



Statement for the Record
American College of Physicians
To the United States Senate Committee on Health, Education, Labor and Pensions
On
“Examining Health Care Workforce Shortages: Where Do We Go From Here?”
February 16, 2023

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 Chair Sanders, Ranking Member Cassidy, and the Committee on Health, Education, Labor and Pensions (HELP) have convened this hearing, “Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage,” held on February 16, 2023.

Thank you for your commitment to ensuring that clinicians have the opportunity to share their views about the U.S. health care workforce shortage, especially as it impacts patients’ ability to receive care from physicians. Immediate action is needed 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 previously 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 and ACP’s [response](#) to the Subcommittee on Employment and Workplace Safety hearing, “Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage” in February 2022.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 160,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions such as diabetes, heart disease and asthma.

Increasing the Primary Care Physician Workforce Leads to a Healthier Population

Evidence clearly shows that increasing the number of primary care physicians (PCPs) helps reduce mortality. People living in counties with only one PCP per 3,500 persons have a life

expectancy almost a year less than those individuals living in counties above that level. To reach the one PCP per 3,500 persons ratio in those counties (the Health Resources and Services Administration's (HRSA) threshold of a primary health care shortage area) would require an additional 17,651 PCPs, about 15 more physicians per county. To reach a more optimal one PCP per 1,500 people ratio as recommended by the Negotiated Rulemaking Committee convened by HRSA in 2010 would require 95,754 more PCPs or about 36 additional physicians in each of these counties.

Meanwhile, as the COVID-19 public health emergency is set to expire in May 2023, the virus continues to take a toll on the U.S. economy and health care system, including physicians. Internal medicine specialists in particular have been and continue to be on the frontlines of patient care during the pandemic. During the height of 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.¹

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 and those continuing to be affected by the pandemic. Funding should be maintained and increased for programs and initiatives that 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.² Even before the Coronavirus crisis, the Association of American Medical Colleges (AAMC), estimates 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 physicians nearing retirement not returning to the workforce after the COVID-19 pandemic, it is even more imperative to assist those clinicians serving on the frontlines and increase the number of future physicians in the pipeline.

Remove Student Debt as a Barrier to Patient Care

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 Program (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, over the years significant problems with the program have been well-documented. 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 were 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 strongly supports expansion and simplification of the program to help students attend medical school and encourage those young physicians to practice medicine in governmental and nonprofit settings to advance the health and wellbeing of the country.**

Therefore in 2022, ACP [applauded](#) efforts by the U.S. Department of Education to improve the PSLF program including a limited waiver to count all prior payments made by student borrowers toward the PSLF program, regardless of their federal loan program or repayment plan; simplifying the PSLF application process; and improving outreach and communication efforts with PSLF-eligible borrowers. ACP strongly encourages Congress to codify the PSLF improvements already in place and continue to strengthen the program by:

- Expanding eligibility to all physicians practicing at government or nonprofit healthcare settings;
- Ensuring borrowers who have indicated interest in the PSLF program will be eligible for loan forgiveness regardless of future changes to the program or eligibility;
- Allowing all federal repayment plans to qualify for the program;
- Ensuring COVID-19–based non-payment months due to the administrative forbearance period are appropriately included towards an individual’s progress in the PSLF; and
- Instructing and certifying all loan servicers assist and educate potential PSLF borrowers to reduce confusion and miscommunication.

Congress should also pass the *Resident Education Deferred Interest Act* (H.R. 4122, S. 3658 in the 117th Congress). This legislation would make it possible for medical residents to defer interest on their loans.

