



March 17, 2023

The Honorable Bernard Sanders  
Chair  
Senate HELP Committee  
Washington, D.C. 20510

The Honorable Bill Cassidy, M.D.  
Ranking Member  
Senate HELP Committee

Re: Request for Input on Health Care Workforce Shortages

Dear Chairman Sanders and Ranking Member Cassidy:

The American College of Radiology (ACR®), along with the Radiology Business Management Association (RBMA), appreciates the opportunity to respond to the Senate Committee on Health, Education, Labor, and Pensions (HELP) request for information on health care workforce shortages. ACR represents more than 41,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists. The RBMA is an industry-leading organization comprised of nearly 2,000 professionals who focus on the business of radiology. RBMA members support diagnostic imaging, interventional radiology, and radiation oncology providers in the full spectrum of practice settings and connects members nationwide to valuable information, education, and practice-related resources. We thank the Committee for holding the February 16 hearing on “Examining Health Care Workforce Shortages: Where Do We Go From Here?” and seeking additional feedback on this important issue. We offer insight regarding radiology shortages and potential solutions to strengthen the workforce.

Physicians are a vital component of our nation’s health care infrastructure and we have seen firsthand the worsening shortage of health care providers surrounding the impact of the COVID-19 pandemic. A large portion of the physician workforce is also nearing traditional retirement age, which will soon contribute to the magnitude of national workforce shortages. Additionally, clinician burnout will contribute to when health professionals decide to retire.

The Association of American Medical Colleges (AAMC) seventh annual study on physician supply and demand<sup>1</sup> projects the United States could see an estimated shortage of between 37,800 and 124,000 physicians by 2034,<sup>2</sup> including shortfalls in both primary and specialty care. The same report highlights the impact to radiology by estimating shortages in “other specialties,”<sup>3</sup> including radiology, to range from 10,300-35,600 physicians.

Within the field of radiology, there are shortages of not just radiologists, but technologists and other support personnel. This is especially problematic because of the central role that radiology and minimally invasive image

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<sup>1</sup> IHS Markit Ltd. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Washington, DC: AAMC; 2021. Accessed 3/10/23. Available at <https://www.aamc.org/data-reports/workforce/report/physician-workforce-projections>.

<sup>2</sup> Press Release: AAMC Report Reinforces Mounting Physician Shortage, Accessed 3/10/23. Available at <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

<sup>3</sup> The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Other specialties category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine and rehabilitation, psychiatry, radiology, and all other specialties. (2021, p. 77).

guided therapies (interventional radiology and radiation oncology) play in virtually every significant episode of health care. Shortages in radiology stem from both the number and complexity of exams and procedures, all of which improve patient care. Many of these procedures obviate the need for surgical intervention or prolonged therapies for patients. Radiology also plays an integral role in population health through screening and early detection of disease or disease precursors. This role of this specialty in patient care is lifesaving, which ultimately saves the health care system money and benefits those in all communities— underserved, urban and rural.

While the data projecting shortages is stark, the threat of clinician burnout is just as real. According to the AAMC's 2019 National Sample Survey of Physicians, 40% of the country's practicing physicians felt burned out at least once a week before the COVID-19 crisis began—and the issue of increased clinician burnout could cause doctors and other health professionals to reduce their hours or retire sooner.<sup>4</sup>

The trends in radiology track with the national data on the physician workforce. For example, the current radiologist population is skewed toward seasoned professionals who may be looking at retirement. Of the 20,970 radiologists engaged in active patient care, 82% are age 45 and over, while 53% are age 55 and over.<sup>5</sup> A recent study also demonstrated that radiologists ranked fifth out of more than 23 surveyed specialties in their reported burnout rate.<sup>6</sup> Increasing rates of burnout have been reported over several years. A 2020 Journal of Breast Imaging study found a high prevalence of burnout among breast imagers, particularly among early-career professionals.<sup>7</sup>

With concerns about physician shortages, looming new shortages and the threat of burnout leading to more physicians leaving the workforce, investments to increase the number of physicians is sorely needed. ACR and RBMA, along with the Graduate Medical Education (GME) Advocacy Coalition (Coalition), spearheaded by the AAMC, continue to advocate for additional Medicare funded GME residency slots. An increase in new GME residency positions is one approach to combat our nation's physician shortage and will be integral to the future of health care.

