



The Honorable Bill Cassidy, M.D.  
United States Senate  
Washington, DC 20510

The Honorable John Cornyn  
United States Senate  
Washington, DC 20510

The Honorable Catherine Cortez Masto  
United States Senate  
Washington, DC 20510

The Honorable Michael Bennet  
United States Senate  
Washington, DC 20510

**RE: Draft Legislation to Improve the Medicare Graduate Medical Education Program – Recommendations to Address Shortages in Preventive Medicine Specialties, such as Occupational and Environmental Medicine (OEM)**

Dear Bipartisan Senate Medicare GME Working Group,

On behalf of the American College of Occupational and Environmental Medicine ([ACOEM](#)), I am writing to express our appreciation for the opportunity to provide updated feedback on the draft Medicare GME Reform Package. Founded in 1916, ACOEM is the nation's largest medical society dedicated to promoting worker health. The College represents OEM physicians and other healthcare professionals devoted to preventing and managing occupational and environmental injuries, illnesses, and exposures. ACOEM applauds your efforts to tackle critical physician shortages, particularly in underserved areas and the specialties of primary care and psychiatry.

However, we are deeply concerned that the proposal overlooks preventive medicine specialties such as **Occupational and Environmental Medicine (OEM)**, **Public Health and General Preventive Medicine (PH/GPM)**, and **Aerospace Medicine**, which are in an even more dire shortage and, absent significant immediate interventions, are at risk of extinction. These fields keep groups/populations of people healthy (which translates to healthier populations at the time of retirement when they begin relying on Medicare for health care services), keep workplaces safe and productive, and keep communities strong. Preventive medicine specialties remain entirely overlooked in Medicare GME funding allocations due to their unique training requirements, which prevent disease and improve healthcare quality and efficiency for entire populations at a time.

**Recommendations for Strengthening the Draft Proposal**

**1. *Allocate at Least 10% of the Additional Medicare GME Slots to Preventive Medicine Specialties, Including Occupational & Environmental Medicine (OEM)***

Preventive medicine specialties, such as OEM, are vital to addressing pressing public health challenges and mitigating costs associated with workplace injuries, environmental hazards, and chronic illnesses. Despite this importance, OEM and other preventive medicine specialties have seen residency program closures and declining numbers of board-certified physicians due to the lack of Medicare GME funding.

- ACOEM urges the working group to amend the proposal to dedicate **10%** of the proposed additional 5,000 Medicare GME residency positions to preventive medicine specialties under the ABPM – for Occupational and Environmental

Medicine (OEM), for Public Health and General Preventive Medicine (PH/GPM), and Aerospace Medicine.

- This allocation would allow the specialty to continue caring for the next generation of workers, strengthen public health infrastructure, and ensure that businesses, employees, and communities have access to expert care and guidance.
- Given that hospitals would receive an adjusted national standard per resident amount (PRA) for new direct GME payments (DGME) associated with these slots and that it would not impact existing or currently allocated slots, we believe this provision would allow hospitals to invest in residency training programs for specialties that are not typically supported via Medicare DGME, such as those within preventive medicine.

## 2. ***Direct the GME Policy Council to Address Barriers to Support for Preventive Medicine Specialties, Including OEM***

The creation of the GME Policy Council is a critical step forward. To maximize its impact, the Council should be tasked with addressing systemic barriers that prevent specialties like OEM from qualifying for Medicare GME funding.

- Specifically, we recommend directing the Council to evaluate funding pathways for specialties requiring training outside traditional hospital settings, such as workplaces, public health departments, and academic institutions.
- Additionally, the Council should explore reforms to ensure that all ACGME-approved residency slots are fully funded and utilized.
- OEM is strategically important to the workforce and the economy, and OEM is of national interest to a greater degree than any other medical specialty.

## **Rationale for Supporting Preventive Medicine Specialties & OEM Residency Programs**

### 1. **Critical Role in Public Health and Workforce Safety**

- OEM physicians are essential in diagnosing, treating, and preventing workplace and environmental illnesses, which is critical in ensuring the health and productivity of the nation's workforce. They lead the multidisciplinary teams that improve the health and efficiency for entire populations at a time.
- With only **3,265 board-certified OEM physicians** in the U.S., with an average age of 63, retirements outpace replacements 2 to 1, and the specialty is on the brink of a crisis that could leave millions of workers and businesses without essential expertise.
- In 2023, [only 70 physicians](#) were newly certified in OEM, and according to the American Board of Medical Specialties (ABMS), **there are only 28 board-certified physicians in Louisiana, 22 in Nevada, 222 in Texas, and 104 in Colorado**. This small number of board-certified OEM physicians is inadequate to serve the needs of the nearly [22.5 million American workers](#) and nearly [1 million employers](#) that call these four states home. These shortages are present in every state across our country.
- HRSA's workforce projection for "Other Specialty Physicians," which includes OEM and other preventive medicine specialties, forecasts only 71% adequacy in 2036. We suspect OEM's supply/demand factor will be in an even more pronounced crisis by 2036.

