Funding for Medicare-supported Graduate Medical Education (GME) positions has been effectively frozen for over 20 years because of outdated caps imposed by the Balance Budget Act (BBA) of 1997. Since the passage of the BBA, the population has grown, and the supply of physicians has not kept pace with the growing demand for physician services. Newly trained vascular surgeons are not entering the workforce in adequate numbers to meet the increased demand presented by the nation’s aging population. Vascular residencies and fellowships are training about 160 new surgeons a year, but health economists predict this will be woefully inadequate and will result in a reduction of surgeons trained to deliver vascular care in the U.S. as some 65 million baby boomers enter the age group that suffers most from vascular disease. This is complicated by a maldistribution of the workforce in urban centers and in the Northeast. A recent survey of members from the Society for Vascular Surgery (SVS) found that there is a large percentage of vascular surgeons, from 35 – 45% currently practicing, who are expected to retire in the next decade.

H.R. 2389/S. 1302, the Resident Physician Shortage Reduction Act of 2023, introduced by Representatives Terri Sewell (D-AL-7) and Brian Fitzpatrick (R-PA-1) would help alleviate the projected national physician workforce shortages in both primary care and non-primary care, including surgical specialties such as vascular surgery, by gradually expanding the number of Medicare-supported medical residency positions by 14,000 over seven years.


Issue: The current nationwide physician workforce shortage is an urgent public health problem that is only going to get worse. A report published by the Association of American Medical Colleges on June 11, 2021, projects a shortage of between 37,800 and 124,000 physicians by 2034. A shortage of non-primary care specialty physicians of between 21,000 and 77,100 is also projected by 2034, including between 15,800 and 30,200 for surgical specialties. Several factors have and will continue to contribute to the anticipated shortfall:

- Funding for Medicare-supported Graduate Medical Education (GME) positions has been effectively frozen for over 20 years because of outdated caps imposed by the Balance Budget Act (BBA) of 1997.
- Since the passage of the BBA, the population has grown, and the supply of physicians has not kept pace with the growing demand for physician services.
- Newly trained vascular surgeons are not entering the workforce in adequate numbers to meet the increased demand presented by the nation’s aging population.
- Vascular residencies and fellowships are training about 160 new surgeons a year, but health economists predict this will be woefully inadequate and will result in a reduction of surgeons trained to deliver vascular care in the U.S. as some 65 million baby boomers enter the age group that suffers most from vascular disease. This is complicated by a maldistribution of the workforce in urban centers and in the Northeast.
- A recent survey of members from the Society for Vascular Surgery (SVS) found that there is a large percentage of vascular surgeons, from 35 – 45% currently practicing, who are expected to retire in the next decade.
Vulnerable populations, such as the nation’s elderly and patients in rural and underserved areas, will be most adversely impacted by the growing physician workforce shortage.

Solution: Passage of the bipartisan Resident Physician Shortage Reduction Act of 2023 (H.R. 2389/S. 1302) would help address the physician workforce shortage by increasing the number of residency slots nationally by 2,000 each year between 2025-2031 (total 14,000). The bill would also require the GAO to conduct a study on strategies for increasing diversity within the health professional workforce. The study will also include an analysis of strategies for increasing the number of health professionals from rural, lower income and underrepresented minority communities.

To co-sponsor H.R. 2389, contact Cameryn Blackmore in Rep. Sewell's office at Cameryn.Blackmore@mail.house.gov or Jacqueline Collie in Rep. Fitzpatrick’s office at Jacqueline.Collie@mail.house.gov.

To co-sponsor S. 1302, contact Artin Haghshenas in Sen. Menendez’s office at Artin_Haghshenas@menendez.senate.gov or Bailey McCue in Sen. Boozman’s office at Bailey_McCue@boozman.senate.gov.

When do you need a Vascular Surgeon?

Vascular surgeons focus on the health of all arteries and veins of the human body except for the heart and the intracranial vessels. They treat both aneurysmal degeneration as well as narrowed and occluded arteries such as those causing peripheral artery disease and carotid artery disease. Vascular surgeons manage venous problems including deep vein thrombosis, pulmonary emboli, and varicose veins. Vascular surgeons are highly trained in medical management, as well as endovascular interventions and complex open surgery when needed.