Graduate Medical Education

The National Association of Spine Specialists (NASS) supports increasing the number of federally funded residency slots to address workforce shortages in many specialties and eliminating the current graduate medical education funding restrictions.

An appropriate supply of well-educated and trained physicians is essential to ensure timely access to quality health care services for all Americans. The growing physician workforce shortage must be addressed to maintain a workforce that is of sufficient size and specialty mix.

ONGOING CONCERNS: According to an April 2019 study, the United States will face an overall shortage of between 46,900-121,900 physicians by 2032. This includes a shortfall of roughly 21,100-55,200 primary care physicians and 24,800-65,800 specialists, including a 14,300-23,400 shortfall in 2032 for surgical specialties.

Specialty physicians require up to seven years of post-graduate residency training. By the time a true crisis manifests itself, we will be unable to quickly correct it. We must take steps now to ensure a fully trained specialty physician workforce for the future.

More than twenty years ago, Congress froze the number of Medicare funded residency slots as part of the Balanced Budget Act of 1997 (BBA). Updates are necessary to address population growth, shortages in certain medical specialties, and to keep up with the development of new specialties. With 10,000 seniors aging into the Medicare program every day, the need for specialist services continues to increase.

LEGISLATIVE RESPONSE: NASS supports addressing the workforce shortage and graduate medical education and urges Members of Congress to cosponsor the “Resident Physician Shortage Reduction Act” (H.R. 1763/S. 348), introduced by Representatives Sewell (D-AL) and Katko (R-NY); and Senators Menendez (D-NJ), Boozman (R-AR), and Schumer (D-NY).

The legislation would increase the number of Medicare supported residency positions nationally by 3,000 annually over 5 years (15,000 slots in total) and requires half of all available slots be used to train residents in a shortage specialty residency programs. In addition, the bill requires a study on strategies for increasing the diversity of the health professional workforce, including individuals from rural, lower income, and underrepresented minority communities.