

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 917
(I-15)

Introduced by: Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, Vermont, American Orthopaedic Foot
and Ankle Society, American Academy of Orthopaedic Surgeons

Subject: Equity in Graduate Medical Education Funding

Referred to: Reference Committee K
(Hillary Johnson-Jahangir, MD, Chair)

- 1 Whereas, The Balanced Budget Act of 1997 limited the number of allopathic and osteopathic
2 medical residents that would be counted for purposes of calculating Medicare indirect medical
3 education (IME) and direct graduate medical education (DGME) reimbursement, but excluded
4 podiatry residents from this resident limit; and
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6 Whereas, The number of current allopathic and osteopathic medical residents already exceeds
7 the number of funded GME positions; and
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9 Whereas, A March 2015 report by the Association of American Medical Colleges assessing
10 demographics and recent changes to care delivery and payment methods projects that the
11 United States will face a shortage of between 46,000-90,000 physicians in both primary and
12 specialty care by 2025; and
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14 Whereas, It currently takes between 7 and 10 years before a medical student becomes a
15 practicing physician; and
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17 Whereas, Over the past decade, undergraduate medical education has expanded nationwide by
18 more than 30%, greatly outpacing the growth in residency slots; and
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20 Whereas, In 2015, 1,093 or about 6.1% of active U.S. allopathic medical school seniors and
21 about 20.1% of nearly 3,000 osteopathic medical school students did not match into first-year
22 programs via the National Resident Matching Program, nor did approximately 25% of nearly
23 3,000 individuals participating in the American Osteopathic Association (AOA) Intern/Resident
24 Registration Program; and
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26 Whereas, Without residency training, medical school graduates cannot obtain licenses or
27 practice medicine; and
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29 Whereas, Current AMA policy is to strenuously advocate for increasing the number of GME
30 positions to address the future physician workforce needs of the nation; and
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32 Whereas, Current AMA policy is to actively seek Congressional action to remove the caps on
33 Medicare funding of GME positions for resident physicians that were imposed by the Balanced
34 Budget Amendment of 1997; and

1 Whereas, There has been a significant increase in podiatric residency programs and residents
2 over the past few years with the lack of a cap on podiatry positions being a major driving force;
3 and
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5 Whereas, In order to increase the number of podiatric residency programs and positions, the
6 Council on Podiatric Medical Education recommended changing program requirements,
7 including decreasing minimum activity requirements and limitations on commuting; and
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9 Whereas, There is no evidence of a greater need for more podiatrists to meet health care
10 delivery needs than allopathic and osteopathic physicians, including primary care physicians,
11 pediatricians, and orthopaedic surgeons, with the latter being less limited in the type of
12 musculoskeletal services they can provide than podiatrists; therefore be it
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14 RESOLVED, That our American Medical Association strongly advocate that:
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16 1. There be no decreases in the current funding of MD and DO graduate medical
17 education while there is a concurrent increase in funding of graduate medical education
18 (GME) in other professions; and
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20 2. There be at least proportional increases in the current funding of MD and DO graduate
21 medical education similar to increases in funding of GME in other professions. (Directive
22 to Take Action)

Fiscal Note: Not yet determined

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