



KEVIN BRADY
MEMBER OF CONGRESS
8TH DISTRICT OF TEXAS

DEPUTY WHIP

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

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SUBCOMMITTEE ON TRADE

JOINT ECONOMIC COMMITTEE
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JOINT COMMITTEE ON TAXATION

August 04, 2015

Mr. Dodaro,

While the majority of Graduate Medical Education (GME) support is provided by the federal government through Medicare, investments are also made by the Department of Veterans Affairs, the Department of Defense, the Indian Health Service, and in some states, Medicaid picks up a portion of the investment. GME can also be funded through research grants, endowments, and foundation grants. This flow of funds is often complex and frequently involves cross-subsidization within an institution. Despite the web of funding allocated to train physicians, very little is known about how our tax dollars are being spent. Our concern is that, like most federal programs, duplication, overlap or waste is preventing our dollars from being spent efficiently and effectively.

Given the significant amount of federal dollars spent on training the next generation of physicians and the impending physician shortage our country is likely to see as the baby boomer generation ages, we ask the GAO to evaluate the current structure of our GME programs and provide recommendation for improvements. Specifically, we have the following requests.

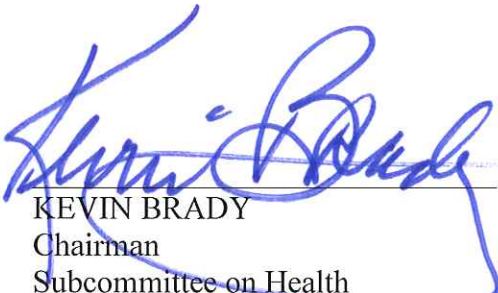
1. The federal government should be able to track where federal dollars are being spent and what they are being spent on. In addition to suggestions to refine, validate, and standardize direct cost data, please provide recommendations on how best to track the types of residents being trained using federal and state dollars, how much is being spent in each federal GME program and on what specifically, what determines eligibility for each of these federally-funded residency programs, how many states are subsidizing GME costs either through Medicaid or through other programs, and how do these various programs address specific physician workforce needs.
2. Determine if there is a need for increased oversight or consolidation through existing commissions and accreditation bodies, such as Council on Graduate Medical Education and the Accreditation Council for Graduate Medical Education.
3. Many of the GME programs differ in terms of what is required of the providers. We would appreciate recommendations on how to streamline and apply a similar set of rules across programs.

4. Please identify any inefficiencies and duplication that exist in the current GME programs and offer recommendations for improvements.
5. Geographic discrepancies exist within the current GME programs. Please review current slot allocation by specialty and region, and examine the correlation to rural and other physician shortage areas. Also, please consider any unused slots and slots offered in the different care settings. We would also request that GAO offer recommendations to reduce these geographic discrepancies.
6. If additional information is needed to make certain recommendations, please state what information could have been useful during this process. Provide an explanation on how this information could be used to help state and the federal governments make more informed decisions as to where and how many GME slots should be allocated.

In answering the above questions, we ask that GAO take into account all programs that receive federal funding for graduate medical education, including programs funded through Medicare GME, Medicaid GME, the Health Resources and Service Administration (HRSA), the Department of Health and Human Services, the Veterans Affairs Administration and the Department of Defense.

As policymakers, we want to maximize taxpayer dollars and ensure a sufficient physician workforce to meet the healthcare needs of our children, seniors, disabled, and chronically ill populations. We respectfully request that you provide us with information to our request at your earliest possible convenience, and thank you for your prompt consideration of this request.


Sincerely,




KEVIN BRADY
Chairman
Subcommittee on Health
Committee on Ways and Means



CATHY MCMORRIS RODGERS
Chair
House Republican Conference



SAM JOHNSON
U.S. House of Representatives



MARSHA BLACKBURN
Vice Chairman
Energy and Commerce Committee



DEVIN NUNES
U.S. House of Representatives



ROBERT E. LATTA
U.S. House of Representatives



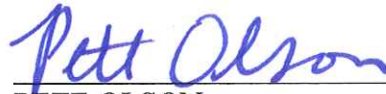
PAT TIBERI
U.S. House of Representatives



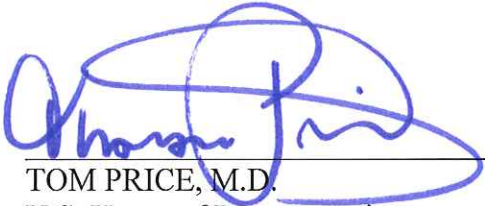
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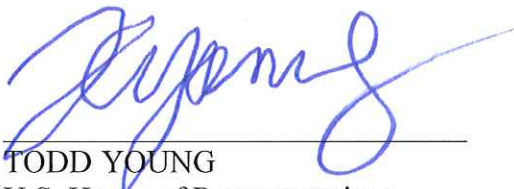
BILLY LONG
U.S. House of Representatives



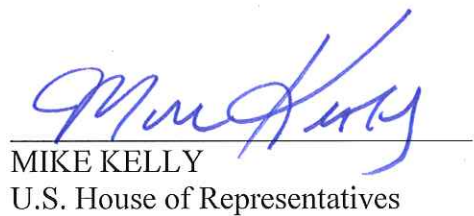
DIANE BLACK
U.S. House of Representatives



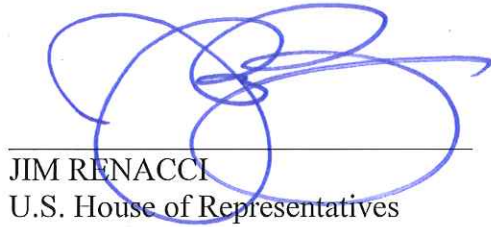
BILL FLORES
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TODD YOUNG
U.S. House of Representatives



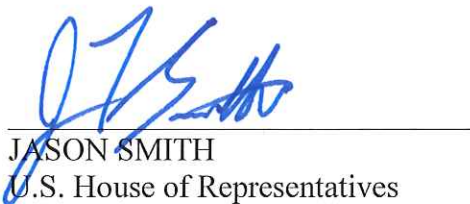
MIKE KELLY
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JIM RENACCI
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KRISTI NOEM
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JASON SMITH
U.S. House of Representatives



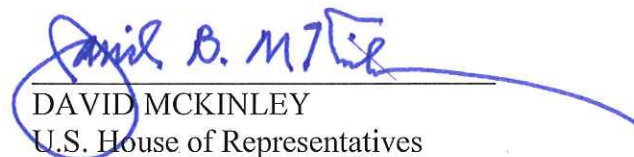
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ED WHITFIELD
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DAVID MCKINLEY
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