Future Funding for Graduate Medical Education: Who Should Pay?

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Abstract

From inception, strategies to fund graduate medical education (GME) have been flawed because of 1) a wavering stance on health care as a public good, 2) insufficient knowledge about discrete costs, 3) juxtaposition of workforce management and indigent care issues, and 4) political consideration for stakeholders. Despite protracted discussion and periodic adjustments, Congress has not passed proposed legislation that would require all third-party health insurers to contribute to GME.

Most associations representing physicians and medical schools (both allopathic and osteopathic) support such legislative reform, as do teaching hospitals and congressional advisory boards such as the Council on Graduate Medical Education (COGME) and the Medicare Payment Advisory Commission (MedPAC). Insurance companies concerned about reduced profits, third party payers interested in a broader funding base, and those averse to an increase in mandatory fees viewed as new taxation, oppose the change.

I recommend federal legislation that protects access to quality care through an all-payer system of payments from Medicare as well as from managed care organizations and private and public health insurers. GME reimbursement should be consistent with actual, verifiable costs and teaching programs should be protected by a rational, phased transition from old to new funding mechanisms.