Alliance of Specialty Medicine

Sound Policy. Quality Care.

March 20, 2023

The Honorable Bernie Sanders
Chair
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

Submitted electronically to HealthWorkforceComments@help.senate.gov

**RE: Health Care Workforce Shortages RFI**

Dear Chair Sanders and Ranking Member Cassidy,

The Alliance of Specialty Medicine (Alliance) represents more than 100,000 specialty physicians across 16 specialty and subspecialty societies. The Alliance is deeply committed to improving access to specialty medical care by advancing sound health care policy. As medical and surgical specialists, the undersigned organizations appreciate the opportunity to respond to the HELP Committee's Request for Information (RFI) related to the drivers of health care workforce shortages and potential solutions to such shortages.

The lack of a sufficient number of specialty physician providers is as dire an issue as the shortage of primary care providers, and as a country, we must take additional steps now to ensure there are a sufficient number of practitioners to support an aging population. As you may know, 2021 Association of American Medical Colleges (AAMC) analysis estimated that the United States faces a primary care physician shortage of between 17,800 and 48,000 by 2034, and a shortage of non-primary care specialty physicians between 21,000 and 77,100 by the same time. We note that shortages will be particularly acute in the coming years for neurosurgeons, urologists, cardiologists, gastroenterologists, rheumatologists, ophthalmologists, plastic and reconstructive surgeons, dermatologic surgeons, orthopaedic surgeons, osteopathic surgeons, and general surgeons. It is especially critical to take action now because specialty physicians require up to seven years of post-graduate residency training compared to three years for primary care physicians. To address these looming shortages, the Alliance has described several recommendations below, including:

- Authorizing a loan repayment program to reduce specialty physician shortages and improve access to care;

- Reauthorizing the Children's Hospital Graduate Medical Education program;
- Addressing issues within the Medicare graduate medical education residency program, including by increasing the number of slots in the program; and
- Providing inflationary updates for physicians under the Medicare Physician Fee Schedule.

**Loan Repayment for Specialty Physicians**

First, as witnesses noted during the Committee's February 15, 2023, hearing titled "Examining Health Care Workforce Shortages: Where Do We Go From Here?", scholarship and loan repayment programs are an especially effective way to improve access to care in rural and underserved areas, while also incentivizing students to pursue a career in medicine. **The Alliance encourages the committee to authorize a loan repayment program for specialty physicians modeled after section 781 of the Public Health Service Act (PHSA), signed into law in 2018 as section 7071 of the *SUPPORT for Patients and Communities Act* (P.L. 115-271).** Such a program would pay 1/6 of a specialty physician's eligible loan(s) each year for six years, with a limit of $250,000 in total payments per physician, which would help reduce health care workforce shortages and increase access to specialty care.

The loan repayment program should require specialty physicians receiving loan repayments from HRSA to serve in a community experiencing a shortage of specialty medicine physicians. As noted in the 24th Report of the Council on Graduate Medical Education (COGME), published in 2022, the need for increased access to specialty providers in underserved areas is widespread and has a significant impact on patient health outcomes:

> Almost one in five Americans, or roughly 60 million people in the United States, live in a rural area. While rural communities have many strengths and offer a high quality of life, rural residents experience significantly worse health outcomes than their urban counterparts. Compared to those living in urban areas, rural residents have higher rates of mortality from heart disease, respiratory disease, cancer, stroke, and unintentional injury, which are the five leading causes of death in the U.S. They have higher rates of death by suicide. Rural residents are less likely to receive screenings for diabetes, more likely to experience preventable hospital stays, and are at an increased risk of preventable permanent tooth loss. Health disparities between rural and urban areas tripled between 1999 and 2019.
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> An area of significant concern is maternal health. Fewer than half of rural women of reproductive-age live within a 30-minute drive of a hospital or other health care facility with a labor and delivery unit. Pregnancy-related deaths are significantly higher in rural areas. In the nation's most rural areas, there were 23.8 maternal deaths per 100,000 live births; this ratio was 14.6 in large metropolitan counties. By some estimates, more than half of all rural counties in the United States lack a single local hospital where a pregnant woman can access prenatal or labor and delivery care.
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> At the heart of many rural-urban health disparities is the lack of access to quality health care. Of the roughly 2,000 U.S. counties classified as rural, more than 170 lacked an in-county critical access hospital, Federally Qualified Health Center (FQHC), or rural health clinic—facilities collectively referred to as safety-net providers. For many rural residents, travel to the nearest

hospital or clinic can take over an hour. The problem of health care access is worsening, as the rate of rural hospital closures has accelerated in the last 10 years, further reducing access to emergency care, behavioral health care, ambulatory care, and other basic health services.

