

ONE HUNDRED THIRTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

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WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

December 6, 2014

**OPEN LETTER REQUESTING INFORMATION ON GRADUATE MEDICAL  
EDUCATION**

Federal contributions – primarily under Medicare financing – have been the principal source of funds for graduate medical education (GME) in this country, and no other profession enjoys a comparable level and type of government support. However, concerns about the sustainability and efficiency of the GME program persist. Earlier this year, the Institute of Medicine (IOM) released a report examining and making recommendations for sweeping changes to our nation’s financing, governance, and program design for graduate medical education. As Congress prepares to review the IOM recommendations, we believe additional input is needed.

Given the importance of graduate medical education, we would like your thoughts on GME financing, federal program governance and structure, and how it might be improved or restructured to better meet the country’s health professional needs in both the short and long terms. Specific questions for which we seek input include:

1. What changes to the current GME financing system might be leveraged to improve its efficiency, effectiveness, and stability?
2. There have been numerous proposals put forward to reform the funding of the GME system in the United States. Are there any proposals or provisions of proposals you support and why?
3. Should federal funding for GME programs ensure training opportunities are available in both rural and urban areas? If so, what sorts of reforms are needed?
4. Is the current financing structure for GME appropriate to meet current and future healthcare workforce needs?
  - i. Should it account for direct and indirect costs as separate payments?
    - a. If not, how should it be restructured? Should a per-resident amount be used that follows the resident and not the institution?
    - b. If so, are there improvements to the current formulas or structure that would increase the availability of additional training slots and be responsive to current and future workforce needs?

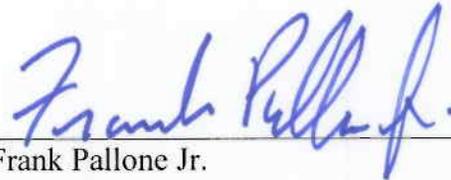
- ii. Does the financing structure impact the availability of specialty and primary care designations currently? Should it moving forward?
5. Does the current system incentivize high-quality training programs? If not, what reforms should Congress consider to improve program training, accountability, and quality?
6. Is the current system of residency slots appropriately meeting the nation's healthcare needs? If not, please describe any problems and potential solutions necessary to address these problems?
7. Is there a role for states to play in defining our nation's healthcare workforce?

The committee requests your feedback no later than Friday, January 16. For further information, please contact Katie Novaria or Robert Horne with the Majority staff at (202) 225-2927 or Tiffany Guarascio with Ranking Member Pallone at (202) 225-4671.

Sincerely,



Joseph R. Pitts  
Chairman  
Subcommittee on Health



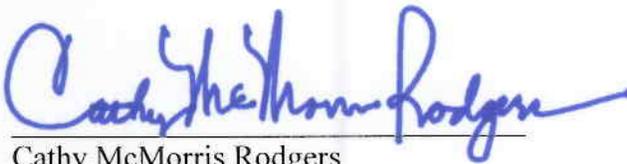
Frank Pallone Jr.  
Ranking Member  
Subcommittee on Health



Gene Green  
Member



Diana DeGette  
Member



Cathy McMorris Rodgers  
Member



Peter Welch  
Member



H. Morgan Griffith  
Member



Kathy Castor  
Member