April 16, 2013

The Honorable Bill Nelson
U.S. Senate
Washington, D.C. 20510

The Honorable Charles Schumer
U.S. Senate
Washington, D.C. 20510

The Honorable Harry Reid
U.S. Senate
Washington, D.C. 20510

Dear Sirs:

On behalf of the American College of Physicians (ACP), I am writing to express our support for S. 577, the Resident Physician Shortage Reduction Act of 2013. We appreciate your leadership and efforts in trying to address the physician workforce crisis.

ACP members include 133,000 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 United States is facing a growing shortage of physicians in key specialties, most notably in general internal medicine and family medicine—the specialties that provide primary care to most adult and adolescent patients. With enactment of the Affordable Care Act (ACA), we expect the demand for primary care services to increase with the addition of 27 million Americans receiving access to health insurance, once the law is fully implemented. Current projections indicate there will be a shortage of up to 44,000 primary care physicians for adults, even before the increased demand for health care services that will result from near universal coverage is taken into account.

This legislation would increase the number of Medicare-supported training positions for medical residents by 15 percent (approximately 15,000 slots) over five years, requiring at least 50 percent of the new positions to be allocated to specialties facing a current shortage. The current Medicare graduate medical education (GME) funding limits on residency training positions are impeding the establishment of new residency programs and additional training positions in existing programs. 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, as S. 577 strives to do, 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.

ACP also applauds your efforts in introducing this legislation at a time when funding for GME and Indirect Medical Education (IME) is potentially in jeopardy. In the past, Congress has looked to cut funding for these programs and, most recently, the President’s FY 2014 Budget calls for reductions in IME funding to the tune of $11 billion over 10 years.
We look forward to working with you to advance this legislation through the Congress this year and stand ready to serve as a resource for you on any matters regarding the physician workforce.

Sincerely,

Molly Cooke, MD, FACP
President