



Bipartisan graduate medical education and physician workforce legislation:

Increase residency training slots and reform immigration policies to alleviate physician shortages and serve our aging, growing population

The American Medical Association has long-supported legislation to increase graduate medical education (GME) training slots. GME, which encompasses residency and post-residency fellowships, is the supervised training after medical school that physicians must complete prior to becoming state licensed and practicing independently. The United States is facing a shortage of between 54,100 and 139,000 physicians by 2033—a dearth that is almost certain to be exacerbated by rising rates of physician burnout and early retirement. The physician workforce, much like our general population, is aging, with nearly 45% of active physicians in the United States being age 55 and older. Despite an ever increasing population of seniors in the United States, the Balanced Budget Act of 1997 put caps on the number of federally funded residency training positions, essentially freezing the number of Medicare supported GME slots at levels that existed in 1996. Now, as medical school enrollment grows, aspiring physicians worry about having adequate GME slots available to complete their training prior to serving their communities.

Congress made an initial investment in shoring up the physician workforce by providing 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act, 2021—the first increase of its kind in nearly 25 years. Additionally, the Consolidated Appropriations Act, 2023 provided 200 federally supported GME positions for residencies in psychiatry and psychiatry subspecialties. However, more federal assistance is needed to substantially increase the number of physicians. More specifically, the AMA urges Congress to further invest in the physician workforce by passing the **Resident Physician Shortage Reduction Act** in the 118th Congress (introduced in the 117th Congress by Sens. Menendez [D-N.J.] and Boozman [R-Ark.] and Rep. Sewell [D-Ala.] and former Rep. Katko [R-N.Y.]). This bipartisan legislation would take steps to better alleviate the physician shortage by gradually providing 14,000 new Medicare-supported GME positions over seven years. Much like the 2020 and 2022 year-end increases, these positions would be targeted to hospitals with diverse needs, including rural teaching hospitals, hospitals serving patients in health professional shortage areas, hospitals in states with new medical schools or branch campuses, and hospitals already training over their Medicare caps. With physician shortages continuing to grow across the country, these larger workforce investments are desperately needed and will result in additional care across the spectrum of specialties to help address the holistic health needs of America's patients.

The AMA also strongly supports the **Opioid Workforce Act/Substance Use Disorder Workforce Act** (introduced in the 117th Congress by Sens. Hassan [D-N.H.] and Collins [R-Maine] and Rep. Schneider [D-Ill.] and former Rep. McKinley [R-W.Va.]), which provides 1,000 additional Medicare-supported GME positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain management. This bill is critical for medical students to receive appropriate training prior to caring for patients in communities across the country suffering from opioid and related substance use disorders and facing a shortage of physicians trained to treat them.

In the short term, there is also a need to capitalize on investments made in foreign doctors trained at U.S. medical schools. Current law requires these physicians who complete their medical residency in the U.S. on a J-1 visa to return to their country of origin for two years before being eligible to apply for an immigrant visa or permanent residence (Green Card), forcing physicians who have been trained in the U.S. to leave the country even though they are desperately needed. Under the Conrad 30 program enacted in 1994, physicians who agree to serve in a rural and underserved area for three years can receive a J-1 visa waiver and remain in the U.S. after completing their medical residency. For many patients living in underserved communities, international medical graduates serve as the only access point to a physician. Consequently, the AMA supports Congress passing the **Conrad State 30 and Physician Access Reauthorization Act** (introduced in the 117th Congress by Sens. Klobuchar [D-Minn.] and Collins [R-Maine] and Reps. Schneider [D-Ill.] and Bacon [R-Neb.]). This bipartisan bill reauthorizes this crucial program for three years and makes targeted policy improvements, including permitting expansion of the number of waivers granted to each state, and allows physicians who work in an underserved area or Veterans' Administration facility for a total of five years to gain priority access in the Green Card system, thereby helping to address the current physician Green Card backlog.

Action request

- Urge your senators and representative to co-sponsor the **Resident Physician Shortage Reduction Act**, to ensure the number of physicians trained today will be sufficient to treat the expanding, aging population of tomorrow. Encourage your senators and representative to co-sponsor the **Opioid Workforce Act/Substance Use Disorder Workforce Act**, to significantly increase the supply of physicians trained to meet our nation's immense need for treatment of addiction and related disorders.
- Urge your senators and representative to co-sponsor the **Conrad State 30 and Physician Access Reauthorization Act**, which reauthorizes this important program for international medical graduates for three years, establishes a process for increasing the number of waivers per state, and makes targeted improvements so that rural and underserved communities continue to have access to a physician.