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May 1, 2023

The Honorable Terri Sewell
U.S. House of Representatives
1035 Longworth House Office Building
Washington, DC 20515

The Honorable Brian Fitzpatrick
U.S. House of Representatives
271 Cannon House Office Building
Washington, DC 20515

Dear Representatives Sewell and Fitzpatrick:

On behalf of the Society of General Internal Medicine (SGIM), thank you for reintroducing the Resident Physician Shortage Reduction Act of 2023 (H.R. 2389). SGIM is a member-based internal medical association of more than 3,000 of the world's leading academic general internal medicine physicians, who are dedicated to improving the access to care for all populations, eliminating health care inequities, and enhancing medical education.

SGIM has a long history of advocating to expand the number of graduate medical education (GME) slots available and reforming the program to better meet the country's health care needs. In fact, we published a [white paper](#), which outlines our vision for GME reform that we believe addresses the nation's physician workforce needs and provides viable options to ensure patient access to care. **As such, we are pleased to support this bipartisan legislation which would expand the number of Medicare-supported GME positions by 14,000 over seven years; however, we have recommendations to ensure that the bill also addresses the critical shortage of primary care and general internal medicine physicians.**

While this legislation will help combat our nation's growing physician shortage and improve patients' access to health care, SGIM believes it is an oversight to not explicitly address the workforce crisis in primary care. Specifically, we continue to be concerned that the bill does not require 50 percent of new GME slots be directed to specialties with well-documented shortages, such as primary care. The omission of this distribution-specific language, which was included in the version of the legislation introduced in the 116th Congress, may exacerbate workforce shortages in primary care and other internal medicine subspecialties and undermine the ability of this legislation to improve patients' access to care.

Studies continue to show that comprehensive primary care can and will lead to improved health outcomes and reduced health care costs. The National Academies of Science, Engineering, and Medicine (NASEM) report titled, "Implementing High-Quality Primary Care," effectively demonstrates how high-quality primary care is the foundation of the health care system, and without access to comprehensive primary care, acute diseases become chronic, chronic disease management becomes complex, preventive care lags, emergency department visits increase, and health care spending soars.¹ Further, the most recent data from the Health Resources and

¹ National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.



Services Administration (HRSA) provide national-level supply and demand projections for primary service providers. Specifically, HRSA estimates that by 2030 the supply of general internal physicians will increase by 13 percent; however, there will be a 22 percent increase in demand, meaning that the estimated supply will not meet the growing demand if action is not taken.²

SGIM members believe that increasing GME slots without specific policy to dedicate slots to shortage specialties could exacerbate the specialty heavy system we have today and the workforce shortages in primary care and other internal medicine subspecialties, which may negatively affect patients' ability to access appropriate care. Without the specialty shortage distribution language, hospitals may have short-term incentives to increase the number of trainees in more lucrative procedural specialties. This will ultimately make the workforce even more unbalanced.

For these reasons, Congress must ensure that an appropriate number of slots go to primary care and other shortage specialties to protect patient access to these services. **SGIM respectfully requests that you consider revising the legislation to include specific language prioritizing the distribution of slots for specialties with well-documented shortages, such as primary care and other internal medicine subspecialties.**

Thank you again for your leadership and efforts to address the nation's health care workforce shortage. We appreciate your consideration of our request and welcome the opportunity to discuss this with you further. Should you have any questions, please contact Michaela Hollis at mhollis@dc-crd.com.

Sincerely,

A handwritten signature in black ink, appearing to read "LeRoi Hicks", is positioned below the "Sincerely," text.

LeRoi Hicks, MD, MPH
President, Society of General Internal Medicine

cc: The Honorable Chuck Schumer, Senate Majority Leader
The Honorable Mitch McConnell, Senate Minority Leader
The Honorable Kevin McCarthy, Speaker of the House
The Honorable Hakeem Jeffries, House Minority Leader

² <https://bhwh.hrsa.gov/data-research/projecting-health-workforce-supply-demand/primary-health>
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