## 2. Economic Benefits

- According to the National Safety Council, workplace injuries in 2022 cost the economy [\\$167 billion](#), including \$50.7 billion in wage losses and \$37.6 billion in medical expenses.
- OEM physicians play a critical role in implementing effective and impactful stay-at-work/return-to-work (SAW/RTW) programs for private and public employers, which are essential to reducing absenteeism and maintaining productivity.
- By preventing injuries and illnesses and facilitating workers' participation in the workforce, OEM physicians reduce the burden on Medicare and Social Security disability systems, yielding significant cost savings to American taxpayers.
- OEM can provide substantial value to workers and the Medicare system by ensuring workers can return to work after work-related injuries or illnesses that may necessitate their enrollment in workers' compensation.
- As we know, if an individual cannot return to work after an extended period, they often transition to the Social Security and Medicare disability benefits systems.
- OEM physicians also play a critical role in early detection and intervention for chronic health conditions that may be work-related but do not present symptoms until later in life (post-working career) when a person is in the Medicare system.
- OEM physicians frequently lead healthcare organizations, where their training in prevention, quality, and efficiency enhance the care provided by all other medical specialties. Dollar for dollar, the preventive specialties provide superior value to society with direct savings for taxpayer-funded programs.
- Most importantly, this type of expertise ensures that workers are getting the appropriate care at the earliest possible stage of a chronic health condition while also ensuring that the proper party is responsible for providing these benefits, as opposed to the cost being shifted to American taxpayers via increased burden on the Medicare system.

## 3. Alignment with the Goals of Medicare GME Reform

- Preventive medicine specialties align with the working group's focus on addressing physician shortages in underserved communities.
- OEM functions as primary care for workers, particularly in [high-risk industries](#) like construction, agriculture, and healthcare, which are critical to continued U.S. economic growth.
- A strategic investment in preventive medicine specialties would also alleviate the broader primary care shortage by enabling specialized physicians to handle complex occupational health cases currently managed by general practitioners.
- Critically, as our country's Medicare system faces increasing pressure from a growing number of beneficiaries and a shrinking number of working-age Americans contributing to the system, we must ensure that the current workforce is healthy and able to continue working to keep our support programs funded and our economy competitive.
- An adequate supply and distribution of OEM physicians can help relieve pressure on the Medicare system, as they have opportunities to enact population health-focused workplace policies that directly increase workforce participation.
- Addressing U.S. preventive medicine specialty provider adequacy is essential in supporting the efforts to bolster the supply of physicians in other critical medical specialties for the Medicare population.
- Funding support for the 189 ACGME-approved residency pathway slots for OEM would significantly improve the status of the current OEM physician supply. Supporting this small number of OEM GME residency slots via Medicare would

amount to a small fraction of the costs outlaid on Medicare GME today (~\$17.8 billion supporting 194,910 FTEs in non-OEM-specialties in FY21).

- If the current OEM provider shortage trends continue, we anticipate that there will be an increase in premature retirements, worker absenteeism, and workplace-related injuries and illnesses, which will ultimately shift significant costs to Medicare and decrease the revenue that fuels the system.

#### 4. Residency Program Closures Exacerbate Rural Provider Shortages

- Current Federal funding for residency programs for preventive medicine specialties from the likes of the National Institute for Occupational Safety and Health (NIOSH), the Department of Veterans Affairs (VA), and the Health Resources and Services Administration (HRSA) is insufficient, and declining, resulting in program closures and significantly endangering the future training pipeline for OEM physicians.
- While there were over 40 active OEM residency programs training physicians in the 1970s and 80s, there are only 19 active civilian OEM residency programs today. 95% of these OEM program closures have occurred since 2000, and absent immediate action to support the existing OEM residency programs, we expect more programs to close in the coming years.
- Program closures have significantly impacted the distribution of OEM physicians in the U.S., impacting heartland communities and other similar communities the hardest, as closures of rural OEM programs have led to fewer OEM physicians training and remaining in those areas where they completed their residency.
- Additionally, in a 2022 survey of OEM residency directors, 50% said they considered giving up the role due to uncertainty surrounding program funding and resources for faculty.

### **Conclusion**

Including preventive medicine specialties, specifically occupational and environmental medicine, in Medicare GME reforms would address a glaring gap in the nation's physician training system and strengthen our collective ability to respond to public health and workforce challenges. By dedicating a modest allocation of additional residency slots and empowering the GME Policy Council to find systemic solutions, Congress can ensure these essential fields receive the support they need to thrive.

ACOEM remains committed to supporting your efforts and is ready to provide additional data or insights. Thank you for your continued leadership in addressing our nation's physician workforce needs. If you have any questions or need further information, please contact Dane Farrell ([Dane@cascadeassociates.net](mailto:Dane@cascadeassociates.net)), ACOEM's Government Affairs Representative.

Sincerely,

*Tanisha Taylor, MD, MPH*

Tanisha Taylor, MD, MPH, MBA, FACP, CIME, FACOEM  
President  
American College of Occupational and Environmental Medicine (ACOEM)