



**Statement for the Record**  
**American College of Physicians**  
**To the United States Senate Committee on Health, Education, Labor and Pensions**  
**Subcommittee on Employment and Workplace Safety**  
**On**  
**“Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage”**  
**February 10, 2022**

The American College of Physicians (ACP) is pleased to submit this statement and offer our views regarding the ongoing and growing health care workforce shortage, including a shortage of physicians, in the United States. We greatly appreciate that Chairman Hickenlooper, Ranking Member Braun, and the Subcommittee on Employment and Workplace Safety have convened this hearing, “Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage,” held on February 10, 2022. Thank you for your commitment to ensuring that clinicians have the opportunity to share their views about the health care workforce shortage in this country, especially as it applies to physicians. ACP believes that immediate action is necessary to address the existing and growing physician workforce shortage through expansion of federal programs such as Medicare supported graduate medical education (GME), the National Health Service Corps (NHSC), Community Health Centers (CHCs) and the Public Service Loan Forgiveness (PSLF) program in addition to other programs and legislation outlined below that Congress can enact now. ACP has already shared some of the policy recommendations below with the HELP Committee in ACP’s [response](#) to the Subcommittee on Primary Health and Retirement Security hearing, “A Dire Shortage and Getting Worse: Solving the Crisis in the Health Care Workforce” in May 2021.

ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The COVID-19 global pandemic continues to take a toll on virtually all aspects of the U.S. economy and health care system including on physicians. Internal medicine specialists in particular have been and continue to be on the frontlines of patient care during the pandemic. Many physicians were asked to come out of retirement to provide care, and there continues to be an increasing reliance on medical graduates, both U.S. and international, to serve on the frontlines in this fight against COVID-19 and deliver primary care.

ACP encourages efforts by federal and state governments, relevant training programs, and continuing education providers to ensure an adequate workforce to provide primary care to patients. Primary care

physicians, including internal medicine specialists, continue to serve on the frontlines of patient care during this pandemic with increasing demands placed on them. Funding should be continued and increased for programs and initiatives that work to increase the number of physicians and other health care professionals providing care for all communities, including for racial and ethnic communities historically underserved and disenfranchised.<sup>1</sup> According to the Association of American Medical Colleges (AAMC), before the Coronavirus crisis, estimates were that there would be [a shortage of 17,800 to 48,000 primary care physicians by 2034](#). A [report](#) by the National Academy of Sciences, Engineering and Medicine calls on policymakers to increase our investment in primary care as evidence shows that it is critical for achieving health care's quadruple aim (enhancing patient experience, improving population, reducing costs, and improving the health care team experience). Now, with the closure of many physician practices and near-retirement physicians not returning to the workforce due to COVID-19, it is even more imperative to assist those clinicians serving on the frontlines and increasing the number of future physicians in the pipeline.

For example, many residents and medical students are playing a critical role in responding to the COVID-19 crisis all while many of them carry an [average debt of over \\$200,000](#). In addition, international medical graduates (IMGs) are currently serving on the frontlines of the U.S. health care system, both under J-1 training and H-1B work visas and in other forms. These physicians serve an integral role in the delivery of health care in the United States. IMGs help to meet a critical workforce need by providing health care for underserved populations in the United States. They are often more willing than their U.S. medical graduate counterparts to practice in remote, rural areas and in poor underserved urban areas. More must be done to support their vital role in health care delivery in the United States.

### **Pass Legislation to Support the Primary Care Physician Workforce**

ACP supports several pieces of legislation in the current 117th Congress that should be passed by Congress to assist medical graduates and the overall physician workforce as well as address the mental and behavioral health needs of physicians themselves.

- *The Resident Education Deferred Interest Act* (H.R. 4122) would make it possible for medical residents to defer interest on their loans.
- *The Conrad State 30 and Physician Access Reauthorization Act* (H.R. 3541, S. 1810) and the *Healthcare Workforce Resilience Act* (H.R. 2255, S. 1024), would help with medical student loan forgiveness and support IMGs and their families by temporarily easing immigration-related restrictions so IMGs and other critical health care workers can enter the U.S. to train in internal medicine residency programs, assist in the fight against COVID-19, and provide a pathway to permanent residency status.
- *The Student Loan Forgiveness for Frontline Health Workers Act* (H.R. 2418) would assist frontline clinicians as they provide care during the pandemic.
- *The Dr. Lorna Breen Health Care Provider Protection Act* (H.R. 1667, S. 610) is an important proposal because it aims to prevent and reduce incidences of suicide, mental health conditions, substance use disorders, and long-term stress, sometimes referred to as “burnout” among physicians themselves. Through grants, education, and awareness campaigns, the legislation will help reduce stigma and identify resources for health care clinicians seeking assistance. The

legislation also supports research on health care professional mental and behavioral health, including the effect of the COVID-19 pandemic. View ACP's letter of support to the [House](#) and [Senate](#) for H.R. 1667 and S. 610.

