

Virtual Leadership Day, May 25-26, 2021

Train and Support Frontline Physicians during and after COVID-19

Congress should pass legislation to ensure an adequate supply of physicians with the skills needed to treat an aging population with multiple chronic diseases, including internal medicine specialists trained in primary and comprehensive care. Reforms should include: increasing Graduate Medical Education (GME) positions; addressing the growing problem of medical education debt; decreasing barriers to increase the number of international physicians in the U.S.; funding Title VII Health Professions grants; and addressing the behavioral health and well-being of physicians, as described below in the “What is ACP Asking of Congress” section.

What’s it all about?

The COVID-19 global pandemic continues to take a toll on virtually all aspects of the U.S. economy and health care system including on physicians. Internal medicine specialists in particular have been and continue to be on the frontlines of patient care during the pandemic. Many physicians were asked to come out of retirement to provide care, and there continues to be an increasing reliance on medical graduates, both U.S. and international, to serve on the frontlines in this fight against COVID-19 and deliver primary care.

According to the Association of American Medical Colleges (AAMC), before the Coronavirus crisis, estimates were that there would be [a shortage of 21,400 to 55,200 primary care physicians by 2033](#). Now, with the closure of many physician practices and near-retirement physicians not returning to the workforce due to COVID-19, it is even more imperative to assist those clinicians serving on the frontlines. Many residents and medical students are playing a critical role in responding to the COVID-19 crisis all while they carry an [average debt of over \\$200,000](#). In addition, international medical graduates (IMGs) are currently serving on the frontlines of the U.S. health care system, both under J-1 and H-1B training and work visas and in other forms. These physicians serve an integral role in the delivery of health care in the United States. IMGs help to meet a critical workforce need by providing health care for underserved populations in the United States. They are often more willing than their U.S. medical graduate counterparts to practice in remote, rural areas and in poor underserved urban areas. More must be done to support their vital role in health care delivery in the United States.

The training and costs associated with becoming a medical or osteopathic doctor (M.D. or D.O) are significant. A student who chooses medicine as a career can expect to spend four years in medical school, followed by three to nine years of graduate medical education (GME), depending on the choice of specialty. GME is the process by which graduated medical students progress to become competent practitioners in a particular field of medicine. These programs, referred to as residencies and fellowships, allow trainees to develop the knowledge and skills needed for independent practice. GME plays a major role in addressing the nation’s workforce needs, as GME is the ultimate determinant of the output of physicians. With an aging population with higher incidences of chronic diseases, it is especially important that patients have access to physicians trained in comprehensive primary and team-based care for adults—a hallmark of internal medicine GME training. It is worth noting that the federal government is the largest explicit provider of GME funding (over \$15 billion annually), with most of the support coming from Medicare.

Another federally-funded program, the Title VII Health Professions, is also instrumental in training physicians specifically in the fields of general internal medicine, general pediatrics, and family medicine. It is the only program of its kind so that funding is critical to the future pipeline of primary care physicians in the workforce.

COVID-19 pandemic also has added a tremendous level of strain on medical professionals, many of whom struggled to find adequate personal protective equipment (PPE), isolate themselves from their own families, care for critically ill patients, tend to the evolving needs of their practices, and take care of their own health. In a Primary Care Collaborative survey conducted in July of 2020, 45 percent of physicians surveyed reported that their ability to bounce back or adjust

to adversity (as a result of COVID-19) had become limited and 38 percent report being maxed out with mental exhaustion. America's physicians are at a critical breaking point that must be addressed urgently. Therefore, a response to the mental health needs of our nation's frontline physicians is needed.

What's the current status in Congress and the Administration and what improvements are needed?

In 2014, the Institute of Medicine (IOM) released a report recommending that Congress overhaul the federal financing and governance of GME, including the creation of new infrastructure for fund distribution and research into improved payment models. The report sparked criticism from various teaching programs, medical colleges, and physician membership organizations including ACP because it called for no increase in overall GME funding for the next decade, other than annual inflation updates, and also would redistribute payments for existing GME positions in order to fund a performance-based innovation pool. That provoked a "call to action" from the House Energy and Commerce Committee inviting stakeholders to provide input on comprehensive reforms to GME, but the Committee has not followed up with any further action.

