The Resident Physician Shortage Reduction Act of 2007: One Small Step

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Introduction

By some measures, the US is facing a physician shortage as the baby boom generation reaches retirement. Although the magnitude of this shortage is debated, most agree a shortage already exists in primary care and geriatric medicine, which will only worsen as the patient population increases.1

One obvious solution is to increase the number of medical students, so new allopathic and osteopathic schools are opening. Medical school, however, does not make a physician qualified for practice. Nearly all graduates of medical schools must pursue several years of residency training in order to function as practicing physicians. The Balanced Budget Act of 1997 capped the total number of residency slots at 1996 levels.

Stakeholders opposed to federal funding of GME

MedPAC - The Medicare Payment Advisory Commission, commenting on the caps in 2003 stated, “...no changes are necessary to Medicare's resident cap, as the persistent vacancies in geriatric programs indicate that other forces are responsible for the slow growth of this profession.”3

Leslie Norwalk, until recently Administrator of CMS, often questioned the role of CMS in funding of GME. She believes it is inappropriate for CMS to continue to bear the burden of funding GME.

“[I don’t think it should be our role to fund graduate medical education. Even if you believe that this should be a function of the federal government, it makes more sense for this to come out of some other department, such as education.]” Leslie Norwalk, May 20074

National Bipartisan Commission on the Future of Medicare has repeatedly advocated eliminating funding of GME as a mechanism to make the overall Medicare program solvent.5

Bush Administration feels the government should not fund programs outside of its Constitutional duties to “provide for the common defense and promote the general welfare.”6

American Association of Nurse Anesthetists (AANA) believes spending Medicare funds on GME is inefficient and contrary to the public interest; “...Twelve CRNA’s can be educated for the same cost of training one anesthesiologist.”7

Supportive

Association of American Medical Colleges (AAMC) “supports this important first step in what we hope will be an ongoing movement towards eliminating the Medicare resident cap.”8

American Osteopathic Association (AOA), among the earliest advocates of the Act, stated, “Increasing access to residency training programs increases patient access to care.”9

Association for Academic Internal Medicine (AAIM) believes that “...the bills are an important way of opening debate on increasing the number of positions and eliminating the cap.”10

References

3. November 2003 Report to the Congress: impact of resident caps on the supply of geriatricians. Medicare Payment Advisory Commission, commenting on the caps in 2003 stated, “...no changes are necessary to Medicare's resident cap, as the persistent vacancies in geriatric programs indicate that other forces are responsible for the slow growth of this profession.”
4. Leslie Norwalk, until recently Administrator of CMS, often questioned the role of CMS in funding of GME. She believes it is inappropriate for CMS to continue to bear the burden of funding GME.
5. National Bipartisan Commission on the Future of Medicare has repeatedly advocated eliminating funding of GME as a mechanism to make the overall Medicare program solvent.
6. Bush Administration feels the government should not fund programs outside of its Constitutional duties to “provide for the common defense and promote the general welfare.”
7. American Association of Nurse Anesthetists (AANA) believes spending Medicare funds on GME is inefficient and contrary to the public interest; “...Twelve CRNA’s can be educated for the same cost of training one anesthesiologist."
8. Association of American Medical Colleges (AAMC) “supports this important first step in what we hope will be an ongoing movement towards eliminating the Medicare resident cap.”
9. American Osteopathic Association (AOA), among the earliest advocates of the Act, stated, “Increasing access to residency training programs increases patient access to care.”
10. Association for Academic Internal Medicine (AAIM) believes that “...the bills are an important way of opening debate on increasing the number of positions and eliminating the cap.”

Recommendation

The Resident Physician Shortage Reduction Act of 2007 should become law. The Act would be more significant if it specified that the increase in residency slots would be only in specific areas of greatest need, such as geriatric care, and if it required residents to practice in underserved areas following the completion of their training.

Physician manpower goals are among the much larger questions government and society needs to address if the health care system is going to be able to meet the needs of the 21st century. Evidence suggests much of the inefficiency and cost of health care stems from suboptimal distribution and utilization of existing physician resources.11 Very little evidence suggests that most primary care and specialty functions cannot be adequately fulfilled by physician extenders and other allied health personnel.12

The Resident Physician Shortage Reduction Act of 2007 is valuable in that it may bring these questions into the public forum. For the first time, this legislation opens the idea of leveraging GME funding to achieve workforce goals.

References

2. S.588 and H.R.1093 would increase the Medicare caps on graduate medical education (GME), MD and DO, in states where the number of resident physicians per 100,000 population is below the national mean.
3. HHS would also take into consideration whether new programs are in primary care, preventative medicine or geriatrics. 24 states would be eligible for a total of 1200 additional residency slots, phased in over a 5 year period.4

Intent of the Bill

The Resident Physician Shortage Act of 2007 is an attempt to address physician manpower shortages and specialty distribution.

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US House of Representatives is showing some measure of bipartisan support. The Nevada State Legislature is also in favor of the Act and other states with a shortage are likely to follow suit.11

American College of Physicians (ACP), representing over 120,000 physicians as the largest specialty society in the US feels that, “...unless steps are taken now, there will not be enough general internists to take care of an aging population with a growing incidence of chronic diseases.”12

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