



**Association of  
American Medical Colleges**  
655 K Street, NW, Suite 100, Washington, DC 20001-2399  
T 202 828 0400  
aamc.org

***Submitted via:***

[HealthWorkforceComments@help.senate.gov](mailto:HealthWorkforceComments@help.senate.gov)

March 20, 2023

The Honorable Bernie Sanders  
Chair  
Senate HELP Committee  
Washington, DC 20510

The Honorable Bill Cassidy, MD  
Ranking Member  
Senate HELP Committee  
Washington, DC 20510

***Re: Request for Information on Health Workforce Shortages and Potential Solutions***

Chairman Sanders and Ranking Member Cassidy:

Thank you for the opportunity to submit information on health care workforce shortages and potential solutions. We applaud you and the Senate Health, Education, Labor and Pensions (HELP) Committee for prioritizing this issue in the 118<sup>th</sup> Congress. We are equally committed to addressing workforce shortages and ask for you to consider us a resource as you draft legislation on this crucial issue.

The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

The AAMC's recommendations for potential solutions for health care workforce shortages can be summarized as follows:

1. Address the AAMC physician workforce shortage projections by:
  - a. Expanding federal support for graduate medical education (GME)
  - b. Supporting scholarship and loan repayment to encourage public service and improve pathways to careers in medicine
  - c. Retaining Public Service Loan Forgiveness (PSLF)
  - d. Expanding the National Health Services Corps (NHSC)

2. Shape the health workforce through recruitment, education, and training by:
  - a. Investing in proven HRSA Title VII workforce programs
  - b. Expanding medical schools at Minority Servicing Institutions, Historically Black Colleges and Universities, and in underserved communities
  - c. Immigration-related policies to bolster healthcare workforce including Conrad 30 and reduction of Green card backlogs
3. Examine and address the unique financial challenges of teaching hospitals and health systems

### **Addressing AAMC Physician Workforce Shortage Projections**

As highlighted at the HELP Committee’s Feb. 16 hearing, the AAMC continues to project that physician demand will grow faster than supply (primarily driven by a growing, aging U.S. population) leading to a projected total physician shortage up to 124,000 physicians by 2034.<sup>1</sup> We appreciate that Chairman Sanders led the hearing with our AAMC statistic prominently featured to underscore the urgency of this matter. Within this projection, we have modeled a shortage of primary care physicians up to 48,000 and a shortage of non-primary care specialty physicians (e.g., psychiatry, infectious disease, and general surgery) up to 77,100 by 2034. Make no mistake – these shortages in the physician supply will have real impact on patients, particularly those living in rural, frontier, island or non-contiguous settings, and other already underserved communities. The AAMC’s “Health Care Utilization Equity” scenario finds that if underserved populations were to experience the same health care use patterns as populations with fewer barriers to access, the U.S. would need up to an additional 180,400 physicians just to meet *current* demand.<sup>2</sup>

Addressing the nation’s physician workforce shortages in both primary care and among needed specialists requires a multipronged, innovative, public-private approach beyond just increasing the overall number of physicians, such as implementing team-based care and better use of technology. We are open to and in fact, ask for, innovative solutions to address health workforce shortages specifically related to physicians. Since academic year 2002-2003, total medical school enrollment has grown by more than 38% as medical schools have expanded class sizes and more than 32 new medical schools have opened. Increasing the number of physicians does not only rest with increasing medical school enrollment – there are necessary updates that must be enacted for residency programs as well. While this increase is encouraging, additional action is needed to address the physician shortage.

### ***AAMC Recommends Expanding Federal Support for GME***

Growth in GME (or “residency training”) is also needed to address projected physician shortages. While under the jurisdiction of the Senate Finance Committee, one key element of

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<sup>1</sup> [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#), Prepared for the AAMC by IHS Markit Ltd., June 2021.

