

August 19, 2025

The Honorable Terri Sewell
U.S. House of Representatives
1035 Longworth House Office Building
Washington, DC 20515

The Honorable Brian Fitzpatrick
U.S. House of Representatives
271 Cannon House Office Building
Washington, DC 20515

Dear Representatives Sewell and Fitzpatrick:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in strong support of H.R. 4731, the “Resident Physician Shortage Reduction Act of 2025.” This bipartisan legislation would gradually raise the number of Medicare-supported graduate medical education (GME) positions by 2,000 per year for seven years, for a total of 14,000 new slots. A share of these positions would be targeted at hospitals with diverse needs including hospitals in rural areas, hospitals serving patients from health professional shortage areas (HPSAs), especially those hospitals affiliated with historically black medical schools, hospitals in states with new medical schools or branch campuses, and hospitals already training over their caps.

The U.S. was already facing a rising shortage of physicians largely due to the growth and aging of the general population and the impending retirement of many physicians.¹ According to the latest data released by the Health Resources and Services Administration (HRSA), over 260 million people live in primary medical HPSAs in the U.S.² HRSA estimates that an additional 21,175 providers are required to eliminate all current primary care, dental, and mental health HPSAs.³ Furthermore, there is a projected shortage of up to 86,000 physicians by 2036.⁴ This number includes a projected shortage of primary care physicians between 20,200 and 40,400, as well as a shortage of non-primary care specialties of up to 44,900 physicians.⁵

However, the current and projected physician shortages across the country will never be resolved unless the cap that has been placed on residency slots is raised. When Congress enacted the Balanced Budget Act of 1997, it placed a limit (or cap) on the funding that Medicare would provide for GME. This means that most hospitals receive direct medical education funding and indirect medical education support only for the number of allopathic and osteopathic full-time equivalent residents they were training in 1996.

Though we are grateful that bipartisan Congressional leaders have worked together since 2021 to provide 1,200 new Medicare-supported GME positions—the first such increases in nearly 30 years—more slots are needed to adequately care for our population. As such, until the cap is significantly raised, the shortage of physicians will never be truly resolved. Therefore, it is essential that we invest in our country’s health

¹ <https://www.aamc.org/news/press-releases/new-findings-confirm-predictions-physician-shortage>.

² <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.

³ *Id.*

⁴ <https://www.aamc.org/media/75236/download?attachment>.

⁵ *Id.*

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care infrastructure by providing additional GME slots so that more physicians can be trained and access to care can be improved.

As the largest professional association for physicians and the umbrella organization for state and national medical specialty societies, the AMA is committed to ensuring that there is proper access to physicians for all patients and that physicians are well supported. The AMA strongly supports the passage of the Resident Physician Shortage Reduction Act of 2025, either as a stand-alone bill or part of a more comprehensive legislative package dedicated to workforce issues, so that we have support for the robust physician workforce that our nation's patients and physicians can have access to the help they need and deserve.

The AMA commends your ongoing commitment to this important issue, and we look forward to working with you to further advance this legislation in the 119th Congress. Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Whyte', written in a cursive style.

John Whyte, MD, MPH