

November 20, 2013

Dear Senator:

The undersigned organizations understand and appreciate the many challenges Congress faces in the coming months. As you work to address the federal budget, Medicare physician payment reform, and sequestration, we strongly urge you to protect Medicare beneficiary access to health care services by preserving existing Medicare financing for Graduate Medical Education (GME). We recognize the need to take action to ensure the long-term fiscal stability of our nation. However, we are gravely concerned that reductions in Medicare support for GME would worsen an already critical national physician workforce shortage and limit teaching hospitals' ability to maintain vital, life-saving services, such as 24-7 trauma and burn units that often are unavailable elsewhere in communities.

The Association of American Medical Colleges (AAMC) and others project a shortage of 91,500 doctors (including 46,100 specialists) by 2020; by 2025 the shortage will grow to 130,600 physicians (including 64,800 specialists). New and existing medical schools and their physician faculty have done their part to address the shortage by expanding the number of medical students enrolled in their respective institutions. This contributes to a larger pool of future physicians, but is only part of the solution. Without sufficient residency training positions, these new physicians will not be able to complete training and begin seeing patients.

Medicare's current cap on financial support for GME prevents teaching hospitals from expanding the number of training positions and often prevents new hospitals from establishing teaching programs. Our nation needs to invest in physician training programs, not reduce support. Cuts to Medicare GME financing likely will exacerbate the physician shortage at a time when we have an estimated 10,000 Americans turning 65 each day and one in every three practicing physicians retiring by 2020. Ensuring access for Medicare beneficiaries requires long-term, rational physician payment reforms, as well as an adequate supply of physicians to care for an aging nation.

Any reduction in Medicare's support for GME would dramatically and rapidly increase shortages of primary care and specialist physicians that seniors (and others) rely upon. The nation must provide the necessary support to train more physicians or it will be increasingly difficult for patients to find the doctors they need. Cuts to Medicare GME will only jeopardize access to care nationwide, particularly for those who are already underserved.

Proposals to cut these essential funds that teaching hospitals depend on to train doctors, nurses, and other medical professionals would also adversely affect the ability of these institutions to maintain vital, life-saving services that often are unavailable elsewhere in communities. For example, although they account for only 6 percent of all hospitals, teaching hospitals and their physician faculty provide one-fifth of all hospital care, and operate more than 80 percent of the country's ACS-certified Level 1 regional trauma centers and burn care units.

America trains the world's best physicians, nurses, and other health care professionals. This reflects, in large part, the quality of our medical schools, teaching hospitals, and training programs. The physician community supports efforts to improve our nation's health care system and we are working to improve

the quality and efficiency of the care we provide. We also understand the need to contain health care costs. However, funding for physician training has been disproportionately targeted, in our opinion, at a time when medical schools, teaching hospitals, and teaching hospital physicians are working to improve the way they teach and train residents and implement new delivery and training models that reduce costs and improve outcomes.

Medicare GME cuts that jeopardize physician training and limit critical services are a step in the wrong direction. Reducing our national deficit is important, but threatening access to care for millions of current and future patients is not the answer.

We look forward to working together to support the training of future physicians and the health care system they serve.

Sincerely,

Alliance for Academic Internal Medicine
American Academy of Child and Adolescent Psychiatry
American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology—Head and Neck Surgery
American Association of Colleges of Osteopathic Medicine
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Physicians
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association

American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Radiation Oncology
American Society of Pediatric Nephrology
American Society of Plastic Surgeons
American Thoracic Society
American Urological Association
America's Essential Hospitals
Association of American Medical Colleges
Association of Pathology Chairs
College of American Pathologists
Congress of Neurological Surgeons
Council of Emergency Medicine Residency Directors
Emergency Medicine Residents' Association
Greater New York Hospital Association
Medical Group Management Association
Renal Physicians Association
Society for Academic Emergency Medicine
Society of General Internal Medicine
Society of Gynecologic Oncology
Society of Hospital Medicine
Society for Vascular Surgery
The Society for Cardiovascular Angiography and Interventions
The Society of Thoracic Surgeons