Even when the necessary facilities do exist, they are frequently understaffed and experience health workforce shortages. According to data from the Health Resources and Services Administration (HRSA), in March 2020 almost 70% of areas designated as primary medical health professional shortage areas were considered rural or partially rural. Rural hospital closures are associated with long-term decreases in the supply of physicians in multiple specialties, including primary care physicians, medical specialists, and surgeons.

Compounding this problem, shortages among one profession or specialty have a domino effect on others. For example, lack of access to a general surgeon as backup limits the availability of other hospital services such as trauma care, oncology treatment, and colonoscopy screening. This interdependence is not limited to general surgeons. Recent reports have highlighted declining access to maternity care in rural communities, in part because hospitals face chronic shortages of maternity-care providers such as family physicians, obstetricians, certified nurse midwives, and labor and delivery nurses, as well as surgeons and anesthesiology providers. Primary care workforce shortages and difficulty accessing specialty services result in unnecessary trips to the emergency room, further straining hospitals that are already underfunded and understaffed.[1]

**Children's Hospital Graduate Medical Education**

In addition to authorizing a loan repayment program for specialty physicians, **we urge you to reauthorize the Children's Hospital Graduate Medical Education (CHGME) program under section 340E PHSA**. The CHGME program is relatively small, but makes a big impact by training pediatric health care residents and fellows; according to HRSA, the CHGME program is responsible for training 55% of all pediatric sub-specialty residents and fellows, in addition to supporting training for a significant number of general pediatrics residents. We encourage you to extend the authorization before it lapses later this year.

**Graduate Medical Education**

The Alliance also encourages you to work with your colleagues on the Senate Finance Committee to advance the bipartisan *Resident Physician Shortage Reduction Act* (S. 834 in the 117th Congress), which will improve the nation's Graduate Medical Education (GME) system and help to preserve access to specialty and primary care by increasing Medicare-supported GME residency slots by 14,000 over the next seven years; specifying priorities for distributing the new slots (e.g., states with new medical schools); and studying strategies to increase the diversity of the health professional workforce. Congress has taken important steps to address the physician shortage crisis by approving 1,000 new Medicare-supported GME slots in the *Consolidated Appropriations Act, 2021* (P.L. 116-260), and an additional 200 new Medicare-supported slots in the *Consolidated Appropriations Act, 2023* (P.L. 117-328), but more is needed to address projected physician workforce shortages.

[1] Council on Graduate Medical Education. *Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities.* 2022. Available from: https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/cogme-april-2022-report.pdf

**Physician Payment Reform**

Finally, the Alliance notes that Congress enacted legislation last year that resulted in a 2% Medicare physician pay cut in 2023. Physicians endure the same inflation rates as hospitals and other medical facilities, but have received pay cuts rather than positive adjustments that account for rising inflation. These reductions in pay have created challenges in maintaining solvent practices, retaining and recruiting qualified staff, and ensuring patient access to health care. More and more physician practices have been forced to take drastic measures, which include limiting the number of Medicare patients they see, consolidating with larger hospital or health care systems (which increases costs to the Medicare program), or worse, retiring early and permanently closing their doors. The Alliance encourages you to work with your colleagues on the Finance Committee to address this critical long-term problem.

Thank you for considering our feedback as you develop legislation to address health care workforce shortages. Please contact us at info@specialtydocs.org if you have any questions.

Sincerely,

American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons
American Gastroenterological Association
American Society for Dermatologic Surgery Association
American Society of Cataract and Refractive Surgery
American Society of Echocardiography
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
National Association of Spine Specialists
Society of Interventional Radiology