



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*®

April 16, 2013

The Honorable Aaron Schock
U.S. House of Representatives
Washington, DC 20515

The Honorable Allyson Schwartz
U.S. House of Representatives
Washington, DC 20515

Dear Representatives Schock and Schwartz:

On behalf of the American College of Physicians (ACP), I am writing to express our support for H.R. 1201, the Training Tomorrow's Doctors Today Act, as introduced on March 14th. Investing in the next generation of physicians is critically important if we are to address the projected shortage of primary care physicians and other specialties facing shortages. We appreciate your leadership on this issue.

ACP members include 133,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

As you may be aware, the Association of American Medical Colleges estimates that there will be a shortage of more than 44,000 primary care physicians by the end of this decade. Many other specialties are also facing severe shortages. As a result, there will not be enough physicians in many fields, particularly internal medicine and other primary care specialties, to meet the demand.

H.R. 1201 seeks to reduce the shortage of primary care physicians and general surgeons by authorizing the Secretary of Health and Human Services to increase the number of Graduate Medical Education (GME) slots by 15,000 over the next five years. This legislation will provide additional opportunities for residents who choose careers in primary care or general surgery as it mandates that any hospital that receives funding for additional residency positions shall ensure that not less than 50 percent of the new slots are used to train residents in primary care or other residents in specialties facing shortages.

ACP believes that this legislation is a step in the right direction, although our policy recommends a more targeted approach to increasing GME residency positions. ACP supports an increase in the number of GME slots for primary care physicians and recommends that a higher number of residency slots be allocated for primary care specialties than in this legislation.

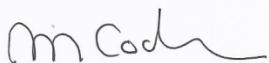
We are disappointed that H.R. 1201 does not include a provision that was included in a similar bill that you introduced during the last Congress, which will give priority funding for additional residencies to hospitals that emphasize training in community health centers or community-based settings. ACP supports this provision and it is consistent with our goals that support training of internal medicine residents in well functioning ambulatory settings that are financially supported for their training roles.

H.R. 1201 would also establish and implement procedures under which payment for indirect medical education is adjusted based on the reporting of quality measures of patient care specified by the Secretary of Health and Human Services. ACP believes that the concept of a performance based GME payment system is worth exploring but cautions such a system must be thoughtfully developed and evaluated with input from a variety of stakeholders including physicians involved in primary care training. We believe that the timeline for implementation of a new performance based system, as outlined in H.R. 1201, may not provide teaching hospitals with the necessary time to adopt a new payment system. Hospitals should be allowed sufficient time to prepare for the measures before financial incentives are introduced so that they do not risk losing funding at a time when they may need it the most in order to meet the performance standards. We look forward to working with you to ensure that any new GME payment system is fully vetted by stakeholders to ensure that it will result in improved medical education and progress toward workforce goals.

ACP also applauds your efforts in introducing this bipartisan legislation at a time when funding for GME and Indirect Medical Education (IME) is potentially in jeopardy. In the past, Congress has looked to cut funding for these programs and, most recently, the President's FY 2014 Budget calls for reductions in IME funding to the tune of \$11 billion over 10 years.

We look forward to working with you to advance the goals of H.R. 1201 and any other efforts to address the physician workforce crisis.

Sincerely,

A handwritten signature in black ink, appearing to read "Molly Cooke".

Molly Cooke, MD, FACP
President