

# Addressing the Shortage of Doctors Act

## Senator Bernie Sanders

### THE HEALTH CARE WORKFORCE SHORTAGE

The United States is facing a massive health care workforce shortage, the Association of American Medical Colleges (AAMC) [predicts a shortage](#) of up to 139,000 physicians by 2033, with primary care alone facing a shortage of up to 55,200 physicians. This shortage could double if everyone in the U.S. had equal access to care; the projections assume that underserved populations will continue to be underserved

The Health Resources and Services Administration (HRSA) tracks Health Professional Shortage Areas (HPSAs), which are areas without enough providers to care for everyone in the particular geographic area, population group, or facility. As of March 31, 2021, there were more than 7,300 primary care HPSAs, encompassing a population of more than 83 million people--almost exactly 25 percent of all Americans. HRSA estimates we need a minimum of 15,275 providers to remove the HPSA designations.

A major part of the shortage is the congressionally-imposed cap on graduate medical education (GME) residency slots. Residency slots are largely funded by the federal government, the majority of which flows through Medicare. In 2015, the most recent year for which data is available, the federal government spent over \$16 billion on GME, but the number of residency slots was capped in 1997 and did not budge until this past winter, when we finally added an additional 1,000 slots. That is a start, but not nearly enough to meet the growing need.

### LEGISLATION

The Addressing the Shortage of Doctors Act would do the following:

- Authorize 14,000 new Medicare-supported medical residency positions over seven years (from 2023-2029, with 2,000 allotted per year)
- Establish new criteria for how the new GME training positions would be allotted at qualifying hospitals with a minimum of 50% of new slots going towards primary care (which can include mental health).
- Require CMS to distribute at least 25% of the slots to each of the following categories of hospitals: 1) hospitals in rural areas and 2) hospitals that serve areas designated as health professional shortage areas (HPSAs)
- Require hospitals receiving funding from the program to create pay parity between primary care residents and specialty residents. The average resident earns about \$63,000, but it varies between specialties. Survey data shows primary care residents earn about \$58,000, and at the high end are rheumatologists at \$69,000

- Require that regardless of specialty all residents under the program complete a primary care rotation.
- Make permanent the Teaching Health Center GME program (currently authorized through FY23) and increase funding for the program
- Increase funding for the National Health Service Corps by \$1 billion per year for ten years.