Support Graduate Medical Education

As our nation’s colleges of osteopathic medicine are graduating a growing number of osteopathic medical students to help meet the nation’s physician shortage, federal graduate medical education (GME) funding is critical to ensure the stability and continuity of the nation’s medical residency programs that train future physicians, as well as the hospitals and other health facilities that provide care to patients across the country. The number of Medicare-supported GME training positions has been capped for over two decades, while the demand for physicians continues to grow faster than supply. Though shortfalls will affect patients across the country, those in rural and underserved areas will be hit hardest.

We urge Congress to prioritize ensuring that sufficient numbers of Medicare-funded GME positions are available to train medical residents to safeguard patient access to care. We also support the expansion of community-based GME to effectively care for our growing, aging, and diverse patient population.

The COVID-19 pandemic has heightened our nation’s dire shortage of physicians; now, more than ever, a robust physician pipeline is critical to not only meet our nation’s evolving healthcare needs but to be prepared to aptly respond to public health emergencies. AACOM strongly supports strengthening Medicare-funded GME, and we ask Congress to lift the decades-long statutory cap on these slots.

AACOM supports the following legislation in the 116th Congress:

**Advancing Medical Resident Training in Community Hospitals Act of 2019 (H.R. 3425)**

The bill, reintroduced by U.S. Representatives Ron Kind (D-WI) and George Holding (R-NC), would provide a technical fix to a dated Centers for Medicare & Medicaid Services (CMS) rule, allowing residents from newly established medical schools to continue their training in nearby hospitals and ultimately retaining these future physicians to practice in the communities where they train.

**Supporting Graduate Medical Education at Community Hospitals Act of 2019 (S. 2116/H.R.3753)**

Reintroduced by U.S. Senators Robert Menendez (D-NJ) and Cory Booker (D-NJ) and U.S. Representatives Josh Gottheimer (D-NJ) and Bill Pascrell (D-NJ), this legislation is similar to the **Advancing Medical Resident Training in Community Hospitals Act of 2019 (H.R. 3425)**. S. 2116/H.R. 3753
3753 differs slightly in that it would address the dated CMS rule by increasing eligibility criteria, allowing more residency programs to create new caps and establish new per-resident amounts.


The bills, reintroduced by U.S. Senators Bob Menendez (D-NJ) and John Boozman (R-AR) and Minority Leader Charles Schumer (D-NY), and U.S. Representatives Terri Sewell (D-AL), John Katko (R-NY), Xochitl Torres Small (D-NM), and Rodney Davis (R-IL), would increase physician training capacity nationally by 15,000 over five years, prioritize residency positions for hospitals in states with new medical schools or new branch campuses, and emphasize training in community-based settings.

**Rural Physician Workforce Production Act of 2019 (S. 289)**

The bill, reintroduced by U.S. Senator Cory Gardner (R-CO) and cosponsored by U.S. Senators Jon Tester (D-MT) and Cindy Hyde-Smith (R-MS), would expand rural medical residency training programs by establishing comparable per-resident payment for training in rural hospitals relative to those in urban communities, and eliminate rural hospital residency caps to encourage growth of rural training programs.

**Opioid Workforce Act of 2019 (S. 2892/H.R. 3414)**

The bills, reintroduced by U.S. Senators Maggie Hassan (D-NH) and Susan Collins (R-ME) and U.S. Representatives Brad Schneider (D-IL), Susan Brooks (R-IN), Ann McLane Kuster (D-NH), and Elise Stefanik (R-NY), would help combat the nation’s opioid crisis by increasing the number of residency positions available for medical school graduates who are committed to working in addiction medicine and pain management.

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