

Support Residency Programs for Treatment of Underserved Patients

APA Position

The American Psychiatric Association supports the allocation of federal and state resources toward programs and incentives that ensure a robust pipeline of psychiatrists to meet the current and future needs of patients with mental health and/or substance use disorders. To achieve this goal, efforts to boost the supply of mental health and addiction professionals should be a critical component of legislative proposals intended to enhance access to mental health or substance use disorder treatment.

Legislative Ask:

To support S. 348 or H.R. 1763, which authorizes an additional 3,000 physician residency slots annually for five years, of which 1,500 target medical residents training in specialties experiencing a shortage of physicians.

Background

The U.S. health care system faces a shortage of psychiatrists. Over the next several years, demand will continue to outpace the supply of psychiatrists in clinical practice. HRSA estimates that by the year 2030 the supply of psychiatrists is expected to decrease by approximately 27% but the demand for psychiatrists is expected to increase by 6%, resulting in a shortage of approximately 18,000-21,000 psychiatrists.

With over half of active psychiatrists at least age 55, and the process to fully train and license a physician requiring at least 10 years of study and practice (undergraduate school through residency and licensing), prompt action is needed to increase the supply of physicians, including psychiatrists, in the coming years.

Medicare remains one of the primary sources of funding for training medical school graduates through residency programs. The **Direct Graduate Medical Education (DGME) program** compensates teaching hospitals for a share of costs that are directly related to the training of residents—including stipends and benefits of the residents—subject to an allocation formula and an overall cap on the total of residents the program will support. However, the current cap on residency slots is not adequate to meet the needs of current medical school graduates, nor does it target its resources toward programs, geographic areas, or patient populations most in need of physicians.

Current Status

APA continues to advocate for increased number of positions available through the Direct Graduate Medical Education programs. Senator Menendez (D-NJ) and Rep. Sewell (D-AL), introduced the **Resident Physician Shortage Reduction Act (S. 348/H.R. 1763)** that seeks to increase the overall number of residency slots while leveraging these resources to serve unmet needs.

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For more information, contact the APA Government Relations team at

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