<sup>2</sup> *Ibid.*

addressing the physician shortage is increasing Medicare support for GME, which will help boost access to high-quality care, particularly for rural and other underserved populations. Dating back to 1997, Medicare caps the number of GME positions it supports at each teaching hospital.<sup>3</sup> The AAMC-endorsed bipartisan Resident Physician Shortage Reduction Act of 2021 (S. 834) would gradually raise the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new positions. These new GME positions would target teaching hospitals with varied needs, including hospitals in rural areas, hospitals serving patients from federally designated HPSAs, hospitals in states with new medical schools or branch campuses, and hospitals already training residents in excess of their Medicare caps.

GME programs administered by HRSA, including Children's Hospitals GME and Teaching Health Centers, are important complements to Medicare GME that help to increase the number of residents training in children's hospitals and community health centers, respectively. To facilitate new rural residency programs, the HRSA Office of Rural Health Policy provides technical assistance and start-up funding to rural hospitals under the Rural Residency Planning and Development programs.

### **Medical Education Debt: Loan Repayment to Encourage Public Service**

#### ***AAMC Endorses New Pathways into Medicine***

Medical education costs can also be a significant deterrent and burden for individuals interested in medicine, and the AAMC is deeply concerned about the impact these costs may have on the physician pathway.<sup>4</sup> Medical school leaders across the country are committed to serving the interests of medical students and reducing this burden. Some institutions have increased institutional aid, while a few have committed to eliminating debt or tuition altogether in the hopes of attracting diverse candidates and increasing interest in primary care.<sup>5</sup> In the 117<sup>th</sup> Congress, the AAMC endorsed the Ways and Means “Pathway to Practice” and National Medical Corps Act (H.R. 9105) scholarship programs to help address the financial debt burden for students who are underrepresented in medicine. Importantly, the Pathway to Practice program would prioritize applicants who attended HBCUs or MSIs, as well as those who participated in certain HRSA pathway programs.

#### ***AAMC Encourages Congress to Retain Public Service Loan Forgiveness***

Public service loan repayment programs offered by HRSA, NIH, VA, the Department of Defense, and the Indian Health Service are effective, targeted incentives for recruiting physicians and other health professionals to serve specific vulnerable populations. Increasing federal investment in these programs is a proven way to increase the supply of health professionals serving HPSAs, nonprofit facilities, and other underserved communities. For example, the Public Service Loan Forgiveness (PSLF) program administered by the Department of Education

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<sup>3</sup> P.L. 105-33.

<sup>4</sup> Physician Education Debt and the Cost to Attend Medical School: 2020 Update.

<sup>5</sup> [Will free medical school lead to more primary care physicians?](#) Ken Budd, Special to AAMCNews, Dec. 2019.

encourages physicians to pursue careers that benefit communities in need. The AAMC supports preserving physician eligibility for PSLF to help vulnerable patients and nonprofit medical facilities that use the program as a provider recruitment incentive.

### ***AAMC Supports Expanding NHSC to Address Shortage Areas***

The NHSC in particular has played a significant role in recruiting primary care physicians to federally designated HPSAs through scholarships and loan repayment options. Despite the NHSC's success, it still falls far short of fulfilling the wide-ranging health care needs of all HPSAs due to growing demand for health professionals across the country. Congress provided a historic \$800 million supplemental NHSC funding under the American Rescue Plan, and we believe this will have a positive impact. Nevertheless, additional funding for the NHSC is needed.

### **Shaping the Workforce Through Recruitment, Education, and Training**

#### ***AAMC Urges Congress to Invest in Proven HRSA Title VII Workforce Programs***

To help shape the physician workforce, the AAMC recommends significantly increasing funding for the HRSA workforce development programs under Title VII and Title VIII of the Public Health Service Act. For FY 2024, the AAMC joins an alliance of national organizations, the Health Professions and Nursing Education Coalition (HPNEC), in recommending at least \$1.51 billion for Title VII and Title VIII combined.