### **Fix and Reform the Public Service Loan Forgiveness (PSLF) Program**

As referenced above, ACP is greatly concerned by the already high and ever-increasing cost of obtaining a medical education and the impact those expenses have on the number of medical students and residents opting to enter careers in primary care. The Public Service Loan Forgiveness (PSLF) program was established with the goal of boosting the number of individuals choosing a career pathway in public service or a specific or high-need profession that promotes the overall public good. Borrowers of federal student loans, such as Direct Subsidized Loans and Direct Unsubsidized Loans, including Direct PLUS loans for graduate students, are eligible for the PSLF program across a range of professions, including medicine.

Unfortunately, several issues emerged, especially in the initial years of PSLF program availability that started in 2007, which made the PSLF program difficult to access. These issues resulted in a high percentage of PSLF applications being outright denied and an astonishingly low number of applicants actually getting their loans forgiven after the required 120 payments (usually 10 years) beginning in 2017. There have been reports of servicers failing to place borrowers in the right service plans, qualifying payments being miscounted, employment certification being improperly disqualified, misinformation by loan servicers, and a general lack of education and awareness by applicants due to inadequate outreach and guidance.

ACP feels strongly that the federal government should create incentives for medical students to pursue careers in primary care and practice in areas of the nation with greatest need by developing or expanding programs that eliminate student debt for these individuals—linked to a reasonable service obligation in the field and creating incentives for these physicians to remain in underserved areas after completing their service obligation. Therefore, ACP was pleased by several changes to the PSLF program made by the What You Can Do For Your Country Act, (H.R. 2441, S. 1203, 116<sup>th</sup> Congress), introduced in the previous 116<sup>th</sup> Congress that would hopefully help extend the program to future physicians and encourage them to choose career paths in public service and nonprofits that help serve the overall public health, especially in primary care and underserved areas. The bill would make all types of federal student loans qualify for the PSLF program, including FFEL loans that were previously left out—the bill would permit consolidation to a Direct Loan without losing previously made payments counting towards the overall required PSLF payments. Confusion about which repayment plans were eligible for the PSLF program led to the denial of PSLF applications. Accordingly, the legislation would permit all federal repayment plans to qualify for the PSLF program. The Act would also enable borrowers to receive loan forgiveness at a 50 percent level after five years of the required payments instead of waiting for full forgiveness after 10 years of payments. The measure would attempt to remedy the education and awareness deficit surrounding the PSLF program by improving resources with accurate information, helping applicants determine whether they qualify for the PSLF program, making it possible for borrowers to check on their payment status, and being able to effectively dispute payment issues. ACP calls on Congress to reintroduce and pass the What You Can Do For Your Country Act in the 117<sup>th</sup> Congress.

### **Expand Medicare Supported Graduate Medical Education (GME)**

In addition, ACP was encouraged that bipartisan congressional leaders worked together last year to provide 1,000 new Medicare-supported Graduate Medical Education (GME) positions in the Consolidated Appropriations Act, 2021 (H.R. 133)—the first increase of its kind in nearly 25 years—and that some of those new slots will be prioritized for hospitals that serve Health Professional Shortage Areas (HPSAs). The training and costs associated with becoming a medical or osteopathic doctor (M.D. or D.O) are significant. A student who chooses medicine as a career can expect to spend four years in medical school, followed by three to nine years of graduate medical education (GME), depending on the choice of specialty. GME is the process by which graduated medical students progress to become competent practitioners in a particular field of medicine. These programs, referred to as residencies and fellowships, allow trainees to develop the knowledge and skills needed for independent practice. GME plays a major role in addressing the nation’s workforce needs, as GME is the ultimate determinant of the output of physicians. With an aging population with higher incidences of chronic diseases, it is especially important that patients have access to physicians trained in comprehensive primary and team-based care for adults—a hallmark of internal medicine GME training. It is worth noting that the federal government is the largest explicit provider of GME funding (over \$15 billion annually), with most of the support coming from Medicare.

- ACP now calls on Congress to pass the Resident Physician Reduction Shortage Act of 2021 (H.R. 2256, S. 834) which would provide 14,000 new GME positions over seven years, or 2,000 per year to build on the 1,000 new GME slots mentioned above.
- Congress should also pass the Substance Use Disorder Workforce Act (H.R. 3441) and/or the Opioid Workforce Act of 2021 (S. 1483). These bills would provide Medicare funding for 1,000 more GME positions over five years in hospitals that already have established, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain medicine.
- ACP [supports](#) provisions in the Build Back Better Act (BBBA), H.R. 5376, passed by the House of Representatives in November 2021. An additional 4,000 Medicare-supported GME slots have been included in the House-passed BBBA in Sec. 137405. Another 1,000 slots associated with the Pathways to Practice Training Program can be found in Sec.137404.

### **Continue Increased Funding for the National Health Service Corps (NHSC) and Teaching Health Centers Graduate Medical Education (THCGME)**

ACP also supports other physician and clinician workforce programs and we strongly supported providing \$800 million for the National Health Service Corps (NHSC) and \$330 million to expand the number of Teaching Health Centers (THC) Graduate Medical Education (GME) sites nationwide and increase the per resident allocation that were enacted in the American Rescue Plan (ARP) Act, H.R. 1319.