ACR and RBMA appreciate the efforts by Congress to bolster the health care workforce, including passage of the Consolidated Appropriations Act of 2021, which added an additional 1,000 GME slots, the first increase of GME slots in 25 years, serving as an initial investment in addressing the projected shortage of 124,000 physicians by 2034. Yet, further congressional action is required to address access issues and ensure the physician workforce can meet the needs of an aging population. While this legislation is a step in the right direction, it places numerous restrictions on eligibility for the new residency slots. First, approximately three-quarters of the new positions are for primary care and mental health specialties. In addition, there are stipulations that participating hospitals be located in rural areas, currently training a number of residents in excess of their GME cap, be in states with new medical schools or branch campuses, or serve areas designated as health professional shortage areas (HPSAs). While there is a definite need to focus on mental health and psychiatry, several specialties are missing out on new residency slots. **We recommend that Congress pass legislation to fund GME slots specifically designated for radiology.**

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<sup>4</sup> AAMC Press Release, <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

<sup>5</sup> Montecalvo R. Radiologist Staffing Trends 2021. V Rad. Feb. 18, 2021.

<sup>6</sup> *Id.* as cited in The Radiology Labor Shortage, Howard B. Fleishon, February 10, 2022. Available at <https://www.acr.org/Practice-Management-Quality-Informatics/ACR-Bulletin/Articles/March-2022/The-Radiology-Labor-Shortage>.

<sup>7</sup> Parikh JR, Sun J, Mainiero MB. Prevalence of Burnout in Breast Imaging Radiologists. Journal of Breast Imaging. 2020; 2(2):112–118. As cited in The Radiology Labor Shortage.

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ACR and RBMA, along with the Coalition, have supported the Resident Physician Shortage Reduction Act in the past. This legislation would expand the number of federally supported medical residency positions by 2,000 annually for seven years, directly addressing the growing physician shortage and improving health care access for all. **We urge lawmakers to reintroduce and pass this bill during the 118th Congress. We also recommend that the committee include language to ensure that the Centers for Medicare and Medicaid Services (CMS) implement these slots in a manner that does not prioritize hospitals in multiple categories over those in an individual category for the purpose of allocating slots.**

In order to help enhance the distribution of these new positions, we urge the committee to include language specifying that if any category of hospitals cannot use their allotted slots, then these slots would be made available to hospitals in other categories. **We also urge the committee to include language that would prevent the use of HPSA scores when determining priority for the provision of slots.** As the Coalition emphasized during the Consolidated Appropriations Act distribution discussion of the 2021 GME slots, while HPSA scores are an accurate indicator of the need for a subset of practitioners in a given state, they do not speak to the ability of hospitals in those states to train additional residents or provide care for patients who live in HPSAs. It is our concern the use of HPSA scores to prioritize the distribution of GME slots would disadvantage teaching hospitals that, although physically located outside of the boundaries of a HPSA, serve as the primary point of care for a HPSA population. This approach would provide for a broad distribution of slots to a diverse array of teaching hospitals and ensure hospitals that are best positioned to make immediate use of these new slots are able to do so.

Addressing the health care workforce challenges that we face requires educating and training enough physicians to meet the country's needs. A long-term investment is needed by Congress. ACR and RBMA are committed to working with lawmakers and optimizing the radiology workforce as we explore legislative solutions to bring vital and innovative medical care to patients.

We thank you for the opportunity to respond to this request for information. Please consider us a resource, and if you have any questions, do not hesitate to contact Ashley Walton, ACR Director of Government Affairs, at [awalton@acr.org](mailto:awalton@acr.org).

Sincerely,



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