We recognize the value of diversity in healthcare and the health workforce, and we realize that diversity may be in many different forms. The HRSA Title VII health professions and Title VIII nursing programs play an important role in connecting students to health careers by enhancing recruitment, education, training, and mentorship opportunities. Inclusive education and training experiences expose students and providers to backgrounds and perspectives other than their own and heighten cultural awareness in health care, resulting in benefits for all patients and providers. Studies also show that underrepresented students are more likely to serve patients from those communities.<sup>6</sup> Despite their success and widespread interest, currently only 21 schools have HRSA Health Careers Opportunity Program (HCOP) grants and only 18 have HRSA Center of Excellence (COE) grants — down from 80 HCOP programs and 34 COE programs in 2005 before the programs' federal funding was cut substantially.

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<sup>6</sup> Stewart, K., Brown, S. L., Wrensford, G., & Hurley, M. M. (2020). Creating a Comprehensive Approach to Exposing Underrepresented Pre-health Professions Students to Clinical Medicine and Health Research. *Journal of the National Medical Association*, 112(1), 36-43. doi:10.1016/j.jnma.2019.12.003.

Goodfellow A, Ulloa JG, Dowling PT, Talamantes E, Chheda S, Bone C, Moreno G. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. *Acad Med*. 2016 Sep;91(9):1313-21. doi: 10.1097/ACM.0000000000001203. PMID: 27119328; PMCID: PMC5007145.

There is broad agreement that there is a shortage of health providers in rural, frontier, and island or non-contiguous communities. Important to addressing shortages across the spectrum of health providers in these areas is conducting education and training in these communities and drawing on members of these areas to enter health professions. Medical students who grow up in rural communities are much more likely to return to these areas to practice medicine, including primary care. Many medical schools aim to identify potential candidates from rural communities and encourage them to pursue a career in medicine.<sup>7</sup> The HRSA Title VII Area Health Education Centers (AHECs) specifically focus on recruiting and training future physicians in rural areas, as well as providing interdisciplinary health care delivery sites. Additionally, the HRSA Title VII Primary Care Training and Enhancement (PCTE) and Medical Student Education programs support education and training programs for future primary care physicians. Though we have seen progress towards diversifying the future physician workforce across the spectrum of our AAMC-member institutions, there is more work to be done.

Part of fortifying the physician workforce is taking care of existing, practicing physicians. We know that physicians and other health professionals dedicate their careers to keeping people healthy, but too often they do not receive the care they need to address their own well-being. The HRSA Title VII Preventing Burnout in the Health Workforce program authorized by the Dr. Lorna Breen Health Care Provider Protection Act (P.L. 117-105), which received no funding in the FY 23 omnibus, should receive funding to support existing physicians.

***AAMC Supports Expanding Medical Schools at Minority Servicing Institutions, Historically Black Colleges and Universities, and in Underserved Communities***

Currently, only 3% of all physicians are Black men. The projections related to the future physician workforce as measured through a diverse lens emphasize that interventions to increase the number of black men in medicine requires collective, current efforts. The pipeline for students to be exposed to STEM and health professions must begin sooner and should include options to attend institutions committed to diverse communities. The AAMC encourages increasing federal investment in minority serving institutions (MSIs), including Historically Black Colleges and Universities (HBCUs), Predominantly Black Institutions (PBIs), Hispanic Serving Institutions, and Tribal Colleges and Universities. AAMC also supports the Expanding Medical Education Act (S. 3422), which would authorize HRSA grants to establish or expand medical schools, including regional branch campuses, and would prioritize HBCUs and MSIs or those that propose to establish or expand schools in medically underserved communities or areas with shortages of health professionals where no such schools exist. An increase of diverse physicians will help more diverse patients establish trusted, coveted physician-patient relationship and will hopefully lead to better clinical outcomes.

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<sup>7</sup> [Attracting the next generation of physicians to rural medicine](#), Peter Jaret, Special to AAMCNews, Feb. 2020.

