



COLLEGE of AMERICAN PATHOLOGISTS

March 20, 2023

Senator Bernie Sanders
Chairman
Senate Committee on Health, Education,
Labor and Pensions
Washington, D.C. 20510

Senator Bill Cassidy, M.D.
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
Washington, D.C. 20510

Re: Comments in Response to the Health Care Workforce Shortage

Sent to: HealthWorkforceComments@help.senate.gov

Dear Chairman Sanders and Ranking Member Cassidy:

As you are likely aware, the College of American Pathologists (CAP) is the world's largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs. The CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

The CAP appreciates the opportunity to submit comments on what we believe is driving the workforce shortage for pathologists, as well as bipartisan steps Congress can take to remedy the nation's health care workforce shortages. Specifically, we are recommending that Congress:

- Pass the soon to be reintroduced Resident Physician Shortage Reduction Act;
- Craft and pass legislation that would reserve a certain number of Medicare-supported graduate medical education (GME) positions specifically for pathology;
- Pass the Conrad State 30 and Physician Access Reauthorization Act (S. 665);
- Pass the Specialty Physicians Advancing Rural Care Act (S. 705);
- Craft and pass legislation establishing options for student loan repayment and greater physician visa waiver flexibility for forensic pathologists;
- Pass the Resident Education Deferred Interest Act (S. 704/H.R. 1202);
- Oppose legislation that would expand the scope of practice for non-physician practitioners;
and
- Establish a National Health Care Workforce Commission.

Drivers of the Health Care Workforce Shortage

While there are numerous drivers contributing to the health care workforce shortage, the primary drivers for the pathologist workforce (not including the laboratory and technical workforce) seem to be:

- A lack of Medicare-supported GME positions;
- Demand for pathologists far exceeding the supply of new pathologists;
- The J-1 visa home country requirement;



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- The lack of incentives for pathologists to practice in rural and underserved areas; and
- State and local governments not providing the necessary funding needed for resources for forensic pathologists.

After graduating medical school, resident physicians typically spend four or more years in GME training at teaching hospitals and their associated outpatient settings. Most of the funding for these programs comes from Medicare. Medicare pays for direct GME, for the costs of educating residents, and indirect medical education to cover the generally higher costs teaching hospitals incur. Congress made a critical initial investment in the physician workforce by providing 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act, 2021, the first increase of its kind in nearly twenty-five years. However, the demand for trained pathologists continues to far exceed the supply provided by the number of existing of residency positions.

Data from the CAP's 2021 Practice Leader Survey is suggestive of a nationwide demand of 1,000-1,200 pathologists to fill open positions in the United States in recent years, and these numbers are substantially lower than the demand that is being reported for 2022. However, it is important to note that market demand could be even higher than is suggested by the CAP's Practice Leader Survey, because there is "no national organization that publishes its data that serves as the authoritative source of the pathologist workforce in the U.S."¹

In contrast to the nationwide demand, over the last decade or so, there have been approximately 620 pathologist residency positions available each year. However, of those pathologists that complete residency, not all go on to practice full time due to a variety of reasons, including some opting to pursue research or go into industry rather than clinical practice, and others being international medical graduates (IMGs) that rely on J-1 visas. In 2022, 33.3% of first year pathology resident slots were non-U.S. IMGs.²

IMGs play a critical role in providing health care, especially in areas of the country with higher rates of poverty and chronic disease. J-1 visas require IMGs to return to their country of origin for at least two years upon completion of their residency. This two-year home country requirement places strain on the hiring process for United States trained physicians and has caused practices to miss out on the opportunity to bring on qualified candidates. Data from the CAP's 2022 Practice Leader Survey shows that visa issues impacted 25% of practice leaders' hiring decisions, with 10% of those reporting that they were unable to hire certain candidates, and 20% reporting that they did not even consider certain candidates due to visa issues. After investing resources to train IMGs in the United States, it is prudent that those that wish to stay, and practice should be able to do so. IMGs that are forced to return to their home country may also never come back to the United States to practice.

¹ Robboy, S. J., Gross, D. J., Park, J. Y., Kittrie, E. R., Crawford, J., Johnson, R. N., Cohen, M. B., Karcher, D. S., Hoffman, R. M., Smith, A. C., & Black-Schaffer, W. S. (2020). Reevaluation of the US Pathologist Workforce Size. *JAMA Network Open*, 3(7), e2010648. <https://doi.org/10.1001/jamanetworkopen.2020.10648>

² National Resident Matching Program, Results and Data: 2022 Main Residency Match®. National Resident Matching Program, Washington, DC. 2022. <https://www.nrmp.org/wp-content/uploads/2022/11/2022-Main-Match-Results-and-Data-Final-Revised.pdf>



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For the pathologists that do finish residency and begin practicing immediately, with demand greatly outstripping supply, there is little incentive to move and practice in rural and underserved areas, which can exacerbate the shortage of care in these areas. With many residency programs located in urban areas, it is more natural to remain in a place that is similar to the training environment.

Furthermore, pathologists serve a unique role as medical examiners documenting the spread of disease through society. There is 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. These physicians play a key role in understanding COVID-19, opioid prevalence, as well as contributing to public health of all Americans.

Legislative Solutions to Address the Health Care Workforce Shortage

The COVID-19 pandemic brought to the forefront the vital role of pathologists and the value that we bring to medicine. Now more than ever patients and their treating physicians are relying on the expertise of pathologists, which makes addressing the health care workforce shortage even more crucial. Pathologists and the services we provide are at the foundation of our health care system and we cannot allow this foundation to erode any further, therefore we strongly urge the below legislative solutions to help combat the health care workforce shortage.

