



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:

Highest Standards, Better Outcomes

Washington Office:

20 F Street, NW Suite 1000
Washington, DC 20001

Voice: 202-337-2701

Fax: 202-337-4271

E-mail: ahp@facs.org

Chicago Headquarters:

633 N. Saint Clair St.
Chicago, IL 60611-3211

Voice: 312-202-5000

Fax: 312-202-5001

E-mail: postmaster@facs.org

ACS website: www.facs.org

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March 22, 2013

The Honorable Allyson Schwartz
U.S. House of Representatives
1227 Longworth House Office Building
Washington, D.C. 20515

The Honorable Aaron Schock
U.S. House of Representatives
328 Cannon House Office Building
Washington, D.C. 20515

Dear Representative Schwartz and Representative Schock:

On behalf of the more than 78,000 members of the American College of Surgeons (ACS), I write to share our views on the Training Tomorrow's Doctors Today Act (H.R.1201). This legislation seeks to bolster the U.S. surgical workforce and health care infrastructure by increasing the number of Medicare-supported residency positions, and also establishes transparency and accountability measures around graduate medical education (GME).

As you are well aware, there is a looming crisis in the medical workforce and a growing body of evidence pointing to the current and worsening shortage of surgeons. In fact, according to the Association of American Medical College's Center for Workforce Studies, there will be a shortage of 46,000 surgeons and medical specialists in the next decade. Furthermore, the ACS Health Policy Research Institute's projections show a decrease of 3,340 actively practicing surgeons between 2013 and 2028 if there are no changes in the number of surgeons being trained and if GME caps remain in place. These are startling and troubling statistics which do not bode well for our nation's aging and growing population.

Due to physician shortage concerns, ACS is pleased that H.R.1201 would increase the number of residency slots nationally by 3,000 each year from 2014 through 2018, totaling 15,000 slots. Although the College would prefer that Congress lift the present caps on GME funding entirely, the ACS supports this provision included in H.R.1201 for taking an important step toward addressing physician workforce shortages.

That being said, ACS does have some concerns related to H.R.1201. The College would like to see an option to reshuffle slots that remain unfilled for



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100 years

extended periods of time (hospitals persistently under their cap) to hospitals in need to assure adequate use of all slots. Regarding measure development, ACS believes that GME and indirect medical education (IME) payments should be related to educational issues instead of other larger Medicare priorities, such as use of health information technology, which might create stacked penalties.

It is clear that the needed services of surgeons and physicians are under great stress, and this shortage will create serious complications for the medical patient and our health care system overall. Increasing the number of Medicare-supported residency positions as included in H.R.1201 would help to ensure that individuals across America have access to vital and high-quality health care services, and during a time when it is needed most.

Again, thank you for your continued leadership on health care access issues. We look forward to working with you as Congress considers GME policies and other issues impacting the physician workforce and patient access to quality care.

Sincerely,

David B. Hoyt, MD FACS
Executive Director

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Voice: 312-202-5000

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