COLLEGE of AMERICAN PATHOLOGISTS

June 24, 2024

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
Washington, D.C. 20510

CC: Senators John Cornyn, Robert Menendez, Bill Cassidy, M.D., Michael Bennet, Thom Tillis, Catherine Cortez Masto, and Marsha Blackburn

Re: Comments in Response to the Bipartisan Medicare GME Working Group Draft Proposal Outline

Sent to: Kripa_Sreepada@finance.senate.gov

Dear Chairman Wyden:

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 opportunity to share our views with the Senate Finance Committee regarding ways to address workforce shortages and improve the distribution of workers to rural and underserved areas within the Medicare graduate medical education (GME) program. We've reviewed the questions for consideration, along with the draft proposal outline, and have provided responses to several of these questions as noted below, but in sum, 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.

Question: How many additional Medicare GME slots are needed to address the projected shortage of physicians?

The demand for trained pathologists continues to far exceed the supply provided by the number of existing residency positions. Data from the CAP's 2021 Practice Leader Survey is suggestive of a

College of American Pathologists
1001 G Street, NW, Suite 425W
Washington, DC 20001
202-354-7100

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 recently published 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 them[1].

To meet the increased demand for pathologists and other physicians, there must be a larger investment in training. For these reasons, **the CAP supports the Committee adding S. 1302, the Resident Physician Shortage Reduction Act to any GME related legislation that is drafted.** The Resident Physician Shortage Reduction Act would provide 14,000 new Medicare-supported GME positions (for all physician types, including pathologists) over seven years, and 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.

Question: To address the disproportionate shortage of primary care doctors and psychiatrists, what percentage of new Medicare GME slots should be dedicated toward these two specialties? What additional Medicare GME policies should Congress consider to encourage more residents to enter these specialties?

[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

The CAP appreciates the Committee's recognition that certain specialties are disproportionately in need of GME slots, such as primary care and psychiatry, and we support the percentages that were included in the Consolidated Appropriations Ace of 2023 but defer to the specialties to speak to their need. However, as the Committee deliberates percentages to include in new GME legislation, **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 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.

Question: How could Congress improve the recruitment of physicians to work in rural or underserved communities? For example, would adding criteria to allocate GME slots for hospitals affiliated with centers of excellence, HBCUs, or MSIs and for hospitals affiliated with non-academic hospital settings improve the distribution of physician training and recruitment in rural and underserved areas?

Rural and underserved areas continue to suffer the most from the health care workforce shortage, however, there is currently little incentive for physicians to move to and practice in these communities upon completing residency training. Rural and underserved programs have fewer resources which limit physicians' ability to engage in the highest level of practice, isolate physicians from colleagues and specialist services, and provide reduced compensation prospects. Furthermore,

many residency programs are located in urban areas, and it is more natural for physicians to practice in a place that is similar to their training environment. While allocating GME slots to institutions that serve rural and underserved communities may help, it will not address many of the underlying challenges associated with practice in these communities. **Instead, the CAP supports reauthorizing and expanding the Conrad 30 waiver program (S. 665) and passing loan deferment and forgiveness legislation (e.g., S. 704, the REDI Act, S. 705, the SPARC Act) in order to improve recruitment of physicians to work in rural or underserved communities.**

Question: What additional policies should Congress consider to improve the distribution of unused GME slots to areas facing the greatest projected shortage of physicians?

Given that the allocation of GME slots is largely a local institutional decision, credible projections of the impact of current trends on future physician, including pathologist, supply need to be widely publicized to both medical leadership and the general public to garner effective support for a change in the present system of specialty training slot allocation. **The CAP recommends Congress study and publicize information about unused GME slots in combination with information about supply and demand for various physician specialties and subspecialities, including pathology.**

The CAP appreciates the Finance Committee's work in this space. We look forward to working with you on legislation to expand and improve the Medicare GME program. Please contact Hannah Burriss at hburris@cap.org if you have any questions regarding these comments.

Sincerely,

Donald S. Karcher, MD, FCAP
President

College of American Pathologists
1001 G Street, NW, Suite 425W
Washington, DC 20001
202-354-7100