The CAP appreciates that Congress previously provided 1,000 Medicare-supported GME positions in the Consolidated Appropriations Act of 2021 and the 200 Medicare-supported GME positions in the Consolidated Appropriations Act of 2023, but we recognize that these were only a down payment for a much larger need. 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 soon to be reintroduced Resident Physician Shortage Reduction Act, which would provide 14,000 new Medicare-supported GME positions over seven years.** While these 14,000 positions would still not be enough to remedy the shortage, they are 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.

During the COVID-19 pandemic, pathologists have been 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 reaches a breaking point leaving pathologists unable to keep up with the demand for necessary and essential diagnostic services. The result can manifest in delays in patient care, including increased wait times in the emergency department or longer time before receiving a diagnosis of cancer. This, coupled with the fact that current demand for pathologists is being reported as more than double that of residency

positions per year, shows that there is a crucial need to increase pathologist residency positions.



Therefore, **the CAP urges Congress to craft and pass legislation that would reserve a certain number of Medicare-supported GME positions only for pathology.**

In addition to the Medicare-supported GME positions, **the CAP supports the Conrad State 30 and Physician Access Reauthorization Act (S. 665), which will increase the number of waivers for a state from 30 to 35 and incentivize qualified IMGs who are citizens of other nations to work in underserved communities.** For agreeing to these terms, physicians will not have to leave the U.S. for two years before they are eligible to apply for an immigrant visa or permanent residence, thus allowing them to begin to provide necessary patient care upon finishing their residency. IMGs are an important part of our nation's health care system and currently represent 25% of the physician workforce.

Rural and underserved areas continue to suffer the most from the health care workforce shortage. Unfortunately, as mentioned previously, there is not much incentive currently for pathologists who finish their residency to move to rural or underserved areas to practice. The CAP believes that Congress can provide incentives, such as student loan forgiveness, to help make the transition to these areas more attractive. Thus, **the CAP supports the Specialty Physicians Advancing Rural Care (SPARC) Act (S. 705) would establish a new loan repayment program designed specifically for specialty physicians, allowing them to practice in a rural area for six years in exchange for student loan forgiveness of up to \$250,000.**

Similarly, **the CAP urges Congress to craft and pass legislation establishing options for student loan repayment and greater physician visa waiver flexibility for forensic pathologists, which will in turn aid in recruitment and retention.** In 2022, draft legislation to address this issue was shelved for other priorities and this year, Washington State is considering legislation to create a National Health Service Corps type loan repayment program specifically for forensic pathologists. Many forensic pathologists and medical examiner positions are paid at the local or state level, which are often not in line with what a pathologist can earn elsewhere. Loan repayment assistance specifically targeted at the forensic pathology community can help make these positions more attractive. It can also help make rural and underserved a real option.

In terms of visa waivers, there are foreign forensic pathologists practicing in the United States that are struggling to obtain the necessary waivers to continue providing services. Ensuring that there is a visa waiver process that is streamlined and timely will allow these physicians to continue practicing unabated and not leave laboratories scrambling to fill their spots.

Moreover, as Congress allocates funding to jurisdictions around the country, we ask that funding is provided specifically to assist state and local medical examiner and coroner offices to support the COVID-19 related diagnostic services provided by forensic pathologists. We are concerned that without specific designation, the money will be used for other priorities.



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In addition to loan forgiveness, interest-free loan deferment, which would prevent thousands of dollars in interest from accruing, would make opening practices in rural or underserved areas more attractive and affordable to residents. Residents are often saddled with substantial student loans after UME that they cannot immediately begin to repay and should they choose to have their payments halted through deferment or forbearance during their residency, they would continue to accumulate interest. This is why **the CAP supports the Resident Education Deferred Interest (REDI) Act (S. 704/H.R. 1202), which would allow physicians and dentists to defer their federal student loans interest-free during their residency or internship, saving them thousands of dollars in interest.**

Incentivizing the transition to rural and underserved areas is essential for addressing the health care workforce, however, **the CAP urges opposition of any legislation that would expand the scope of practice for non-physician practitioners (NPPs).** While NPPs play an important role in providing care to patients and there are many technical specialties that support pathologists in their work, there are no real alternative providers for pathologists and the value they provide. Pathologists are vital for providing patient care. Furthermore, the AMA conducted an analysis that showed that NPPs were generally practicing in the same areas as physicians, regardless of a state's scope of practice rules. Just as rural areas are struggling to attract physicians, there is no guarantee that NPPs would come as a result of expanding scope of practice.³ Thus, allowing an increase in the types of services NPPs can perform is not a sensible solution to the health care workforce shortage and it could also have broad, negative consequences.

Finally, as the Committee continues to seek legislative solutions to address the health care workforce shortage, **the CAP supports the establishment of a National Health Care Workforce Commission collect and analyze data and make recommendations to help the nation to meet the ever-growing and changing workforce needs.** Having precise numbers and data on practicing physicians in the United States is vital for accurately addressing the health care workforce shortage and understanding diversity and inclusion within the health care workforce.

The CAP appreciated your consideration of these comments. Should you have questions please contact Hannah Burriss at hburriss@cap.org or via phone at 202-354-7139.

Sincerely,

Emily E. Volk, MD, FCAP
President, College of American Pathologists

³ Zarefsky, M. (2023). Why scope creep tops state medical associations' priority list. American Medical Association.
<https://www.ama-assn.org/practice-management/scope-practice/why-scope-creep-tops-state-medical-associations-priority-list>