



## **Resident Physician Shortage Reduction Act of 2017 (H.R. 2267/S. 1301)**

### **Ask: Please cosponsor the Resident Physician Shortage Reduction Act**

The bill expands the current cap on the number of Medicare-supported training slots for doctors and increase opportunities for physician training programs, a move essential to ensuring patient access to care. It also requires the Comptroller General to conduct a study on strategies for increasing the number of health professionals in rural, lower income, and underrepresented minority communities.

House Sponsor: Rep. Joe Crowley (D-NY), Rep. Ryan Costello (R-PA)

Senate Sponsor: Sen. Charles Schumer (D-NY), Sen. Bill Nelson (D-FL) & Sen. Dean Heller (R-NV)

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### **Description**

This bill directs the Secretary of Health and Human Services to increase the resident limit for Medicare-supported training slots at qualifying hospitals, thus addressing an outdated 1997 policy that put a cap on residency slots. The bill would increase the total number of slots by 15,000 between fiscal year 2019 and 2023 (3,000 per year) bringing the total to 105,000. Half of these slots will be used for training in a specialty that has a physician workforce shortage.

### **Background**

- The U.S. is expected to face a shortage of up to 104,900 physicians by 2030, including shortages in both primary and specialty care, according to the Association of American Medical Colleges.
- Researchers from the American Association for Thoracic Surgery estimate that by 2035, cardiothoracic surgeons would have to increase their caseload by an unfeasible 121 percent to meet demand.
- Medical school enrollment is growing, but the number of residency positions is still capped at 1997 levels. Eventually, many medical school graduates will have no place to finish their required training. In 2017, all 84 Thoracic Surgery residency slots were filled.
- The cardiothoracic surgeon workforce is aging along with the U.S. population. 10,000 Americans turn 65 years old every day, and this older population will drive an increasing demand for cardiothoracic care—even as surgeons retire in greater numbers.