Whereas, The Balanced Budget Act of 1997 limited the number of allopathic and osteopathic medical residents that would be counted for purposes of calculating Medicare indirect medical education (IME) and direct graduate medical education (DGME) reimbursement, but excluded podiatry residents from this resident limit; and

Whereas, The number of current allopathic and osteopathic medical residents already exceeds the number of funded GME positions; and

Whereas, A March 2015 report by the Association of American Medical Colleges assessing demographics and recent changes to care delivery and payment methods projects that the United States will face a shortage of between 46,000-90,000 physicians in both primary and specialty care by 2025; and

Whereas, It currently takes between 7 and 10 years before a medical student becomes a practicing physician; and

Whereas, Over the past decade, undergraduate medical education has expanded nationwide by more than 30%, greatly outpacing the growth in residency slots; and

Whereas, In 2015, 1,093 or about 6.1% of active U.S. allopathic medical school seniors and about 20.1% of nearly 3,000 osteopathic medical school students did not match into first-year programs via the National Resident Matching Program, nor did approximately 25% of nearly 3,000 individuals participating in the American Osteopathic Association (AOA) Intern/Resident Registration Program; and

Whereas, Without residency training, medical school graduates cannot obtain licenses or practice medicine; and

Whereas, Current AMA policy is to strenuously advocate for increasing the number of GME positions to address the future physician workforce needs of the nation; and

Whereas, Current AMA policy is to actively seek Congressional action to remove the caps on Medicare funding of GME positions for resident physicians that were imposed by the Balanced Budget Amendment of 1997; and
Whereas, There has been a significant increase in podiatric residency programs and residents over the past few years with the lack of a cap on podiatry positions being a major driving force; and

Whereas, In order to increase the number of podiatric residency programs and positions, the Council on Podiatric Medical Education recommended changing program requirements, including decreasing minimum activity requirements and limitations on commuting; and

Whereas, There is no evidence of a greater need for more podiatrists to meet health care delivery needs than allopathic and osteopathic physicians, including primary care physicians, pediatricians, and orthopaedic surgeons, with the latter being less limited in the type of musculoskeletal services they can provide than podiatrists; therefore be it

RESOLVED, That our American Medical Association strongly advocate that:

1. There be no decreases in the current funding of MD and DO graduate medical education while there is a concurrent increase in funding of graduate medical education (GME) in other professions; and

2. There be at least proportional increases in the current funding of MD and DO graduate medical education similar to increases in funding of GME in other professions. (Directive to Take Action)

Fiscal Note: Not yet determined

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