

COGME

Council on Graduate Medical Education

Peter Hollmann, MD
Chair
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Designated Federal Official

July 20, 2023

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Bernie Sanders
Chair, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Committee on Health,
Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Cathy McMorris Rodgers
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Committee on Energy
and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chair Sanders, Ranking Member Cassidy, Chair McMorris Rodgers, and Ranking Member Pallone:

As the Chair of the Council on Graduate Medical Education (COGME), I am writing to express the Council's deep concern about an emergent physician workforce issue—the critical shortage of general surgeons practicing in rural or frontier areas of the United States. Recent [workforce modeling](#) by the Health Resources and Services Administration (HRSA) found a national shortage of general surgeons, with a severe shortfall in rural areas.¹ Another [study](#) found that almost 60% of non-metropolitan counties had no access to a general surgeon.² General surgeons are a vital part of the rural healthcare team. They perform a wide range of high-need procedures and surgeries such as endoscopies, appendectomies, trauma and orthopedic operations, cancer care, and operative maternity treatment. In addition, they provide critical back-up to rural-based primary care clinicians. They are essential to improving health, saving lives, and stabilizing primary care access.

To bolster the ranks of general surgeons in rural areas, COGME expresses its strong support for two pieces of legislation reintroduced in the 118th Congress: **1) *Ensuring Access to General Surgery Act of 2023 (H.R.1781 and S.1140)*** which would require a HRSA report on “access by underserved

¹ HRSA. V. Physician Model Components, Technical Documentation for HRSA's Health Workforce Simulation Model; 2022. Accessed March 7, 2023. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation/physician-model-components>

² Larson EH, Andrilla CHA, Kearny J, Garberson LA, Patterson DG. The Distribution of the General Surgery Workforce in Rural and Urban America in 2019. Policy Brief. WWAMI Rural Health Research Center, University of Washington; March 2021. Accessed November 17, 2022. https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2021/03/RHRC_PBMAR2021_LARSON.pdf

populations to general surgeons” to inform the designation of general surgery shortage areas; and 2) ***Specialty Physicians Advancing Rural Care (SPARC) Act (S.705 and H.R.2761)*** which would provide financial incentives to encourage more specialty clinicians, including general surgeons, to serve in rural areas. In addition, COGME calls for increased federal efforts to boost the training and retention of general surgeons in rural settings by 3) creating a parallel **scholarship and loan repayment program for general surgery services** administered by the National Health Service Corps (NHSC), and 4) establishing a **Rural Graduate Medical Education (GME) program**.

Ensuring Access to General Surgery Act of 2023 (H.R.1781 and S.1140)

This Act would direct HRSA to study and report on underserved populations’ access to general surgery services that would inform the designation of general surgery shortage areas, along the lines of the current Health Professional Shortage Areas (HPSAs). This new shortage area designation would help HRSA and other federal agencies distribute resources to where they are most needed for improved access to surgical health services.

When developing shortage designations, HRSA should consider that a certain level of infrastructure, especially clinician capacity, must be in place to sustain a GME training environment. By not accounting for clinical teaching and learning time, HPSA scores for residency training sites will be skewed lower, which may put these sites at a disadvantage when competing for resources.

New General Surgery Scholarship and Loan Repayment Program Based on the NHSC Model

One potential mechanism to address the dire shortage of rural general surgeons involves a statutory change to create a new scholarship and loan repayment program for general surgery services. Based on the NHSC model, participants receive financial incentives in exchange for a commitment to work in an eligible facility located in an area with a general surgery shortage designation as proposed by H.R.1781 and S.1140. However, COGME cautions against a zero-sum competition between primary care and any NHSC “expansion” program; rather, a separate funding appropriation must accompany such a statutory change. Thus, the passage of H.R.1781 and S.1140, coupled with a new general surgery scholarship and loan repayment program, administered the NHSC along a parallel track, could incentivize more young surgeons to practice in rural areas.

