

June 28, 2021

Ms. Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
ATTN: CMS-1752-P  
P.O. Box 8013  
Baltimore, MD 21244-1850

**Re: FY 2022 Inpatient Prospective Payment Systems Proposed Rule Graduate Medical Education Proposals (CMS-1752-P)**

Dear Administrator Brooks-LaSure:

On behalf of the Graduate Medical Education (GME) Advocacy Coalition, which consists of hospital groups, physician specialty groups, and other health care stakeholders, the undersigned organizations write regarding CMS' proposed distribution of the 1,000 newly created Medicare-supported residency positions provided for in the Consolidated Appropriations Act, 2021 (CAA). **We urge CMS to finalize the Alternative 2 methodology in the FY 2022 Inpatient Prospective Payment System (IPPS) proposed rule, with modifications, and increase the number of full time equivalent (FTE) slots awarded per hospital for FY 2023 and all succeeding years.** It is critical that CMS distribute the positions in a way that ensures teaching hospitals are able to make meaningful increases in residency programs to produce more physicians.

The CAA provided 1,000 new Medicare-supported GME positions – the first such increase in nearly 25 years. These positions are meant to address an estimated shortage of between 37,800 to 124,000 doctors by 2034. Under the law, CMS is tasked with distributing 200 slots per year for five years, with slot awards effective July 1, 2023. The law also states that at least 10 percent of the slots must be distributed to each of the following categories: hospitals that are located in a rural area or treated as being located in a rural area; hospitals training over their Medicare cap; hospitals in a state with a new medical school or branch campus; and hospitals that serve areas designated as health professional shortage areas (HPSAs).

The IPPS proposed rule seeks stakeholder feedback on two proposed methodologies for distributing the new slots. Alternative 1 would distribute slots based on a hospital's HPSA score only and would apply for all five years of the distribution process. Alternative 2 would award slots to hospitals that meet all four categories delineated by the CAA, with subsequent distribution for hospitals that meet three categories, two categories, and then one category until all 200 slots are allocated. This methodology would be for FY 2023 only, and the proposed rule states that it would allow "additional time to work with stakeholders to develop a more refined approach for future years." Both proposals only allow for a maximum of 1.0 FTE to be awarded per hospital.

Because the CAA specifies that the slots should go to four categories of “Qualified Hospital,” **we recommend that Alternative 2 be adopted, with modification, in the final rule.** As CMS noted in the proposed rule, “a more refined approach” to the distribution can be achieved with additional time and stakeholder input. **We also recommend that the number of FTEs per hospital be increased to allow for meaningful program expansion.** While we recognize that the need for additional GME support far outpaces the 1,000 new GME slots, 1.0 FTE per hospital is simply not practical.

The GME Advocacy Coalition is grateful for the 1,000 slot increase Congress provided in the CAA, and we see the potential for these additional slots to help address the growing physician shortage. We urge CMS to consider our recommendations, and we look forward to continuing to work with you to increase the physician workforce and help patients access the care that they need. If you have any additional questions, please contact Len Marquez ([lmarquez@aamc.org](mailto:lmarquez@aamc.org)) or Ally Perleoni ([aperleoni@aamc.org](mailto:aperleoni@aamc.org)).

Sincerely,

Association of American Medical Colleges  
Academic Consortium for Integrative Medicine & Health  
Alliance for Academic Internal Medicine (AAIM)  
America's Essential Hospitals  
American Academy of Allergy, Asthma & Immunology  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Otolaryngology- Head and Neck Surgery  
American Academy of Sleep Medicine  
American Association of Neurological Surgeons  
American College of Academic Addiction Medicine (ACAAM)  
American College of Cardiology  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Surgeons  
American College of Physicians  
American College of Rheumatology  
American Gastroenterological Association  
American Geriatrics Society  
American Medical Association  
American Neurological Association  
American Psychiatric Association  
American Society for Clinical Pathology  
American Society of Plastic Surgeons  
American Surgical Association  
American Urological Association  
Association of Academic Physiatrists  
Association of University Professors of Ophthalmology  
Association of University Radiologists (AUR)

College of American Pathologists

Congress of Neurological Surgeons

Greater New York Hospital Association

Healthcare Association of New York State (HANYS)

Medical Group Management Association

National Association for Behavioral Healthcare

National Association of Spine Specialists

Premier Healthcare Alliance

Society of Academic Associations of Anesthesiology and Perioperative Medicine

Society of Directors of Research in Medical Education

Society of Interventional Radiology

Society of University Surgeons

The Society of Thoracic Surgeons

Vizient, Inc.