March 20, 2023

The Honorable Bernie Sanders
U.S. Senate
332 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
U.S. Senate
455 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the more than 84,000 members of the American College of Surgeons (ACS), I appreciate the opportunity to respond to your request for information on the root causes of the current health care workforce shortage and potential ways to address it. The ACS appreciates the Senate Health, Education, Labor, and Pensions (HELP) Committee's attention to this critical issue and welcomes the opportunity to discuss some our legislative priorities related to supporting the surgical workforce.

Background

Increasing evidence indicates a maldistribution of surgeons in the United States, with significant shortages particularly in rural and underserved areas. A congressionally mandated 2020 report conducted by the Health Resources and Services Administration (HRSA) examined surgical shortage areas and showed a maldistribution of the surgical workforce, with widespread and critical shortages of general surgeons particularly in rural areas. Likewise, a 2021 report from the WWAMI Rural Health Research Center found that between 2001 and 2019, rural areas experienced a 29.1% decrease in the supply of general surgeons, and in 2019, 60.1% of non-metropolitan counties had no active general surgeon at all. This crisis extends beyond general surgeons as well. A 2021 report released by the American Association of Medical Colleges projects shortages of 15,800-30,200 in all surgical specialties by 2034. This is a critical component of the ongoing health care workforce shortage because surgeons are the only physicians uniquely trained and qualified to provide certain necessary, lifesaving procedures.

Better data is needed to fully understand why these shortages exist and inform policy solutions. However, several factors are apparent today. The U.S. population continues to grow and age, increasing demand for physicians across the country. At the same time, the health care system has grown more and more complex, subjecting physicians to an arduous and ever-changing landscape of regulation and administrative burden. The COVID-19 pandemic exacerbated already high rates of physician burnout, leading many practicing physicians to leave the workforce. Repeated cuts to Medicare reimbursement have forced some physicians to see fewer patients or shut their doors altogether. Finally, limited rural Graduate Medical Education (GME) positions and the financial burden of medical education pose barriers to recruiting new physicians and encouraging them to practice in underserved areas.

Congress must act to address these critical issues. The ACS remains committed to working with policymakers to increase access to surgical care across the country and support the

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surgical workforce across the surgeon's career to ensure that all patients can receive the high-quality care they need.

Legislative Proposals

Ensuring an adequate and diverse surgical workforce that is representative of the population is a critical first step in guaranteeing access to high quality surgical care and reducing disparities in health outcomes for patients across the country. The ACS has long supported legislative efforts to increase the number of GME positions available in underserved areas in order to get more qualified medical students into the field of surgery. **However, we also assert that increasing the number of positions alone is not enough. We must ensure that the right type of physician is at the right place, at the right time, to optimally meet the needs of a particular population.** Recruiting diverse physicians who are representative of the population to the surgical workforce leads to improvements including better access to care for the underserved, better quality of care, increased patient trust in their health care providers, novel questions in research, and more inclusive and broad reaching solutions to policy challenges.

The high cost of medical education is one barrier to individuals wishing to pursue a career in surgery. Physicians often accumulate immense student debt during their education, and then must undertake several years of residency training with low pay, during which time their student loans accrue significant interest. This financial burden may deter students from pursuing certain specialties, practicing in underserved areas, or even entering the health care profession at all. **The ACS supports legislative efforts to reduce the burden of student loan debt on physicians, including the *Resident Education Deferred Interest Act* (S. 704/H.R. 1202), which would allow borrowers in medical or dental internships or residency programs to defer student loan payments without interest until the completion of their programs, and the *Specialty Physicians Advancing Rural Care Act* (S. 705), which would establish a new loan repayment program for specialty physicians practicing in rural areas.**

Incentives like loan repayment programs can encourage surgeons to practice in underserved areas and help address the maldistribution that currently exists in the workforce. However, better data is critical to accurately identify shortage areas. **The ACS believes the periodic, repetitive collection and analysis of workforce data on both a regional and national basis, undertaken in consultation with relevant stakeholders, should be a top priority.** One step Congress can take to strengthen health care workforce data collection is to fully fund the National Health Care Workforce Commission. The Commission was established more than a decade ago as a multi-stakeholder body charged with developing a national health care workforce strategy, including reviewing current and projected health care workforce supply and demand and analyzing and recommending federal policies affecting the workforce. Unfortunately, this body was never funded and therefore has not been able to begin this important work. **The ACS supports funding the Commission at $3 million for fiscal year 2024.** Doing so will direct needed resources to address the nation's workforce challenges and provide a new opportunity for direct stakeholder engagement.