Specialty Physicians Advancing Rural Care (SPARC) Act (S.705 and H.R.2761)

This Act would create a loan repayment program for specialty medicine (non-primary care) physicians, to include general surgeons, who complete a six-year service commitment to work in rural communities experiencing a shortage of specialty clinicians. This financial support can bolster the ranks of general surgeons practicing in rural areas.

New Rural GME Pathways

COGME further calls for the development of new GME pathways for training general surgeons in rural areas. COGME’s 24th report, [*Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities*](#),³ highlights one such model, the [*Rural Residency Planning and Development \(RRPD\)*](#) program. Administered by HRSA’s Federal Office of Rural Health Policy, RRPD provides funding to create new residency programs in rural areas. While these start-up funds are important, a significant barrier to the establishment of general surgery residencies is a lack of federal funding programs to pay for the continuing operation of any newly accredited rural-based surgical residencies, other than Medicare GME funding as a Rural Track Program (RTP). To meet this funding criteria, though, an RTP must provide more than 50% of resident training in rural areas. Rural-based general

³ COGME. Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities, 24th Report; April 2022. Accessed November 17, 2022. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/cogme-april-2022-report.pdf>

surgery residencies may have difficulty maintaining sufficient patient volume to meet this RTP requirement. To date, only one RRPD award recipient has developed a rural general surgical residency with the capacity to sustain its newly accredited program.

COGME has noted that the [Teaching Health Center Graduate Medical Education \(THCGME\)](#) program provides a proven model to train and retain clinicians in underserved rural settings with an emphasis on working in interprofessional care teams. HRSA supports the THCGME residencies above the current cap on residency positions funded by Medicare GME, which has expanded the physician workforce in primary care specialties. However, THCGME residency programs *must* be based at community-based ambulatory patient care centers (e.g., Federally Qualified Health Centers), which excludes them as sites for surgical residency training. Thus, COGME recommends that Congress direct HRSA to explore the development of a new Rural GME program, along the lines of the THCGME funding model, but with surgical residencies based in appropriate operative care settings (e.g., rural or critical access hospitals) to sustain general surgical and other residencies established by the RRPD program that are ineligible for THCGME funding.

Conclusion

COGME's 24th Report emphasized the health disparities experienced by rural communities. Many of these disparities are directly linked to lack of timely access to appropriate health care. In rural areas, health care is best delivered by an integrated team of professionals whose members are trained to work together and complement each other, with general surgeons as a crucial component. Furthermore, the revenue generated by general surgical procedures can support the financial stability of rural critical access hospitals, as well as decrease overall health care expenditures by avoiding unnecessary transfers of patients to urban centers. The availability of general surgeons in rural areas enhances access to care, promotes continuity of care, decreases travel burden for patients, and improves health outcomes.

Per its charter as a federal advisory council, COGME is responsible for "assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal ... efforts necessary to address these needs." Calling the attention of Congress and the Department of Health and Human Services (HHS) to the overall shortage of general surgeons and supporting bills such as H.R.1781 and S.1140, S.705 and H.R.2761, and other measures to increase the number of general surgeons and encourage them to practice in rural and other underserved areas, falls within COGME's advisory purview.

In summary, COGME recognizes the critical shortage of general surgeons across the nation and the urgent need to train more general surgeons to practice in rural areas, with the goal of improving rural health outcomes. Thus, COGME urges members of Congress **to pass both the *Ensuring Access to General Surgery Act of 2023* ([H.R.1781](#) and [S.1140](#)) and the *SPARC Act* ([S.705](#) and [H.R.2761](#))**. In addition, COGME urges Congress to make statutory changes **to authorize and fund a new scholarship and loan repayment program for general surgery services** administered by NHSC along a parallel track, and **to pass legislation to establish a Rural GME program to support general surgery residencies** following the HRSA-administered THCGME funding model.

Thank you for your consideration of these recommendations. The members of COGME stand ready to provide more information as needed.

Sincerely,

/s/ Peter Hollmann, MD
Chair, COGME