

United States Senate

October 18, 2018

The Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

Improving access to health care is an important priority for our nation. We are passionate about creating a workforce able to meet the unique health care challenges in the communities we serve today and in the future. As a result, we seek your assistance in working with us on policies aimed at reforming and improving the health care workforce – from family practice to specialty care.

In particular, we have long-standing concerns regarding the types of physicians entering the field and their geographic distribution. This is a pressing issue most prevalent in rural and underserved communities. The federal government plays a central role through the approximately \$10 billion spent through Medicare's Graduate Medical Education (GME) program.

As detailed by the Institute of Medicine (IOM), a 2014 report found significant shortcomings in GME. They concluded, "Under the current terms of GME financing, there is a striking absence of transparency and accountability for producing the types of physicians that today's health care system requires."¹ A comprehensive review and reform of GME is required for the long-term and we look forward to engaging with you in this overall effort.

In the near-term, we also request that the Department review existing administrative policies that restrict the creation of new Medicare funded residency slots in underserved communities. Specifically, when the residency cap was created in 1997, Congress intended to provide the Department with authority so it could adjust GME caps for new programs based on future demands for health care services. This included extending the window for new residency slots to ensure "proper flexibility to respond to changing needs, including the period of time such programs would be permitted to receive an increase in payments before a cap is applied."² This authority is available to the Department today.

As we work on comprehensive GME reform, in the interim, we ask that you pursue the cap flexibility concept granted and intended by Congress. This will help new teaching programs launch or scale up their training capabilities while alleviating regional shortages. It also will boost Medicare's investment in return and enhance the longevity of physicians staying in their local communities and fulfill their goal: practicing medicine.

Thank you in advance for your assistance with this matter. We look forward to working with you on policies to improve the health care workforce.

¹ https://www.ncbi.nlm.nih.gov/books/NBK248022/#sec_000113

² U.S. House of Representatives. *Balanced Budget Act of 1997, Conference Report (to Accompany H.R. 2015)*, pg.

820-822.

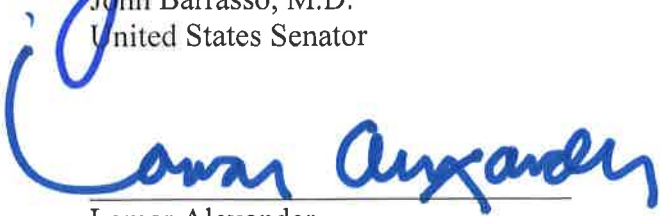
Sincerely,



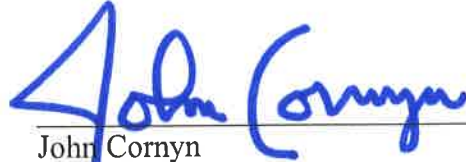
John Barrasso, M.D.
United States Senator



Catherine Cortez Masto
United States Senator



Lamar Alexander
United States Senator



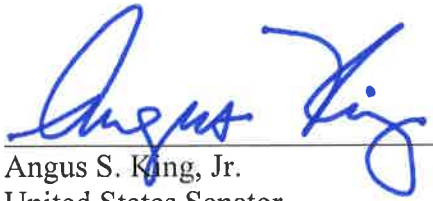
John Cornyn
United States Senator



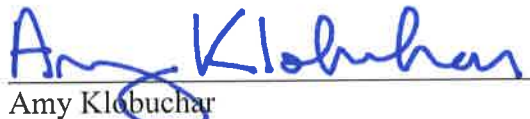
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