June 24, 2024

The Honorable Ron Wyden
Chair, Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable John Cornyn
517 Hart Senate Office Building
Washington, DC 20510

The Honorable Bob Menendez
528 Hart Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, MD
455 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Michael Bennet
261 Russell Senate Office Building
Washington, DC 20510

The Honorable Thom Tillis
113 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Catherine Cortez Masto
520 Hart Senate Office Building
Washington, DC 20510

The Honorable Marsha Blackburn
357 Dirksen Senate Office Building
Washington, DC 20510

Re: Bipartisan Medicare Graduate Medical Education (GME) Working Group Draft Proposal Outline and Questions for Consideration

Dear Chairman Wyden and members of the Medicare GME working group:

Thank you for the opportunity to respond to your policy outline for the Medicare GME program to address physician workforce shortages across the country, primarily related to primary care and psychiatry, and to improve the distribution of physicians to rural and underserved communities. International medical graduates (IMGs) — both U.S. citizens and foreign nationals — currently make up approximately one quarter of the U.S. physician workforce and play an important role in filling our nation's health workforce gaps, particularly in the priority areas identified in your draft proposal.

In furtherance of the policy outline's physician workforce goals, Intealth™ supports:

- building on the contributions of IMGs in primary care, psychiatry, and underserved communities — for example, by including IMG representatives on any new Medicare GME Policy Council;
- increasing Medicare GME funding and positions, which will immediately allow more physicians, including IMGs, to help fill physician workforce gaps; and
- establishing programs to assist IMGs in navigating the U.S. medical training and state licensure processes.

Intealth is a private nonprofit organization that brings together the expertise and resources to advance quality in health professions education worldwide in order to improve health care for all. Through strategic integration of its divisions, ECFMG® and FAIMER®, Intealth offers a flexible and multi-layered portfolio of services. These

services enhance and support the education and training of health care professionals, verify their qualifications required for GME and practice, and inform the development of health workforce policies around the world.

ECFMG Certification, one of our foundational programs, is the standard for evaluating the readiness of IMGs to enter U.S. GME, where they provide supervised patient care. In 2023, ECFMG certified 12,992 physicians who graduated from 1,550 medical schools in 147 countries. Foreign national IMGs add diversity to health care teams and enrich clinical learning and practice environments with international perspectives. In 2023, Intealth's Exchange Visitor Sponsorship Program (EVSP) sponsored 14,644 physicians on J-1 visas who graduated from 150 different countries or origin, serving patients at more than 750 U.S. teaching hospitals across the nation.[1]

Supporting IMGs Helps Fill Primary Care and Medically Underserved Gaps

- *What additional Medicare GME policies should Congress consider to encourage more residents to enter primary care and psychiatry?*

IMGs play a critical role in the delivery of health care in the United States, particularly in medical specialties with workforce shortages. For example, the IMG share of physicians is higher than the national average (24%) in Internal Medicine (41%), Psychiatry (28%), Cardiovascular Disease (33%), Gastroenterology (30%), Neurology (32%), Hematology/Oncology (41%), Pulmonary Critical Care Medicine (41%), Nephrology (54%), and Child and Adolescent Psychiatry (31%), among others.[2]

As the country struggles with current and projected physician workforce shortages and maldistribution of access to care, Intealth encourages federal policies and programs that utilize the significant contributions of IMGs who are essential to accessible, high-quality health care.

- *Should Congress include additional specifications for a GME Policy Council in order to improve its success in allocating GME slots to physician specialties projected to be in shortage?*
- *Does the existing Council on Graduate Medical Education (COGME), a federal advisory committee that assesses physician workforce trends, fulfill the goals of this new Medicare GME Policy Council? How can Congress enhance the work of the COGME?*

Recognizing the significant contributions of IMGs, Intealth appreciates that Congress mandated that the Secretary of Health and Human Services appoint at least one representative of IMGs to COGME under section 762 [42 U.S.C. § 294o(b)(5)] of the Public Health Service Act. Given the substantial role of IMGs in providing primary and psychiatry care to underserved populations in the United State, Intealth strongly recommends that Congress consider the inclusion of at least one IMG representative in any new Medicare GME Policy Council to retain and enhance this valuable perspective.

Increasing Medicare GME Allows More IMGs to Help Reduce Workforce Shortages

- *How many additional Medicare GME slots are needed to address the projected shortage of physicians?*

Despite substantial increases in U.S. medical school enrollment and steady increases in U.S. medical residencies, current and projected physician shortages persist. Increasing the number of Medicare-supported GME positions will provide more medical school graduates, including IMGs, with opportunities to practice medicine and contribute to patient care in the United States. While IMGs already play a critical role in filling

[1] https://www.intealth.org/J-1_US_Infographic.pdf
[2] Intealth analysis of AMA Masterfile, Active Physicians by Specialty and IMG Status, June 2024

U.S. physician workforce gaps, there is untapped potential in GME, which the entire output of all U.S. medical schools cannot currently fill. In 2024, only 61.2% of IMGs initially matched to a U.S. medical residency position through the National Resident Matching Program (NRMP)[3] — 67% of U.S.-citizen IMGs and 58.5% of non-U.S. IMGs.[4] Comparatively, 93.5% of U.S. MD school seniors and 92.3% of U.S. DO school seniors matched in 2024,[5] and more than 99% of U.S. medical school graduates eventually secure a residency position.[6] While the number of IMGs obtaining a residency position increases slightly after the NRMP's Supplemental Offer and Acceptance Program (SOAP), IMGs could fill thousands of additional GME positions as soon as next year's Match.

