

Address Physician Workforce Crisis: Ensure Patients Have Access to Radiologists

Background

Ensuring an adequate supply of physicians is integral to the future of our nation's health care infrastructure. Unfortunately, the need for physicians continues to grow faster than supply. The United States could see an estimated shortage of between 13,500 and 86,000 physicians by 2036, including in most specialties. These shortages are driven by the need for more doctors as the population grows and ages, as well as vacancies created by retirements.

Issue

Within the field of radiology, physician shortages are especially problematic because of the central role that imaging and minimally invasive image guided therapies play in virtually every significant episode of care. If the number of radiologists continues to decrease while the amount and complexity of exams and procedures increase, the benefit to the patient of reduced surgical intervention and the savings associated with that reduction will be obviated. Congress can help stop the current and impending further crisis in the physician workforce through several short and long-term policy solutions.

Policy Solutions

- Amend the Appropriate Use Criteria (AUC) Section of the Protecting Access to Medicare Act (PAMA) - Implementing PAMA-established AUC programs based on physician-developed guidelines will promote appropriate imaging, reduce the over-ordering of low-value tests, and help manage wait times and backlogs, ensuring that radiologists in shortage areas will only be interpreting necessary imaging tests.
- Increase the Number of Medicare-Supported GME Positions - As medical school enrollment continues to grow (up 30% since 2002), an artificial cap that was placed on Medicare support of graduate medical education (GME) nearly three decades ago has made it difficult for medical resident training to keep pace. While the 1,200 positions recently provided by Congress over the last three years are an important start to training more physicians, additional support is needed.

To continue addressing the growing physician shortage issue and strengthen the nation's health care system, Congress should enact the Resident Physician Shortage Reduction Act of 2023 (H.R. 2389/ S. 1302). This bipartisan legislation would increase the number of federally supported medical residency positions by 2,000 annually for seven years. The Resident Physician Shortage Reduction Act is crucial to expanding the physician workforce and to ensuring that patients across the country are able to access quality care from providers.

- Reauthorize & Strengthen the Conrad 30 Program - Created in 1994, the Conrad 30 program has brought more than 15,000 physicians who completed their residency in the U.S. to

underserved communities. Congress has continued to reauthorize the program and every state has utilized the Conrad 30 program since its inception.

Currently, resident physicians from other countries training in the U.S. on J-1 visas are required to return to their home country for two years after their residency has ended before they can apply for a work visa or green card. The Conrad 30 program allows 30 qualified residents per state to remain in the U.S. without having to return home for two years if they agree to practice in a medically underserved area for three years.

This Congress, the Conrad State 30 and Physician Access Reauthorization Act was reintroduced in both chambers. H.R. 4942 and S. 665 reauthorize the program and make minor improvements to its functioning. Both bills would reauthorize and expand the Conrad 30 J-1 visa waiver program by allowing the program to expand beyond 30 slots (up to 45) if certain nationwide thresholds are met.

- Support the Healthcare Workforce Resilience Act - Recognizing that barriers to visa authorization can prevent qualified medical professionals from providing care in communities impacted by shortages, legislation has also been introduced in Congress to address the process for employment-based visas. The Healthcare Workforce Resilience Act (H.R. 6205/S. 3211) would initiate a one-time recapture of up to 40,000 unused employment-based visas – 25,000 for foreign-born nurses and 15,000 for foreign-born physicians – so they can strengthen and provide stability to the U.S. health care system. This temporary recapture period concludes three years after the date of enactment.

Under this legislation, the number of highly trained health care providers could increase by expediting the visa authorization process for qualified individuals, who are urgently needed but stuck overseas due to backlogs and other bureaucratic delays despite many being approved to come to the U.S. as lawful permanent residents. It would also allow for thousands of international physicians who are currently working in this country on temporary visas with approved immigrant petitions to adjust their status.

Requests

- Amend the Appropriate Use Criteria (AUC) Section of the Protecting Access to Medicare Act (PAMA)
- Cosponsor the Resident Physician Shortage Reduction Act (H.R. 2389/S. 1302)
- Cosponsor the Conrad State 30 and Physician Access Reauthorization Act (H.R. 4942/ S. 665)
- Cosponsor the Support the Healthcare Workforce Resilience Act (H.R. 6205/ S. 3211)