Unfortunately, current available data are not able to indicate if the supply of surgeons in a given geographic area is adequate to provide access to the services demanded by the population. This is largely because there is no agreed upon definition of what constitutes a shortage of surgeons for a given population, and unlike other key providers of the community-based health care system, HRSA does not maintain a geographic shortage area designation for surgery. **The ACS believes there is an urgent need to establish a surgical shortage designation. The *Ensuring Access to General Surgery Act* (S. 1519/H.R 5149 in the 117th Congress) would direct HRSA to study and define general surgery workforce shortage areas and collect data on the adequacy of access to surgical services, as well as specifically grant the agency authority to designate general surgery shortage areas.** Determining what constitutes a surgical shortage and designating areas where patients lack access to surgical services will provide HRSA with a valuable new tool for increasing access to the full spectrum of high-quality health care services.

In addition to a general surgery shortage area designation, the ACS supports reauthorizing the Health Professional Shortage Area (HPSA) Surgical Incentive Payment Program (HSIP) for a period of five years. The HSIP, which expired in 2015, provided a payment incentive to surgeons who performed major operations—defined as those with a 10-day or 90-day global period under the Medicare Physician Fee Schedule—in a geographic HPSA. A five-year reauthorization of the HSIP will provide general surgeons, who are a key element of rural, frontline care, with the additional support they need to recover after the COVID-19 pandemic and continue serving rural communities. Renewing this program and targeting it to general surgery workforce shortage areas as described above would be a potent tool in reducing geographic workforce maldistribution.

Identifying where health care shortages exist and incentivizing surgeons to practice in those areas is critical. It is equally critical to support surgeons in their roles and prevent skilled practitioners from leaving the workforce due to burnout, administrative burden, safety concerns, or other factors. **The ACS is grateful for passage of the *Dr. Lorna Breen Health Care Provider Protection Act,* which aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions among healthcare professionals, and looks forward to continuing to work with Congress on the issue of physician health and wellbeing**.

Likewise, the ACS supports legislative actions to eliminate unnecessary requirements that overburden surgeons and their practices and may hinder timely access to surgical care. **One such bill is the *Improving Seniors' Timely Access to Care Act* (S. 3018/H.R. 8487 in the 117th Congress) which will help alleviate administrative burden for physicians by improving the transparency and efficiency of prior authorization under Medicare Advantage.** The ACS also maintains that surgeons should be free to practice where they choose. Unfortunately, many employed surgeons are subject to non-compete agreements, which prohibit individuals from joining a competing firm or starting a new venture in the same field after leaving their employer, at times preventing them from starting a private practice or moving to practice in an underserved area. **The *Workforce Mobility Act* (S. 220/H.R. 731) would free physicians from non-competes, providing them with an option to work for a competitor, rather than be forced to move hundreds of miles or forgo a professional opportunity.**

Finally, the ACS supports the directive that surgery should be performed by surgeons. Decades of efforts by non-physician health care providers to expand their scope of practice further into medicine continue to be considered in many state legislatures. **The ACS remains committed to working with our partners in the surgical community and with Congress to ensure that patients receive surgical care by surgeons.**

Concluding Remarks

The ACS is dedicated to working with Congress on addressing the maldistribution of surgeons across the country and supporting surgeons throughout their careers. Optimal quality, the centerpiece of the ACS' mission, is not achievable without optimal access. Identifying communities with workforce shortages and incentivizing surgeons to practice in those areas is critical to guarantee all patients have access to quality surgical care. **Designating general surgery shortage areas will help to identify underserved communities with surgical workforce challenges. Additionally, Congress should consider enhancing funding for graduate surgical education, providing loan repayment programs to surgeons who choose to practice in areas of need, funding the National Health Care Workforce Commission, and continuing its focus on physician health, wellbeing, and administrative burden reduction.**

This is only the beginning of the conversation. New issues that will shape the health care workforce continue to emerge, and Congress and stakeholders will have to work together to respond. For example, the newly implemented Rural Emergency Health Program has the potential to exacerbate surgical shortages. The ACS would welcome the opportunity to discuss how the program may be adjusted to maintain patient access to surgical care. Access to care is also impacted by shortages among other members of the care team, not just surgeons, and these shortages are growing. The coming end of the COVID-19 public health emergency will bring changes to several federal and state policies and programs, the impact of which has yet to be seen. Finally, ongoing physician payment instability adds to the financial hardship surgeons already face due to record inflation and high practice costs, and further exacerbates disparities in access to care and health outcomes among rural and underserved populations.

The ACS thanks the HELP Committee for its thoughtful attention to the nation's health care workforce challenges and looks forward to continuing to work with lawmakers on these important issues. For questions or additional information, please contact Carrie Zlatos with the ACS Division of Advocacy and Health Policy at czlatos@facs.org.

Sincerely,

Patricia L. Turner, MD, MBA, FACS
Executive Director & CEO