

Leadership Day, May 17-18, 2022

## Primary Care and the Physician Workforce

Internal medicine specialists have been and will continue to be on the frontlines of patient care during and after the COVID-19 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 assist in providing primary care. Now, physician practices are facing mounting expenses and labor shortages, and the cumulative impact of the pandemic has taken a significant toll on the health and well-being of physicians as they suffer from mounting stress, burnout, and fatigue. It is vital that federal funding be continued and increased for programs and initiatives that work to increase the number of physicians and other health care professionals providing care for all communities, including for racial and ethnic communities historically underserved and disenfranchised. Such programs include the Title VII Health Professions Program, the only federal program that specifically funds training for primary care physicians, Graduate Medical Education (GME), the [Conrad 30 Waiver Program](#), and loan deferment initiatives.

According to the Association of American Medical Colleges (AAMC), estimates are that there [would be a shortage of 17,800 to 48,000 primary care physicians by 2034](#). In addition, a recent [survey](#) conducted by the Physicians Foundation revealed a physician workforce in peril – nearly half of physicians polled experienced reduced income in the past year, while nearly a third experienced reduced staff, and the majority, or 61 percent, of physicians reported experiencing burnout often, a nearly 53 percent increase since 2018. Leading scholars are now weighing in on the need to support primary care as a key pillar in maintaining a viable workforce. A [report](#) by the National Academy of Sciences, Engineering and Medicine calls on policymakers to increase our investment in primary care as evidence shows that it is critical for achieving health care’s quadruple aim (enhancing patient experience, improving population, reducing costs, and improving the health care team experience). Now, with many physician practices still struggling financially and the growing demands being placed on the existing workforce, it is even more imperative to assist those clinicians serving on the frontlines and increasing the number of future physicians in the pipeline.

For example, many residents and medical students are playing a critical role in responding to the COVID-19 crisis all while many of them 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 training and H-1B work visas and in other forms. A federal program known as the Conrad 30 waiver program allows J-1 foreign medical graduates to apply for a waiver of the 2-year foreign residence requirement upon completion of the J-1 exchange visitor program. 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. So far, the Conrad 30 program has brought 15,000 physicians to medically underserved communities in the U.S. More must be done to support their vital role in health care delivery in the United States.

## Overview of Congressional Action

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 has applauded recent efforts by various committees in the House and Senate to examine the growing workforce crisis within health care. Moreover, ACP has provided ongoing feedback and recommendations to these committees on bipartisan solutions to help mitigate the negative impact of the pandemic on the physician workforce and how investment in primary care is vital in that effort. In statements submitted to the Senate [Health, Education, Labor and Pensions \(HELP\) Committee](#) and the House [Judiciary Committee](#), ACP outlines steps Congress can take to foster a more robust physician workforce, which includes recognition of the important role of IMGs.

### Request of Congress

- ✓ **Cosponsor and pass in both chambers H.R. 2256/S. 834, the *Resident Physician Reduction Shortage Act of 2021***, which reflects the 1,000 new GME slots added by H.R. 133 and 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.
- ✓ **Cosponsor and pass in the Senate S. 1024, the *Healthcare Workforce Resilience Act***, which would recapture 40,000 unused visas and use them to provide additional green cards to 15,000 physicians and 25,000 professional nurses. The visas, which would not count towards the annual limit and would be recaptured from a pool of over 200,000 employment-based visas left unused between 1992 and 2020, would provide a pathway to employment-based green cards and quickly address one of the health care system's most pressing needs. Representatives should introduce and pass the companion bill in the House.
- ✓ **Cosponsor and pass in both chambers H.R. 3541/S. 1810, the *Conrad State 30 and Physician Access Reauthorization Act***, which allows states to sponsor foreign-trained physicians to work in medically underserved areas in exchange for a waiver of the physicians' two-year foreign residence requirement.
- ✓ **Cosponsor and pass in both chambers H.R.4122/S.3658, the *Resident Education Deferred Interest (REDI) Act***, which would make it possible for residents to defer interest on their loans.
- ✓ **Support inclusion in FY2023 appropriations legislation funding for Title VII Primary Care and Training Enhancement (PCTE) at [\\$71 million](#)** to support and expand the pipeline for individuals training in primary care.

**Additional policy priorities can be found at:** [Policy Priority Issues | ACP Services](#)