In FY2021, the NHSC received \$120 million in discretionary funding to expand and improve access to quality opioid and substance use disorder treatment in underserved areas, in addition to \$310 million in mandatory funds which have been extended through FY2023. The NHSC awards scholarships and loan repayment to health care professionals to help expand the country’s primary care workforce and

meet the health care needs of underserved communities across the country. In FY2020, with a projected field strength of over 14,000 primary care clinicians, NHSC members are providing culturally competent care to a target of almost 15 million patients at a targeted 18,000 NHSC-approved health care sites in urban, rural, and frontier areas. These funds would help maintain NHSC's field strength helping to address the health professionals' workforce shortage and growing maldistribution. There is overwhelming interest and demand for NHSC programs, and with more funding, the NHSC could fill more primary care clinician needs. In FY2016, there were 2,275 applications for the scholarship program, yet only 205 new awards were made. There were only 150 scholarship awards in FY2020. There were 7,203 applications for loan repayment and only 3,079 new awards in FY2016. Accordingly, ACP urges the doubling of the NHSC's overall program funding to \$860 million to meet this need and to sustain the American Rescue Plan Act's \$800 million for the NHSC for when the pandemic subsides.

Indeed, a [recent study](#) appearing in the *Annals of Internal Medicine* showed that in counties with fewer primary care physicians (PCP) per population, increases in PCP density would be expected to substantially improve life expectancy.<sup>2</sup> Accordingly, Congress should enact policies that will not only increase the overall number of PCPs, but also ensure that these additional PCPs are located in the communities where they are most needed in order to furnish primary care. Enhanced investments in programs such as the NHSC and THCGME that increase the physician workforce should be sustained after the pandemic caused by COVID-19 has come to an end. Accordingly, ACP [supports](#) provisions in the BBBA passed by the House in November 2021 that would fund THCGME by an additional \$3.37 billion and the NHSC by an additional \$2 billion. These investments build upon the ARPA funding and sustain these programs and their clinician workforce for the long term.

### **Continue Increased Funding for Community Health Centers (CHCs)**

ACP strongly supports Community Health Centers (CHCs) and has continuously advocated that Congress reauthorize the program's mandatory funding as well as include robust funding in annual appropriations bills. Congress should provide sufficient and continuing financial support for these essential public health facilities that serve underserved populations that otherwise lack the financial means to pay for their health care. ACP [supported](#) the provision in ARPA, H.R. 1319, that invested \$7.6 billion in CHCs. CHCs would be allowed to use these funds to carry out COVID-19 related activities. ACP also supports the \$2 billion in capital investment grants for CHCs in the BBBA which will help maintain CHC facilities and allow existing and ARPA funding to be used to sustain their clinician workforce.

### **Expand Primary Care and Training Enhancement (PCTE)**

Another federally-funded program, the Title VII Health Professions, is also instrumental in training physicians in primary care, specifically in the fields of general internal medicine, general pediatrics, and family medicine. While the College appreciates the \$10 million increase to the Primary Care and Training Enhancement (PCTE) program in FY2018, ACP urges more funding because PCTE program is the only program of its kind so that funding is critical to the future pipeline of primary care physicians in the workforce. The Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE) received \$48.92 million in federal funding for FY2021. General internists, who have long been at the frontline of patient care, have benefitted from the program's training models emphasizing

interdisciplinary training or from primary care training specifically in rural and underserved areas that have helped prepare them for a career in primary care.

### **Conclusion**

We commend you and your colleagues for working in a bipartisan fashion to examine the health care workforce shortage to develop legislative proposals to address this issue. We wish to assist the subcommittee's efforts in this area by offering our input and suggestions about ways that Congress can intervene through evidence-based policies to increase the number of physicians providing primary care across the country. Thank you for consideration of our recommendations that are offered in the spirit of ensuring that the nation's health care workforce needs are met. Please contact Jared Frost, Senior Associate, Legislative Affairs, by phone at (202) 261-4526 or via email at [jfrost@acponline.org](mailto:jfrost@acponline.org) with any further questions or if you need additional information.

---

<sup>1</sup> Serchen J, Doherty R, Hewett-Abbott G, Atiq O, Hilden D; Health and Public Policy Committee of the American College of Physicians. Understanding and Addressing Disparities and Discrimination Affecting the Health and Health Care of Persons and Populations at Highest Risk: A Position Paper of the American College of Physicians. Philadelphia: American College of Physicians; 2021.

[https://www.acponline.org/acp\\_policy/policies/understanding\\_discrimination\\_affecting\\_health\\_and\\_health\\_care\\_persons\\_populations\\_highest\\_risk\\_2021.pdf](https://www.acponline.org/acp_policy/policies/understanding_discrimination_affecting_health_and_health_care_persons_populations_highest_risk_2021.pdf)

<sup>2</sup> Sanjay Basu, MD, PhD; Russell S. Phillips, MD; Seth A. Berkowitz, MD, MPH. Estimated Effect on Life Expectancy of Alleviating Primary Care Shortages in the United States. *Ann Intern Med.* 2021.

<https://www.acpjournals.org/doi/pdf/10.7326/M20-7381>