



April 7, 2016

The Honorable Kathy Castor
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Castor:

On behalf of the American College of Physicians (ACP), I am writing to express our support for your steadfast efforts over many years to improve Graduate Medicare Education (GME). We appreciate your leadership in introducing H.R. 4774, the Training Tomorrow's Doctors Today Act, on March 17th. 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.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 143,000 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.

In a recent April 2016 report, the Association of American Medical Colleges (AAMC) states that the nation faces a shortage of primary care physicians, estimated to be 14,900-35,600 by 2025. 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. 4774 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 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.

H.R. 4774 would also establish and implement procedures under which payment for indirect medical education (IME) 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. 4774, 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 legislation at a time when funding for GME and IME is potentially in jeopardy. In the past, Congress has looked to cut funding for these programs and, most recently, the President's 2017 Budget proposes to cut \$17.8 billion over 10 years by reducing IME payments by 10 percent.

We look forward to working with you to advance the goals of H.R. 4774 and any other efforts to address the physician workforce crisis.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne J. Riley". The signature is fluid and cursive, with a large initial "W" and "R".

Wayne J. Riley, MD, MPH, MBA, MACP
President