COGME
Council on Graduate Medical Education

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[Insert date]

DRAFT for COGME March 2023 Meeting Discussion—PREDECISONAL

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Bernie Sanders
Chair, Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Cathy McMorris Rodgers
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chair Sanders, Ranking Member Cassidy, Chair McMorris Rodgers, and Ranking Member Pallone:

As the Chair of the Council on Graduate Medical Education (COGME), I am writing to express the Council's deep concern about an emergent physician workforce issue—the critical shortage of general surgeons practicing in rural or frontier areas of the United States. Recent workforce modeling by the Health Resources and Services Administration (HRSA) found a national shortage of general surgeons, with a severe shortfall in rural areas.[1] Another study from 2019 found that almost 60% of non-metropolitan counties had no access to a general surgeon.[2] General surgeons are a vital part of the rural healthcare team. They perform a wide range of major surgeries and high-need procedures such as appendectomies, trauma and orthopedic operations, cancer care, and operative maternity treatment. In addition, they provide critical back-up to rural-based primary care clinicians. They are essential to improving health, saving lives, and stabilizing primary care access.

To bolster the ranks of general surgeons in rural areas, COGME expresses its strong support for two pieces of legislation introduced in the 117th Congress: **1)** ***Ensuring Access to General Surgery Act (H.R. 5149)*** which would require a HRSA report on "access by underserved populations to general

[1] HRSA. V. Physician Model Components, Technical Documentation for HRSA's Health Workforce Simulation Model; 2022. Accessed March 7, 2023. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation/physician-model-components

[2] Larson EH, Andrilla CHA, Kearny J, Garberson LA, Patterson DG. The Distribution of the General Surgery Workforce in Rural and Urban America in 2019. Policy Brief. WWAMI Rural Health Research Center, University of Washington; March 2021. Accessed November 17, 2022. https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2021/03/RHRC_PBMAR2021_LARSON.pdf

surgeons" to inform the designation of general surgery shortage areas; and **2)** ***Specialty Physicians Advancing Rural Care (SPARC) Act (S. 4330)*** which would encourage more specialty clinicians, including general surgeons, to serve in rural areas. In addition, COGME calls for increased federal efforts to boost the training and retention of general surgeons in rural settings by **1) establishing a Rural Residency Graduate Medical Education (GME) program** and **2)** creating a parallel program within the **National Health Service Corps (NHSC) for general surgery**.

Ensuring Access to General Surgery Act (H.R. 5149) and Expanding the NHSC

Introduced in 2021, H.R. 5149 would direct HRSA to study and report on underserved populations' access to general surgery services that would inform the designation of general surgery shortage areas, along the lines of the current Health Professional Shortage Areas (HPSAs). This new shortage area designation would help HRSA and other federal agencies distribute resources to where they are most needed for improved access to surgical health services. One potential mechanism for equitable resource allocation involves a statutory change to create an additional program within NHSC for health professionals who provide general surgical services to be included in its scholarship and loan repayment programs, in exchange for a commitment to work in an eligible facility located in an area with a general surgical shortage designation. However, COGME cautions against a zero-sum situation between primary care and any expansion program; rather, supplementary funding must be appropriated to accompany such a statutory change. Thus, the realization of H.R. 5149, coupled with an NHSC general surgery program, could incentivize more young surgeons to practice in shortage areas.

Specialty Physicians Advancing Rural Care (SPARC) Act (S. 4330)

The SPARC Act (S. 4330), introduced in 2022, responds to recent reports by the Association of American Medical Colleges (AAMC) on the impact of medical student debt and projected physician shortages,[3,4] as well as a study published in the *New England Journal of Medicine* on the aging of the rural physician workforce.[5] This Act would create a student loan repayment program for specialty medicine (non-primary care) physicians, to include general surgeons, who complete a six-year service commitment to work in rural communities experiencing a shortage of specialty clinicians. Along with H.R. 5149, this Act would provide financial support to bolster the ranks of general surgeons practicing in rural areas.

New Rural GME Pathways

Together with these financial incentives, new GME opportunities for training general surgeons in rural areas are needed. COGME's 24th report, *Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities*,[6] highlights one such model, the Rural Residency Planning and Development (RRPD) program. Administered by HRSA's Federal Office of Rural Health Policy, RRPD provides funding to create new residency programs in rural areas. However, there are no federal funding programs to pay for the continuing operation of any newly accredited rural-based surgical residencies—other than Medicare GME funding as a Rural Track Program (RTP). To meet funding criteria, RTPs must provide more than 50% of their residents' training in rural areas, but rural-based general surgery residencies may not have the patient volume to meet this requirement. To date, only one RRPD award

[3] AAMC. Medical Student Education: Debt, Costs, and Loan Repayment Fact Card for the Class of 2022; 2022. Accessed December 20, 2022. https://store.aamc.org/medical-student-education-debt-costs-and-loan-repayment-fact-card-for-the-class-of-2022.html.

[4] AAMC. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034; June 2021. Accessed December 20, 2022. https://www.aamc.org/media/54681/download

[5] Skinner L, Staiger DO, Auerbach DI, Buerhaus PI. Implications of an Aging Rural Physician Workforce. N Engl J Med. 2019;381(4):299-301. doi:10.1056/NEJMp1900808

[6] COGME. Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities, 24th Report; April 2022. Accessed November 17, 2022. https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/cogme-april-2022-report.pdf

recipient developed a rural general surgical residency with the capacity to sustain its newly accredited program with Medicare GME RTP funding.

The Teaching Health Center Graduate Medical Education (THCGME) program provides a proven model to train and retain clinicians in underserved rural settings with an emphasis on working in interprofessional care teams. Since THCGME residency programs must be based at community-based ambulatory patient care centers (e.g., Federally Qualified Health Centers) and thus excludes surgical residency training, COGME recommends that Congress direct HRSA to explore the development of a new Rural Residency GME program modeled after THCGME, but based in appropriate settings (e.g., rural or critical access hospitals for general surgery residencies) to support the maintenance of surgical and other residencies established by the RRPD program that are ineligible for THCGME funding.

Conclusion

COGME's 24th Report emphasized the health disparities experienced by rural communities. Many of these disparities are directly linked to lack of timely access to appropriate health care. In rural areas, health care is best delivered by an integrated team of professionals whose members are trained to work together and complement each other, with general surgeons as a crucial component. Furthermore, the revenue generated by general surgical procedures can support the financial stability of rural critical access hospitals and can decrease overall health care expenditures by avoiding unnecessary transfers of patients to urban centers. Thus, the availability of general surgeons in rural areas enhances access to care, promotes continuity of care, decreases travel burden for patients, and improves health outcomes.

Per its charter as a federal advisory council, COGME is responsible for "assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal … efforts necessary to address these needs." Calling the attention of Congress and the Department of Health and Human Services (HHS) to the overall shortage of general surgeons, and supporting bills such as H.R. 5149, S. 4330, and other measures to increase the number of general surgeons and encourage them to practice in rural and other underserved areas, falls within COGME's advisory purview.

In summary, COGME recognizes the critical shortage of general surgeons across the nation and the dire need to train more general surgeons to practice in rural areas, with the goal of improving rural health outcomes. Thus, COGME urges members of Congress **to reintroduce and pass both H.R. 5149 and S. 4330.** In addition, COGME urges Congress **to pass legislation to establish rural GME programs** to support general surgery along the THCGME model and to make statutory changes to **create a NHSC program for general surgery services.**

Thank you for your consideration. The members of COGME stand ready to provide more information as needed.

Sincerely,

Peter Hollmann, MD
Chair, COGME