



## Strengthening the Internal Medicine and Primary Care Physician Workforce

All patients should have access to a physician who can deliver primary, whole-person, comprehensive, and longitudinal care. Congress should invest in federal programs that support and expand the primary care physician workforce.

### Why Action is Needed

With the growing demands being placed on the existing health workforce it is even more imperative for Congress to act to protect patients' access to care by assisting these clinicians serving on the frontlines and increasing the number of future physicians in the pipeline. It is estimated that there will be a [shortage of 20,200 to 40,400 primary care physicians by 2036](#). A [2021 report by the National Academy of Sciences, Engineering and Medicine](#) called on policymakers to dramatically increase investment in primary care. The evidence clearly shows that high-quality primary care is critical for achieving health care's quadruple aim (enhancing patient experience, improving population health, reducing costs, and improving the health care team experience). Medical students and residents are playing a critical role in furnishing care to patients while many of them carry [an average debt of over \\$200,000](#). These physicians-in-training serve an integral role in the delivery of health care in the United States.

### ACP's Position

Congress needs to act now and invest in health workforce programs for FY2025 and beyond. Critical programs such as the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME) program expire on March 31, 2025. Congress should also enact bipartisan solutions to expand the physician workforce—such as adding more Medicare-funded Graduate Medicare Education (GME) positions, addressing medical student debt, and making it possible for more international medical graduates (IMGs) to practice in underserved areas. Lastly, Congress should adequately fund the Primary Care Training and Enhancement (PCTE) program which is the only source of federal training dollars available for general internal medicine. The Centers of Excellence (COE) program which increases diversity, equity, and inclusion in the health care workforce should be expanded, not eliminated. The funding for the PCTE and the COE programs expire on March 14, 2025.

### Call to Action

- Title VII Health Professions programs: support at least \$582 million as included in the Senate FY 2025 Labor-HHS-Education appropriations bill. Funding for these programs expire on March 14, 2025.
- NHSC: Support authorizing no less than \$350 million per fiscal year through at least FY2026 in mandatory funding. NHSC funding expires on March 31, 2025.
- THCGME program: Support authorizing funding at no less than \$225 million for FY2026, culminating in \$300 million per fiscal year in FY2029. THCGME funding expires on March 31, 2025.
- Reintroduce and pass the Resident Physician Shortage Reduction Act, which would gradually raise the number of Medicare-supported GME positions by 2,000 per year for seven years.
- Reintroduce and pass the Resident Education Deferred Interest (REDI) Act, which would allow borrowers to qualify for interest-free deferment on their student loans while in a medical or dental internship or residency program.
- Reintroduce and pass the Conrad State 30 and Physician Access Reauthorization Act, which would reauthorize the program for three years, simplify the visa process, enhance workplace protections for physicians, and, most importantly, increase the number of waivers available to states beyond the thirty currently available, if certain requirements are met.