



Direct Graduate Medical Education Program



APA Position

The American Psychiatric Association supports the allocation of federal and state resources to **boost the training pipeline** so that there are enough psychiatrists to meet the current and future needs of patients with mental health and/or substance use disorders.

Efforts to boost the supply of mental health and addiction professionals should be a central component of legislation intended to enhance access to mental health and/or substance use disorder treatment.



Background

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

Through the **December 2020 Consolidated Appropriations Act**, Congress added 1,000 new Medicare-supported Graduate Medical Education (GME) positions, the first increase to the program in nearly 25 years. 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), more action is needed to increase the supply of physicians, including psychiatrists.

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 for residents—subject to an allocation formula and an overall cap on the total number of residents the program will support.

However, the present cap on residency slots is not adequate to meet the needs of current medical school graduates, nor does it adequately target its resources toward programs, geographic areas, or patient populations most in need of physicians.

APA continues to advocate for an increase in residency positions through DGME. In March 2021, Senators Menendez (D-NJ), Boozman (R-AR), and Schumer (D-NY) introduced the **Physician Shortage Reduction Act of 2021 (S. 834)** and Representatives Sewell (D-AL), Katko (R-NY), Suozzi (D-NY) and Davis (R-IL) introduced the **Resident Physician Shortage Act of 2021 (H.R. 2256)**.

These companion bills authorize an additional 2,000 physician residency slots annually for seven years, ultimately creating 14,000 new positions. These positions will be distributed to rural hospitals; hospitals in health professional shortage areas; hospitals in states with new medical schools; and to hospitals that are already training over their caps.



Legislative Ask

- **Senate** – Cosponsor and support S. 834, the Physician Shortage Reduction Act of 2021
- **House** – Cosponsor and support H.R. 2256, the Resident Physician Shortage Act of 2021