especially pleased that H.R. 2251 calls for a 15% increase in the number of Medicare-supported physician residency positions, with a preference for those programs that create or increase positions in primary care and general surgery. ACP also supports your efforts to change existing rules so residents can spend time training in ambulatory care settings, including physician offices and community health centers. Residents in primary care training programs need increased exposure to the ambulatory care setting, in a practice environment that

demonstrates the satisfaction to be gained from providing ongoing, continuous care to patients. The evidence suggests that residents who spend increased time in outpatient settings as opposed to the hospital delivered a higher quality of care and had more satisfaction in their duties.

Primary care is the best medicine for better health and lower costs. ACP commends you for your leadership in introducing this legislation, and we look forward to working with you to pass this legislation as Congress advances health care reform. If we can be of further assistance, please contact Alicia Lee in our ACP office at 202-261-4526.

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Joseph W. Stubbs, MD, FACP
President

CC: The Honorable Kendrick Meek
The Honorable Kathy Castor
The Honorable Eliot Engel