ACP feels strongly that the federal government should ensure that physicians’ student debt should not be a barrier to patient care or contribute to workforce shortages in underserved communities. Rather, Congress 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. Hopefully by extending the program to future physicians and encouraging them to choose career paths in public service and nonprofits will help serve the overall public health, especially in primary care and underserved areas

Expand Medicare Supported Graduate Medical Education (GME)

ACP was greatly encouraged that bipartisan congressional leaders worked together to provide 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act (CAA), 2021, H.R. 133, the first increase of its kind in nearly 25 years, and that some of those new slots have been prioritized for hospitals that serve Health Professional Shortage Areas (HPSAs). ACP appreciates Congress' continued GME expansion with the Consolidated Appropriations Act, (CAA), 2023, H.R. 2617, adding an additional 200 GME slots, 100 for psychiatry and psychiatric subspecialties and 100 for other physician specialties. The training and costs associated with becoming a medical or osteopathic doctor (M.D. or D.O) are significant. A student who chooses medicine must complete four years of medical school, encompassing two years of didactic study and two years of clinical rotations, followed by 12,000 to 16,000 hours of supervised postgraduate medical education (residencies) over the course of three to seven years, and a comprehensive, multi-part licensing examination series before they are licensed to independently provide care to patients.

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 urges Congress to continue the momentum and reintroduce and pass the Resident Physician Reduction Shortage Act of 2021 (H.R. 2256, S. 834 in the 117th Congress) which would provide 14,000 new GME positions over seven years, or 2,000 per year to build upon the 1,200 new GME slots mentioned above.
- Congress should also reintroduce and pass the Substance Use Disorder Workforce Act and/or the Opioid Workforce Act of 2021 (H.R. 3441 and S. 1483, respectively, in the 117th Congress). 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.

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 strongly supported the \$800 million for the National Health Service Corps (NHSC) and \$330 million for Teaching Health Center Graduate Medical Education (THCGME) program that were included in the American Rescue Plan Act (ARPA), H.R. 1319. This funding is an important step forward, but additional funding is needed.

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 FY2023, with a projected field strength of 20,000 clinicians including over 2,600 physicians, NHSC members are providing culturally competent care to a

target of over 15 million patients at over 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. The ARPA funds have enabled the NHSC to award all qualified applicants to the NHSC scholarship program and loan repayment programs. Accordingly, ACP urges the doubling of the scholarship and loan repayment programs by increasing NHSC's overall program funding to \$860 million to meet this need and to sustain the NHSC when ARPA funding for the NHSC is expended.

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.³ 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, for the reauthorization of these programs for FY2024 and beyond, ACP would also strongly support additional funding increases for the NHSC and THCGME programs. These investments build upon the ARPA funding and sustain these programs and the clinician workforce for the long term.**

Continue Increased Funding for Community Health Centers (CHCs)

ACP strongly supports Community Health Centers 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. For the reauthorization of the CHC program for FY2024 and beyond, Congress should continue its investment and increase funding for CHCs.

Pass Legislation to Support the Primary Care Physician Workforce

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. 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.

ACP supports reintroduction of several pieces of legislation in the 118th Congress that would assist medical graduates and the physician workforce.

- ACP greatly appreciated that the CAA, 2023, H.R. 2617, reauthorized the Conrad 30 program for IMGs to serve in federally designated shortage areas (either rural or urban). However, this reauthorization expires on September 30, 2023, requiring Congress to act. Accordingly, *The Conrad State 30 and Physician Access Reauthorization Act* (H.R. 3541, S.

1810 in the 117th Congress) or similar reauthorization legislation needs to be enacted into law this fiscal year.

- *The Healthcare Workforce Resilience Act* (H.R. 2255, S. 1024 in the 117th Congress) would help and support IMGs and their families by temporarily easing immigration-related restrictions so IMGs (as well as 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.

Expand Primary Care and Training Enhancement (PCTE)

Title VII Health Professions programs are 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 program in FY2018, **ACP urges more funding because the PCTE program is the only program of its kind and 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 \$49.924 million in federal funding for FY2023 with a \$1 million set aside for training primary care clinicians how to identify and treat eating disorders. Internal medicine specialists, 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

ACP recognizes that workforce policies and programs outlined above require a significant federal investment. However, the importance of patient access to physician-led care cannot be overstated. Non-physician practitioners (NPPs) are essential members of the care team and can provide quality patient care as part of a physician-led team. Physicians are uniquely qualified among all healthcare professions to ensure that patients receive high quality evidence-based care. This is based on the rigorous and extensive education, training, and examination process, described above, that every physician in the U.S. must complete before being licensed to provide unsupervised patient care.

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 HELP Committee's efforts 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 with any further questions or if you need additional information.

¹ 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>

² 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

³ 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>