

Sept. 30, 2020

Honorable Greg Bonnen, MD, Chair Texas House Committee on Appropriations *Delivered via email*

Re: RFI Article III, Interim Charge #1

Dear Chairman Bonnen:

The COVID-19 pandemic has placed demands on physicians working in Texas at levels not seen before. Texas needs to take steps to ensure there are an adequate number of physicians to meet the medical needs of Texans during a crisis as well as the daily needs for health care. We appreciate this opportunity to provide input to the House Appropriations Subcommittee on Article III as you deliberate on Interim Charge #1. In response, TMA is offering the attached one-pager on the critical role of graduate medical education in preparing the physicians needed for Texas.

TMA stands ready to assist you and your committee members however needed during this interim period. Thank you for the work your committee does on behalf of Texas physicians and their patients.

Sincerely,

Diana L. Fite, MD President, Texas Medical Association

Attachment: TMA One-Pager on Graduate Medical Education



Graduate Medical Education

The pandemic has placed demands on physicians at levels never seen before. Patient needs have varied and encompassed medical specialties across the state. Frontline physicians are needed to treat patients who are hospitalized with COVID-19, pediatricians to treat children in their offices for childhood illnesses and to provide preventive care, and specialists like pathologists and radiologists to work behind the scenes to diagnose patient illnesses. Each physician has a life-saving and healing role in meeting the medical needs of Texans.

Before the pandemic, Texas ranked 41st in the overall state ranking of physicians per capita, and 47th for primary care physicians. Texas can ill afford a reduction in its physician supply.

Having an adequate number of graduate medical education (GME) positions is fundamental in preparing physicians needed for Texas. The state's medical schools are doing their part to educate more physicians. If there are not enough GME positions to train graduates in a medical specialty, those physicians can be expected to leave the state for training elsewhere, and many who leave will not return to practice in the state. When they leave, they take the state's \$183,000 investment, provided through formula funding, along with them. Texas has a policy that supports a **ratio of 1.1 entry-level training positions for each Texas medical school graduate**. Looking to the near future, **Texas needs to add 58 first-year GME positions in 2024 and 43 more in 2025** to maintain the ratio of 1.1 to 1. This will align GME with the increased number of medical school graduates expected for those years from the new medical schools in Texas. Without this growth, the ratio will drop below 1.1 to 1 in 2024 and 2025, as shown in the graph, and Texas will lose the recent gains in GME capacity. Given the financial challenges faced by hospitals during the pandemic, there are serious concerns hospitals may have no choice but to quit funding GME programs. It is absolutely necessary for the state to continue its support of GME.

TMA's Legislative Recommendation

Continue state support for the following critically important GME capacity-building and -sustaining programs:

- Texas Higher Education Coordinating Board budget: Graduate Medical Education Expansion Program, State Rural Training Track Grant Program, and Family Medicine Residency Program
- Health-related institution bill patterns budget: formula funding for GME teaching costs

TMA's Messages

- Texas leads the nation in population growth. Physician demand is now at unprecedented levels, and Texas needs more physicians to respond to this need.
- Texas must grow its GME capacity to retain medical graduates in the state for training and ultimately for entrance into medical practice.
- Good health is dependent on access to medical care.