## **Immediate Workforce Increases Through Immigration**

### ***AAMC Encourages Congress to Reauthorize the State Conrad 30 Program***

Immigration must be mentioned as we consider health workforce shortages, as the US health workforce has been bolstered by individuals who have come from other countries to our nation. Over the last 15 years, the State Conrad 30 J-1 visa waiver program has brought more than 15,000 physicians to underserved areas — comparable to (if not more than) the NHSC, at no cost to the federal government. As the 118<sup>th</sup> Congress considers immigration reform, the AAMC reiterates that the bipartisan Conrad State 30 and Physician Access Reauthorization Act would allow Conrad 30 to expand beyond 30 waivers per state if certain nationwide thresholds are met. We applaud this bipartisan reauthorization proposal for recognizing immigrating physicians as a critical element of our nation's health care infrastructure, and we support the expansion of Conrad 30 to help overcome hurdles that have stymied growth of the physician workforce.

### ***AAMC Supports Retaining Health Professionals by Reducing Green Card Backlogs***

To bolster the workforce, the U.S. should address the backlog of applications for green cards by lifting per country caps that are impeding physicians and other healthcare professionals entering the U.S. from certain countries. At the same time, we are concerned that limiting the aggregate number of green cards each year only shifts the problem from one country to another. This is particularly problematic for nurses who, depending on state licensure requirements, may not be eligible for H-1B specialty occupation visas and instead apply directly for immigrant visas and green cards, potentially facing decade-long wait times while overseas. To break these backlogs, the bipartisan Healthcare Workforce Resilience Act (H.R. 2255, S. 1024) would authorize the recapture of unused immigrant visas and redirect them to 25,000 immigrant visas for professional nurses and unused 15,000 immigrant visas for physicians. Importantly, these visas would be issued in order of priority date, not subject to the per country caps, and premium processing would be applied to qualifying petitions and applications.

## **Unique Financial Challenges of Teaching Hospitals and Health Systems**

No one can become a physician without completing a medical residency program, and the vast majority of medical residency programs are anchored at teaching hospitals. Therefore, the success of teaching hospitals and health systems which train and largely fund residents must be addressed. While running a health system, particularly an academic one, has always been challenging, recent years have significantly increased financial pressure. The AAMC has heard concerns from across its membership about shrinking and negative margins, a reality that is reflective of a broader trend in the U.S., with about half of U.S. hospitals ending 2022 with a negative margin. Though some challenges can be attributed to recovery from COVID-19 and general economic conditions, certain systemic issues persist, including workforce and staffing challenges, a shrinking financial base, low reimbursement rates, and ever-increasing mission-related costs. We know these challenges are realized across many health care facilities, but the problem at academic medical centers and teaching hospitals warrants special attention. Our

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member institutions and their missions have been pushed to the brink, and without action to ensure their financial stability and invest in key workforce programs, patients across the country may lose access to the care they need.

In a collaborative manner with public and private cooperation, academic medicine is committed to working to address the challenges of physician and other health professions workforce shortages, and without a doubt, we have collectively made significant investments in these areas. At the same time, the AAMC believes there must be an increase in the federal government investments for federal programs that have demonstrated results and impact. The cost of inaction today will lead to higher costs, reduced access, and ultimately an underserved, less healthy population tomorrow – this cannot be our fate. We at the AAMC are committed to working with the entire Senate HELP Committee to avoid a dismal situation and to achieve better outcomes for our nation. If you have any further questions, please do not hesitate to contact me or Matthew Shick, Senior Director, AAMC Government Relations, at [mshick@aamc.org](mailto:mshick@aamc.org).

Sincerely,

A handwritten signature in black ink that reads "Danielle P. Turnipseed". The signature is written in a cursive, flowing style.

Danielle Turnipseed, JD, MPP, MHSA  
Chief Public Policy Officer

cc: David J. Skorton, MD,  
President and CEO