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100+ years

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May 6, 2019

The Honorable Terri A. Sewell
U.S. House of Representatives
2201 Rayburn House Office Building
Washington, D.C. 20515

The Honorable John Katko
U.S. House of Representatives
2457 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Sewell and Katko:

On behalf of the more than 80,000 members of the American College of Surgeons (ACS), I write to share our views on the Resident Physician Shortage Reduction Act of 2019, H.R. 1763. This legislation seeks to bolster the U.S. surgical workforce and health care infrastructure by increasing the number of Medicare-supported residency positions, and also establishes transparency and accountability measures around graduate medical education (GME).

As you are well aware, there is a looming crisis in the medical workforce and a growing body of evidence pointing to the current and worsening shortage of surgeons. In fact, a 2019 report released by the American Association of Medical Colleges projects shortages in all surgical specialties of between 14,300 and 23,400 by 2032.

Due to physician shortage concerns, ACS is pleased that H.R. 1763 would increase the number of residency slots nationally by 3,000 each year from 2019 through 2023, totaling 15,000 slots. Although the College would prefer that Congress lift the present caps on GME funding entirely, the ACS supports this provision included in H.R. 1763 for taking an important step toward addressing physician workforce shortages.

To ensure that we are able produce a physician workforce capable of meeting the needs of our nation's population, broad reforms to the way in which graduate medical education is funded and administered are long overdue. The ACS believes solutions must be flexible, nimble, patient-centric and most importantly, evidence-based. A GME system built on a solid foundation of accurate and actionable workforce data is the critically necessary prerequisite step in the process of collective efforts to make rational, informed decisions directed at building the optimal health care workforce that our nation needs. Additionally, the ACS maintains that in order to preserve the innovation and excellence for which our country's medical system is known, GME should continue to be supported as a public good.

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Again, thank you for your continued leadership on health care issues. We look forward to working with you as Congress considers GME policies and other issues impacting the physician workforce.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director

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May 6, 2019,

The Honorable Bob Menendez
United States Senate
528 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Charles Schumer
Senate Minority Leader
United States Senate
322 Hart Senate Office Building
Washington, D.C. 20510

The Honorable John Boozman
United States Senate
141 Hart Senate Office Building
Washington, D.C. 20510

Dear Senators Menendez, Boozman, and Schumer,

On behalf of the more than 80,000 members of the American College of Surgeons (ACS), I write to share our views on The Resident Physician Shortage Reduction Act of 2019, S. 348. This legislation seeks to bolster the U.S. surgical workforce and health care infrastructure by increasing the number of Medicare-supported residency positions, and also establishes transparency and accountability measures around graduate medical education (GME).

As you are well aware, there is a looming crisis in the medical workforce and a growing body of evidence pointing to the current and worsening shortage of surgeons. In fact, a 2019 report released by the American Association of Medical Colleges projects shortages in all surgical specialties of between 14,300 and 23,400 by 2032.

Due to physician shortage concerns, ACS is pleased that S. 348 would increase the number of residency slots nationally by 3,000 each year from 2021 through 2025, totaling 15,000 slots. Although the College would prefer that Congress lift the present caps on GME funding entirely, the ACS supports this provision included in S. 348 for taking an important step toward addressing physician workforce shortages.

To ensure that we are able produce a physician workforce capable of meeting the needs of our nation's population, broad reforms to the way in which graduate medical education is funded and administered are long overdue. The ACS believes solutions must be flexible, nimble, patient-centric and most importantly, evidence-based. A GME system built on a solid foundation of accurate and actionable workforce data is THE critically necessary prerequisite step in the process of collective efforts to make rational, informed decisions directed at building the



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