



COLLEGE of AMERICAN PATHOLOGISTS

January 28, 2025

The Honorable Bill Cassidy, M.D.
Chairman
Senate Committee on Health, Education,
Labor, and Pensions
Washington, D.C. 20510

CC: Senators Catherine Cortez Masto, John Cornyn, and Michael Bennet

Re: Comments in Response to the Draft Medicare GME Reform Package

Dear Chairman Cassidy:

As the world's largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the College of American Pathologists (CAP) serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. As physicians specializing in the diagnosis of disease through laboratory methods, pathologists have a long track record of delivering high quality diagnostic services to patients and other physicians.

The CAP appreciates the bipartisan work that you and your fellow Senators have proposed to improve the Medicare Graduate Medical Education (GME) program, increase our supply of physicians and meet the growing needs of communities across the country. We've reviewed the draft proposal outline, and in response, would urge the Committee to make a larger investment in training slots when considering improvements to the Medicare GME program.

As you know, Congress made a critical initial investment in the physician workforce by providing 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act of 2021, the first increase of its kind in nearly twenty-five years. We appreciate this investment, as well as the 200 Medicare-supported GME positions that were provided in the Consolidated Appropriations Act of 2023. However, we recognize that these were only a down payment for a much larger need.

For pathologists in particular, the demand for trained pathologists continues to far exceed the supply that is provided by the number of existing residency positions. Data from the CAP's 2021 Practice Leader Survey is suggestive of a nationwide annual demand of 1,000-1,200 new pathologists to fill open positions in the United States in recent years, and these numbers are substantially lower than the demand reported for 2022 and 2023. In contrast, over the last decade or so, there have been approximately 600-620 pathologist residency positions available each year. To make matters even worse, not all pathologists that complete residency training practice in the US, mostly because they are international medical graduates (IMGs) that rely on J-1 visas.



After completing residency training, some pathologists go on to serve a unique role as medical examiners documenting the spread of disease through society. These physicians play a key role in understanding COVID-19, opioid prevalence, as well as contributing to public health of all Americans. Unfortunately, there is currently a severe shortage of forensic pathologists, and state and local governments have not been able to keep up with providing the funding needed to ensure adequate resources are available to provide these services.

An article published last year in *Health Affairs Scholar* shows that there is a further impending issue regarding supply for pathologists, as over half of pathologists (51.3%) were in the 50–69-year age range in 2020, and as these pathologists age out of practice and retire, there will be an insufficient number of younger pathologists to replace them¹.

To meet the increased demand for pathologists and other physicians, there must be a larger investment in training. **We appreciate the proposal of 5,000 new GME positions FY2027 through FY2031, but would urge you instead to add 14,000 new GME positions, as was suggested in the Resident Physician Shortage Reduction Act (S. 1302 in the 118th Congress).** Although these 14,000 positions would still not be enough to remedy the physician shortage, it would be a critical step in the right direction. These positions would be targeted at hospitals with diverse needs, rural teaching hospitals, hospitals currently training over their Medicare caps, hospitals in states with new medical schools, and hospitals serving patients in health professional shortage areas. The legislation would also take steps to improve physician workforce diversity by commissioning a report to specifically look at ways to create a more diverse clinical workforce.

Additionally, the CAP appreciates the recognition that certain specialties are disproportionately in need of GME slots, such as primary care and psychiatry, and we support the percentages that are outlined in the bipartisan proposal, but defer to these specialties to speak to their need. However, as you continue to deliberate the draft legislative text, **the CAP urges the Committee to consider also dedicating a percentage of new Medicare-supported GME slots to pathology.** Access to high quality, timely, laboratory testing is an essential aspect of patient care and the diagnostic information pathologists provide is crucial for primary care and specialty physicians alike. Additional pathologists are necessary to support an expanded primary care footprint in order to actualize the full benefits of access to a primary care physician for patients.

Not having enough pathologists can result in delays in patient care, including increased wait times in the emergency department due to delayed laboratory results, or longer times before receiving a diagnosis of cancer or other serious disease. During the COVID-19 pandemic, pathologists were on

¹ W Stephen Black-Schaffer, David J Gross, Zakia Nouri, Aidan DeLisle, Michael Dill, Jason Y Park, James M Crawford, Michael B Cohen, Rebecca L Johnson, Donald S Karcher, Thomas M Wheeler, Stanley J Robboy, Re-evaluation of the methodology for estimating the US specialty physician workforce, *Health Affairs Scholar*, Volume 2, Issue 4, April 2024, qxae033, <https://doi.org/10.1093/haschl/qxae033>



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the frontline of the crisis, responsible for ensuring prompt and accurate testing for patients and health care providers alike. However, as workers leave the laboratory system, the strain felt by those who remain will inevitably reach a breaking point, leaving pathologists unable to keep up with the demand for necessary and essential diagnostic services.

Additionally, as medicine and clinical care continue to evolve, precision medicine has become the standard of care for many diseases, especially with aging populations. Primary care and many specialties, such as oncology, are embracing the idea that not all patients are the same, and instead they need to be treated on a more individualized basis, which begins with diagnostics. Pathology and pathologists are the foundation of precision medicine and thus we need to ensure there are ample pathologists to provide the diagnostic services that guide clinicians as they determine the appropriate targeted treatments for their patients.

The above, coupled with the fact that current demand for pathologists will almost certainly continue to outstrip the supply of pathologists, shows that there is a crucial need to specifically increase pathologist residency positions.

The CAP appreciates the continued bipartisan work in this space, as well as the opportunity to provide feedback. We look forward to working with you on legislation to expand and improve the Medicare GME program. Please contact Hannah Burriss at hburriss@cap.org if you have any questions regarding these comments.

Sincerely,

Donald S. Karcher, MD, FCAP
President