More recently, at the end of 2020, bipartisan congressional leaders worked together to provide 1,000 new Medicare-supported GME positions in *the Consolidated Appropriations Act, 2021*, H.R. 133, an action supported by ACP. This was the first increase of its kind in nearly 25 years. The new slots must be distributed with at least 10 percent of the slots to the following categories of hospitals: hospitals in rural areas; hospitals training over their GME cap; hospitals in states with new medical schools or new branch campuses; and hospitals that serve areas designated as health professional shortage areas (HPSAs).

ACP supports several pieces of legislation from the 116th and 117th Congresses that should be reintroduced (if not already introduced, as applicable), and passed in the current 117th Congress to ensure a sufficient workforce of internal medicine physician specialists and other specialties facing shortages, assist medical graduates and the overall physician workforce, and address the mental and behavioral health needs of physicians themselves.

- The *Resident Physician Reduction Shortage Act of 2021* (H.R. 2256/S. 834), reflects the 1,000 new GME slots added by H.R. 133, would create 14,000 (instead of 15,000) new GME positions over seven years and use the same distribution categories as specified in H.R. 133 last year.
- *The Resident Education Deferred Interest Act* (H.R. 1554, 116th Congress) would make it possible for residents to defer interest on their loans.
- *The Conrad State 30 and Physician Access Reauthorization Act* (S. 948, 116th Congress) and *the Healthcare Workforce Resilience Act* (S. 3599, 116th Congress), would help with medical student loan forgiveness and support IMGs and their families by temporarily easing immigration-related restrictions so IMGs and other critical health care workers can enter the U.S. to train in internal medicine residency programs, assist in the fight against COVID-19, and provide a pathway to permanent residency status.
- *The Student Loan Forgiveness for Frontline Health Workers Act* (H.R. 2418, 117th Congress) would assist frontline clinicians as they provide care during the pandemic.
- *The Dr. Lorna Breen Health Care Provider Protection Act* (H.R. 1667/S. 610) is an important proposal because it aims to prevent and reduce incidences of suicide, mental health conditions, substance use disorders, and long-term stress, sometimes referred to as "burnout." Through grants, education, and awareness campaigns, the legislation will help reduce stigma and identify resources for health care clinicians seeking assistance. The legislation also supports research on health care professional mental and behavioral health, including the effect of the COVID-19 pandemic. View ACP's letter of support to the [House](#) and [Senate](#) for H.R. 1667/S. 610.

The Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE) received \$48.92 million in federal funding for FY2021. General internists, who have long been at the frontline of patient care, have benefitted from Title VII training models emphasizing interdisciplinary training or from training primary care training in rural and underserved areas that have helped prepare them for a career in primary care.

What is ACP asking of Congress?

- ✓ **Representatives and senators should cosponsor and pass *the Resident Physician Reduction Shortage Act of 2021 (H.R.2256/S. 834)***. This legislation increases the number of GME slots by at least 2,000 per year over seven years (14,000 slots) for specialties facing shortages, including internal medicine. View ACP's [joint letter of support](#) for these bills.
- ✓ **Representatives and senators should reintroduce and pass *the Resident Education Deferred Interest Act (H.R. 1554, 116th Congress)***. This legislation allows borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. View ACP's joint [letter](#) of support for this bill.
- ✓ **Representatives and senators should reintroduce and pass *the Conrad State 30 and Physician Access Reauthorization Act (S. 948, 116th Congress)* and reintroduce and pass *the Healthcare Workforce Resilience Act (S. 3599, 116th Congress)***. These bills support the COVID-19 response workforce by expediting visas for international medical graduates (IMGs) to enter the U.S. for training and patient care, permanently authorizing the Conrad 30 Program, and providing a pathway for IMGs and their families already in the U.S to obtain permanent residency status.
- ✓ **Representatives should cosponsor and pass in the House *the Student Loan Forgiveness for Frontline Health Workers Act (H.R. 2418)***. This bill would forgive student loans for physicians and other clinicians who are on the frontlines of providing care to COVID-19 patients or helping the health care system cope with the COVID-19 public health emergency. Senators should introduce and pass the companion bill in the Senate.
- ✓ **Representatives and senators should urge appropriators to fund Title VII Primary Care and Training Enhancement (PCTE) for FY2022 at \$71 million** to support and expand the pipeline for individuals training in primary care.
- ✓ **Representatives and senators should cosponsor and pass *the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667/S. 610)***, which addresses the behavioral health and well-being of physicians, including depression, suicides and burnout.

Where can I go to learn more?

advocacy@acponline.org; Digital version of this issue brief can be found at: [Policy Priority Issues | ACP Services](#)