

Support Policies to Ensure Sufficient Numbers of Internal Medicine Specialists

Fund Federal Programs that Train Primary Care Physicians; Alleviate Medical Student Debt

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Background

Access to primary care services is an essential part of everyone's health care. Studies show that seeing a primary care physician regularly and having access to preventive services leads to better health outcomes and savings to the system. Independent studies show that millions of patients in many parts of the country have poor access to primary care. Through Congress, annual funding is provided to several health programs within the Department of Health and Human Services (HHS) that are critical to helping support a sufficient supply of primary care physicians and physician specialties facing shortages and maintaining a cutting-edge healthcare system: The Title VII Health Professions is the only source of federal training dollars available for general internal medicine, general pediatrics, and family medicine; the National Health Service Corps (NHSC) provides scholarships and loan forgiveness to primary care physicians and certain other clinicians in exchange for service in an underserved area; over 1,400 Community Health Centers (CHCs) treat patients all across the country in both rural and urban settings serving 29 million people each year.

In addition, the training and costs associated with becoming a medical doctor (M.D.) or Doctor of Osteopathic Medicine (DO) 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 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. The federal government is the largest explicit provider of GME funding (over \$15 billion annually), with most of the support coming from Medicare. The costs of GME are recognized by Medicare under two mechanisms: direct graduate medical education payments (DGME) to hospitals for residents' stipends, faculty salaries, administrative costs, and institutional overhead; and an indirect medical education (IME) adjustment developed to compensate teaching hospitals for the higher costs associated with teaching. The number of Medicare-funded GME positions at institutions is capped at 1996 levels, which many have criticized as not allowing GME training positions to increase by the numbers needed to slow the shortages of physicians in primary care and other specialties. A 2020 [report](#) from the Association of American Medical Colleges (AAMC) estimates there will be a shortage of 21,400 to 55,200 primary care physicians by 2033.

For most medical students, debt continues to be a significant concern. According to a recent analysis, 70 percent of students graduate with debt. While that percentage has decreased in the last few years, those who do borrow for medical school face big loans, with the median debt at \$200,000 in [2019](#). That debt and the anticipation of that debt can influence a student's decision to pursue a career in medicine and even in their decision of what specialty to pursue.

Congressional Environment

While bills have been enacted into law to fund the federal agencies and programs above up until Oct. 1, 2020, Congress is now faced with the task of working in a bipartisan fashion to fund those same programs beyond that point into the new fiscal year 2021, which begins on Oct. 1, 2020. If Congress does not pass, and the President does not sign them into law, appropriations for these and other programs, federal funding for them will stop on Oct. 1, 2020. Congress also needs to reauthorize programs that expire on Nov. 30, 2020.

- **The Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE)** received \$48.92 million. General internists, who have long been at the frontline of patient care, have received help from Title VII training models emphasizing interdisciplinary training that have helped prepare them to work with other health professionals. PCTE needs funds to be appropriated by Oct. 1, 2020.

- **The NHSC received \$310 million in dedicated funding (a.k.a. mandatory funding not requiring annual congressional approval).** Congress has only authorized the NHSC’s mandatory funding until Nov. 30, 2020, and will expire if Congress does not reauthorize it. The NHSC also received discretionary funding—\$120 million—to expand access to opioid treatment that needs to be appropriated by Oct. 1.
- **CHCs received \$4 billion in dedicated funding (a.k.a. mandatory funding not requiring annual congressional approval).** Congress also only authorized CHC mandatory funding until Nov. 30, 2020. Loss of funding would be devastating, putting in jeopardy 2,800 health center sites, over 50,000 jobs and, most troubling, nine million patients could lose their access to healthcare services. CHCs also received discretionary funding—\$1.625 billion—which needs to be appropriated by Oct. 1, 2020.

Congress should continue to adequately fund GME/IME going forward, and work in a bipartisan fashion to advance legislation that takes positive steps to reform GME while also addressing the growing problem of medical education debt. The following bills, supported by ACP, have been introduced in the 116th Congress:

- **The Resident Physician Shortage Reduction Act of 2019 (S. 348, H.R. 1763):** This legislation increases the number of GME slots by at least 3,000 per year over five years (approximately 15,000 slots) for specialties facing shortages, including internal medicine. View ACP’s [joint letter](#) of support for this bill.
- **The Resident Education Deferred Interest Act (H.R. 1554):** This legislation allows borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. View ACP’s [joint letter](#) of support for this bill.

These programs have a proven track record of success and Congress must make the needed investments in these vital federal programs and initiatives designed to support and expand access to primary care, ensure an adequate physician workforce. With the current annual appropriations process underway for FY2021, and a looming deadline of Oct. 1, and other programs expiring on Nov. 30, Congress must act to ensure adequate funding for these programs.

Request of Congress

- **Pass legislation to fund Title VII Primary Care and Training Enhancement (PCTE) for FY2021:** At \$71 million to support and expand the pipeline for individuals training in primary care.
- **Pass legislation to supply long term funding for the following federal programs:**
 - ✓ **National Health Service Corps (NHSC):** At \$860 million in total program funding for scholarships and loan repayment to health care professionals to expand the country’s primary care workforce and meet the health care needs of underserved communities. Reauthorize the NHSC’s mandatory funding.
 - ✓ **Community Health Centers (CHCs):** At \$4 billion per year in funding for CHCs that provide vital care for underserved communities.
- **Cosponsor and pass the Resident Physician Shortage Reduction Act (S. 348, H.R. 1763),** which would lift the GME caps as needed to allow training an adequate number of primary care physicians, including internal medicine specialists, and physicians in other specialties facing shortages.
- **Cosponsor and pass the Resident Education Deferred Interest Act (the REDI Act, H.R. 1554),** which would save physicians in residency programs thousands of dollars in interest on their loans and help incentivize the opening of practices in underserved areas or otherwise make research more attractive and affordable to residents.