

# Addressing physician workforce shortages with bipartisan graduate medical education legislation

The American Medical Association has long-supported legislation to increase graduate medical education (GME) training slots. The U.S. is facing a shortage of 86,000 physicians by 2036 driven by an aging population, physician burnout, and early retirement. Nearly 45% of active physicians in the U.S. are aged 55 and older, making workforce sustainability a growing concern. Despite an increasing need for qualified, healthcare professionals in the U.S., the Balanced Budget Act of 1997 capped the number of federally funded residency training positions, effectively freezing the number of Medicare-supported GME slots at levels that existed in 1996. As medical school enrollment continues to grow, aspiring physicians face uncertainty about whether enough GME slots will be available for them to complete their training and serve their communities.

Congress made an initial investment in shoring up the physician workforce by providing 1,000 new Medicare-supported GME positions in the **Consolidated Appropriations Act, 2021** – the first increase of its kind in nearly 25 years. Additionally, the **Consolidated Appropriations Act, 2023** provided 200 federally supported GME positions for residencies in psychiatry and psychiatry subspecialties. However, these modest increases are not enough to meet the growing healthcare demand of the U.S. population.

## Expanding Residency Training

In previous Congressional sessions, bipartisan legislation titled the Resident Physician Shortage Reduction Act was introduced to gradually add 14,000 new Medicare-supported GME positions over seven years. This bill, previously sponsored by Sens. Robert Menendez (D-NJ) and John Boozman (R-AR), along with Reps. Terri Sewell (D-AL) and Brian Fitzpatrick (R-PA), focused on expanding training opportunities in hospitals with the greatest workforce needs, such as rural teaching hospitals and hospitals in states with new medical schools. With physician shortages worsening across all specialties, **Congress must reintroduce and pass this critical legislation to strengthen the U.S. healthcare workforce and ensure patients have access to timely, high-quality care. Discussions are underway to determine who will lead Senate sponsorship of this legislation in the 119th Congress.**

## Addressing Medical Student Debt

The cost of attending medical school remains a major barrier, particularly for students from minoritized and marginalized communities. Nearly 67% of medical graduates carry student debt, averaging \$200,000, excluding undergraduate loans. The total cost of medical education continues to rise, with students paying an average of \$270,000 for public medical schools and \$370,000 for private institutions.

Financial strain does not end at graduation. Unlike borrowers in many other fields, medical students must begin paying interest on their loans while still in residency training, despite earning modest stipends that often make early repayment difficult. Interest accrual during residency significantly increases overall debt burden, making medical education even less accessible.

The Resident Education Deferred Interest (REDI) Act was a bipartisan solution proposed in previous Congressional sessions. Introduced in the 118th Congress by Sens. Jacky Rosen (D-NV) and John Boozman (R-AR), as well as Reps. Brian Babin, DDS (R-TX), and Chrissy Houlahan (D-PA), this bill would allow medical residents to pause student loan interest accrual during residency training, effectively reducing long-term medical student debt, improving financial stability for early-career physicians and helping to mitigate some of the stressors that contribute to physician and resident burnout.

With the financial burdens on medical students continuing to grow, **Congress must reintroduce and pass the REDI Act to support future physicians and ensure that cost does not remain a barrier to entering the medical profession.**

**CALL TO ACTION:**

- Ask your Senator or Representative to support the **Resident Physician Shortage Reduction Act** AND the **Resident Education Deferred Interest (REDI) Act** upon their reintroduction in the 119th Congress to alleviate physician workforce shortages and burnout.