

July 22, 2011

The Honorable John Boehner
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Eric Cantor
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Harry Reid
U.S. Senate
Washington, D.C. 20510

The Honorable Dick Durbin
U.S. Senate
Washington, D.C. 20510

The Honorable Paul Ryan
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Nancy Pelosi
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Steny Hoyer
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
U.S. Senate
Washington, D.C. 20510

The Honorable Jon Kyl
U.S. Senate
Washington, D.C. 20510

The Honorable Kent Conrad
U.S. Senate
Washington, D.C. 20510

Dear Sirs and Madame:

On behalf of the undersigned organizations, representing medical educators, practicing internal medicine specialists, and medical students, we are writing to express our deep concern about the impact of potential cuts to Medicare's support for graduate medical education (GME) training programs at a time when the United States is facing a growing shortage of internal medicine specialists in primary and comprehensive care of adolescents and adults.

Internal Medicine specialists are at the forefront of managing chronic diseases and providing comprehensive and coordinated health care. The skills of internists will be increasingly necessary in taking care of an aging population with a growing prevalence of chronic diseases. The availability of physicians providing primary care in a community is consistently associated with better outcomes at lower costs. Yet the nation is facing a severe shortage of primary care physicians for adults, an estimated 44,000-46,000 by 2025. This figure does not take into account the increasing demand for primary care services as 32 million uninsured Americans obtain coverage through the reforms in the Affordable Care Act.

Medicare GME funding serves as the principal financial resource for the training of medical residents (approximately \$9.5 billion annually) and reductions in such funding would have an immediate and significant impact on both the quality of education provided in our training programs and the number of residents we are able to educate and train. According to the Accreditation Council for Graduate Medical Education (ACGME) a reduction in Medicare's support for GME would threaten the viability of primary care training at more than 300 institutions. Reductions in GME funding at larger teaching hospitals would also likely result in fewer physicians trained in primary care specialties. This will only worsen the shortage of physicians providing primary care for adults and other specialties facing shortages and limit timely and critical access to care for Medicare beneficiaries and others. It would particularly threaten the

“safety net” of care for underserved populations provided by hospital residency programs that would be put at risk if funding is cut.

We recognize that the current growth rates in health care expenditures are unsustainable and with the federal deficit at an all time high an increased commitment to fiscal responsibility is necessary. We are committed to ensuring that Medicare funding for GME is aligned with the nation’s healthcare workforce needs and to ensure that taxpayers are getting optimal value from their investment in GME. This should be done in a thoughtful manner that looks to the experience of innovative programs that have a strong record in training internal medicine specialists and other physicians with the skills needed to provide comprehensive, coordinated, population and evidence-based care to adolescents and adults, and should be done in an inclusive manner with input from our organizations.

The deep cuts in GME and Indirect Medical Education (IME) payments that are reportedly under consideration for inclusion in a debt agreement would do grave damage to internal medicine training programs without accomplishing real reform of the federal government’s financing of medical education. True reform would align resources with consideration of societal needs for a well-trained physician workforce based on data and evidence, support innovation in medical education, and ensure a broader sharing of responsibility among all payers for financing medical education.

As you work on enacting legislation to increase the debt ceiling linked to an agreement on policies to reduce the federal budget deficit, we urge you consider the importance of Medicare’s contribution to graduate medical education and the significant dependence of safety net hospitals on funding through IME; we must ensure continued and sufficient funding to support the training of future physicians and ensure access to care for Medicare beneficiaries and all Americans.

Sincerely,

Alliance for Academic Internal Medicine
American College of Physicians
Society for General Internal Medicine
Society of Hospital Medicine