Vol. 12, Issue 13 Tuesday, July 9, 2024

WHA Comments on U.S. Senate Bipartisan GME Proposal

On June 28, WHA responded to the U.S. Senate Finance Committee's (SFC) Bipartisan Medicare Graduate Medical Education (GME) Working Group's policy outline to add Medicare-funded GME slots.

With Congress effectively freezing Medicare-funded physician training (residency) positions at 1996 levels in the Balanced Budget Act of 1997, WHA has worked to advance other efforts such as the successful Grow Our Own Initiative, a public-private partnership with the State of Wisconsin which helps fund new residency slots that help train new physicians that are likely to stay and practice in Wisconsin. Despite these efforts, the Wisconsin Council on Medical Education and Workforce (WCMEW) projects that Wisconsin could face a shortage of 3,000 physicians by 2035, and the federal Health Resources and Services Administration projects a potential national shortage of close to 140,000 physicians by 2036.

The bipartisan SFC workgroup has outlined a draft policy proposal aimed at addressing the looming shortage by adding Medicare-funded residency slots physician slots with a focus on primary care physicians and psychiatrists, but also hoping to address shortages in other specialties. Despite Congress adding 1,200 new Medicare-funded GME slots in the Consolidated Appropriation Acts of 2021 and 2023, the working group acknowledges more must be done.

In its comment letter, WHA commended the working group for focusing on this issue and proposing to allocate at least 15% of the slots for psychiatry and at least 25% of the slots for primary care. However, WHA SVP Workforce and Clinical Practice Ann Zenk urged the working group to ensure the federal government improves distribution of new GME slots, citing the problems in distributing the first 400 of the new 1,200 slots. "Wisconsin has currently seen no new slots awarded, despite having multiple entities who clearly fit at least one, if not more, of the 4 criteria in statute," said Zenk. "Indeed, data shows the majority of slots CMS awarded so far were not distributed to geographically rural hospitals, but rather, urban and suburban hospitals that serve rural patients," she added.

Zenk also urged lawmakers to not look at the issue of training psychiatrists in a vacuum, highlighting the challenges Wisconsin is facing in access to psychiatric care due to continued underfunding of Medicare and Medicaid reimbursement for inpatient psychiatric care. "Simply put, if Congress does not address the inherently flawed Medicare and Medicaid reimbursement structure for inpatient behavioral health, hospitals will not be able to sustain these programs, which will create patient bottlenecks for care," said Zenk.

In addition to these comments, WHA also urged the following:

- Suggested reforming the CONRAD 30 VISA waiver program to incentivize physicians to stay and practice in rural areas beyond the three-year obligation.
- Opposed creating a new council of nine members to recommend distribution of different specialties over concerns it would not adequately represent the diverse needs of the U.S; instead, WHA encouraged slots to be distributed based on demand shown from hospital residency applications.
- Supported giving hospitals that were previously frozen with very low GME caps (including two hospitals in Wisconsin) more time to build up their residency programs and reset their caps.
- Suggested hospitals that take on residency slots in cases where hospitals have closed should be able to permanently keep those slots instead of losing them once the residents graduate.
- Opposed having the federal government increase the reporting burden on teaching hospitals by requiring them to report more data to inform GME efforts.

You can read the full WHA comment letter.

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