

GRADUATE MEDICAL EDUCATION

By 2035 the State of Florida is projected to have a shortage of 36,000 physicians. There are multiple factors that have caused this shortage, but ultimately, we are not training enough physicians to meet the growing demand. As Florida has grown, the state has not seen a commensurate increase in Graduate Medical Education (GME) funding.

What is Graduate Medical Education?

Graduate medical education refers to residency and fellowship training that physicians complete after medical school to develop clinical skills which are required to practice medicine.

The Importance of GME

Where a physician trains is highly predictive of where he or she eventually practices: **64.1%** of physicians who train in Florida remain in Florida to practice. GME plays a critical role in supporting the development and retention of an adequate and appropriate physician workforce in Florida. Expanding GME funding will help to create new opportunities to train physicians across our state.

Florida's Challenge: The number of Medicare funded training slots has been capped - limiting a key tool for physician recruitment and growth.

- In 1997 Congress "capped" the number of residency slots at existing residency programs. Most hospitals have had more than **25 years** of unmoving Medicare GME funding.
- Florida's population has grown from 14.7 million to 22.2 million people since 1997.
- **These caps have resulted in an inequitable distribution of GME funding.**

| State | Total Residents in Training | Total Medicare DGME Funded Residents | % of Residents not Supported by Medicare DGME | Medicare Residents per 100,000 Population | Population |
|---------------|-----------------------------|--------------------------------------|---|---|------------|
| Florida | 4,126 | 3,098 | 25% | 14.76 | 20,984,400 |
| Massachusetts | 4,342 | 3,909 | 10% | 56.98 | 6,859,819 |
| New York | 16,341 | 14,961 | 8% | 75.37 | 19,849,399 |
| Texas | 5,729 | 4,417 | 28% | 15.61 | 28,304,596 |
| California | 9,095 | 7,235 | 20% | 18.30 | 39,536,653 |

Take Action Now to Support Florida's Physician Workforce



- CO-SPONSOR THE RESIDENT PHYSICIAN SHORTAGE REDUCTION ACT OF 2023 (H.R. 2389) Congress must fund more Medicare GME slots and eliminate caps to address a growing physician shortage crisis.
- The allocation of new Medicare GME slots should prioritize states with a disproportionately low number of Medicare GME slots relative to their total population.
- The five-year cap system used to establish the number of Medicare GME positions at a hospital should be revised to ensure hospitals have adequate time to establish their program and funding to do so.

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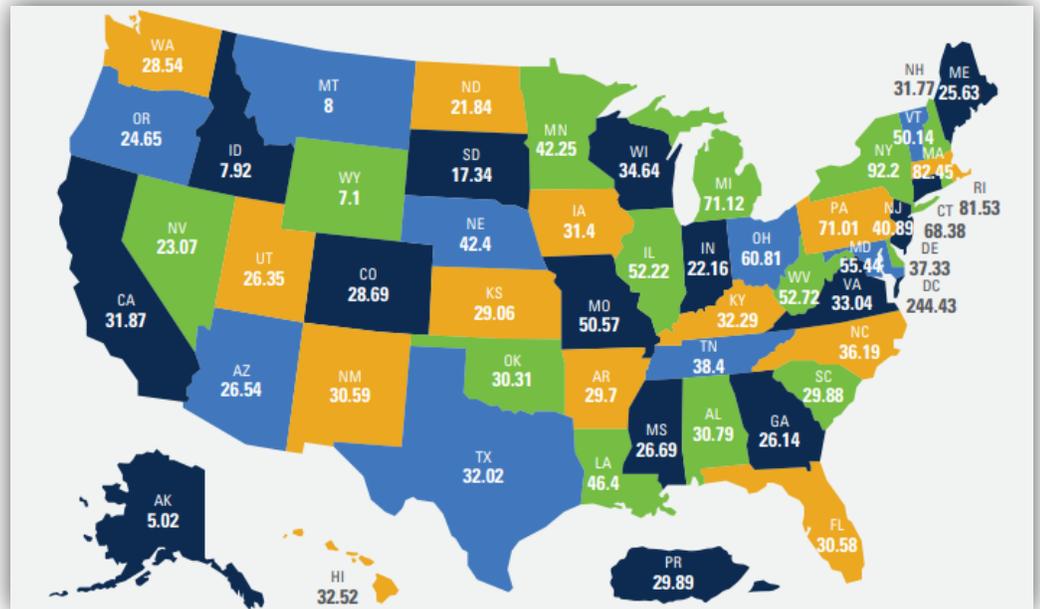
Medicare GME

Federal funding of GME slots plays a vital role in the future of the physician workforce. Medicare is the single largest source of funding for graduate medical education (71%), but Medicare funding does not cover all of a hospitals' residency positions or expenses. In addition, a 1997 law greatly limited Medicare's role in funding growth for GME.

In 1997, due to a fear of an oversupply of physicians, Congress "capped" the number of residency slots at existing residency programs, freezing the state's allotment of Medicare funded slots. These caps limited opportunities for programs to increase their residency slots to meet the demand of their population. Almost 90% of hospitals nationwide had funding caps set in 1997, meaning most hospitals have had more than 25 years of relatively fixed Medicare GME funding. In 2022, because of caps, more than 3,300 applicants lacked residency slots.

Lifting the cap on Medicare-funded residency positions would enhance access to care and help Florida's hospitals better meet the needs of the communities they serve. Increasing Medicare-funded residency slots would provide hospitals more flexibility to diversify and maintain training programs, including both primary care and specialty programs. In addition, an increase in slots would allow health systems to train residents in more diverse facility types, such as smaller rural hospitals which may not be able to operate their own training programs. This would benefit both the quality of physician education and the patients they would serve.

**GME Positions per
100,000 people**



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