Studies show that the best way to contain health care cost is through a strong primary care base, but the majority of graduating medical students enter residency programs other than primary care. The current graduate medical education system has potential flaws that could negatively impact access to care and increase the cost of care.

Congress is debating the passage of the Resident Physician Shortage Reduction Act of 2009 (S.973/HR 2251). The act would establish new residency programs in primary care and general surgery, and would promote training in non-hospital settings by clarifying existing regulations and allowing residency positions to be allocated to hospitals that expand or create training opportunities in non-hospital settings. The Physician Workforce Enhancement Act of 2009/ H.R. 914 would provide hospitals with interest-free loans to establish residencies in one of eight medical specialties or a combination of specialties (family medicine, internal medicine, emergency medicine, obstetrics/gynecology, general surgery, preventive medicine, pediatrics, or behavioral and mental health).

These bills by themselves will not be sufficient for meeting the needs of training and payment reform. But the government must take the bold step of moving towards a primary care payer mix, or healthcare will consume greater than a fourth of America’s gross domestic production by 2020, with a lack of primary care physicians to meet the needs of both an aging and mobile population.