In response to nationwide physician shortages, Intealth supports increasing federal investment in GME as proposed in the bipartisan Resident Physician Shortage Reduction Act (S. 1302, H.R. 2389), which would provide 14,000 new Medicare-supported GME positions over seven years.[7] This investment will allow more physicians, including U.S. citizen and foreign national IMGs, to train in the United States, reduce shortages in critical primary care specialties and underserved communities, and ultimately improve patient access to high-quality care.

Establishing Programs to Assist IMGs Can Improve IMG Transitions to U.S. Medicine

- *How could Congress improve the recruitment of physicians to work in rural or underserved communities?*

While IMGs are distributed across every state, they are more likely to practice in underserved communities — where U.S. per capita income is below $15,000 per year, 42.5% of doctors are IMGs.[8] Several current federal public service programs assist rural and other underserved communities in recruiting and retaining physicians. IMGs who are U.S. citizens or permanent residents are eligible for the National Health Service Corps. At a minimal administrative cost, IMGs who are foreign nationals on J-1 visas during GME are eligible for the State Conrad 30 J-1 Visa Waiver Program and waiver programs offered by the Northern Border Regional Commission, the Southeast Crescent Regional Commission, the Appalachian Regional Commission, the Delta Regional Authority, the Department of Veterans Affairs, and the Department of Health and Human Services. Increasing Medicare GME will also increase the number of IMGs participating in public service programs downstream.

Intealth echoes the bipartisan support for IMGs raised in the Feb. 26, 2023, Senate HELP Committee hearing titled "Examining Health Care Workforce Shortages: Where Do We Go From Here?" Further, we support the goals of the Welcome Back to the Health Care Workforce Act (S. 4088, H.R.7907) introduced by Senator Tim Kaine in April 2024. This bill would authorize a new Health Resources and Services Administration (HRSA) grant for "system-" and "individual-level improvements" to assist internationally educated health care workers. Specifically, the grant program would:

- Support communities in developing local- and state-level partnerships between health care organizations, community-based organizations, higher education, and state and local governments to help connect internationally educated health care professionals with the resources they need to enter the health care workforce;

[3] https://www.intealth.org/Match2024Infographic.pdf
[4] https://www.nrmp.org/wp-content/uploads/2024/03/Advance-Data-Tables-2024.pdf
[5] Ibid.
[6] Sondheimer HM, Xierali IM, Young GH, Nivet MA. Placement of US Medical School Graduates Into Graduate Medical Education, 2005 Through 2015. JAMA. 2015;314(22):2409–2410. doi:10.1001/jama.2015.15702
[7] https://www.aamc.org/media/67986/download?attachment
[8] https://www.americanimmigrationcouncil.org/sites/default/files/research/foreign-trained_doctors_are_critical_to_serving_many_us_communities.pdf

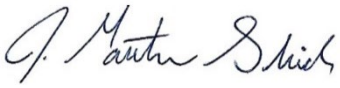
- Assist with obtaining overseas academic or training records and providing support throughout the U.S. licensing and credentialing process;
- Develop work-readiness, peer support, mentoring, and culturally competent career counseling opportunities;
- Establish opportunities to complete necessary prerequisite courses, continuing education training, and English-language learning; and
- Prioritize partnerships focused on supporting health care workers serving rural communities or filling a workforce shortage within a community.

Intealth would be a valuable partner to grantees in the above activities, in particular as they relate to ECFMG Certification and primary-source verification services. As the sole sponsor of J-1 visas for U.S. GME, Intealth is charged with monitoring the health, safety, and welfare of participants. In this capacity, we provide wellness resources and regular well-being checks for physicians engaged in U.S. training. Moreover, Intealth provides pre-arrival, orientation, and alumni resources to assist IMGs, such as a new electronic health record (EHR) module.

Other private programs have demonstrated the potential for success of these types of programs. Since its inception in 2001, the Welcome Back Initiative — a national network of 10 centers in eight states — has already helped numerous international physicians enter U.S. medical residency programs.[9] A new HRSA program would build on this success and provide resources for similar programs across additional states.

* * *

Thank you again for recognizing the importance of Medicare GME to addressing U.S. physician shortages as well as the opportunity to highlight the critical contributions of IMGs, especially in primary care and underserved communities. On behalf of IMGs and the U.S. patients they serve, we look forward to working with Congress to help improve nationwide access to care in any forthcoming health workforce legislation.



Sincerely,

Matthew Shick, JD
Chief Government Relations Officer

Intealth – *Advancing the Global Health Workforce*

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cc: Members of the Senate Finance Committee

[9] https://www.wbcenters.org/outcomes.html