

Conyers Bill Would End Physician Shortage

One in five Americans lives in a rural or urban area deemed to be without an adequate number of physicians to provide care. This reality, as Dr. Richard Cooper's interview (below) shows, is a national disaster in the making. Rep. John Conyers (D-Mich.), the incoming chairman of the House Judiciary Committee, took the initiative to reverse this, when, on July 12, 2006, he introduced H.R. 5770, titled, "United States Physician Shortage Elimination Act of 2006." The bill died with the close of the 109th Congress, having been stalled in committee.

The bill remains a critical initiative to address the problem. A reintroduced bill in the 110th Congress, would be greatly improved by including a provision to issue grants for construction and/or renovation of full-service public hospitals in the medically underserved areas which the Conyers bill targets for expanded service by newly trained physicians. Such a provision could amend the existing Hill-Burton Act, which provides funding for construction of hospitals.

The core findings of Conyers' bill are:

Over the next ten years, as physicians who graduated in the 1970s retire, the U.S. will have a 30% deficit in the supply of physicians, while at the same time, the U.S. population is expected to grow by 24%. This will create a shortage of at least 90,000 full-time physicians by 2020.

In the last 20 years, the median tuition and fees at medical schools have exploded by 745% at private medical schools, and 876% at public medical schools, thereby re-

stricting those who can afford to apply.

What is to be funded and created under the Conyers bill:

1. A national health service corps medical school scholarship program to train 5,000 additional medical students each year.

2. Scholarships would be granted to individuals who agree to serve for six years after medical school in a Federally designated professional shortage area, and incentives would be created to encourage them to remain in these areas thereafter.

3. \$425 million in contracts would be allocated to award scholarships to individuals based on various priorities, including to those who are from disadvantaged backgrounds and who would otherwise be unable to afford a medical school education, thereby augmenting pipeline program for minority students, ensuring an increase in the number of minority health professionals serving medically underserved communities.

4. \$500 million in grants to medical schools would be made to increase the number of available slots for new applicants by providing funds to develop curriculum; acquire equipment; recruit, train, and retrain faculty; and provide aid to students completing residency training programs at recipient medical schools.

5. \$200 million in grants would be provided to community health centers—facilities designated to serve adults and children in rural and urban areas who have financial, geographic, or cultural barriers to care, including primary and preventative health care, mental health and dental services, and transportation and translation services. These funds would be used to acquire or lease facilities; construct new or repair or modernize existing facilities; and purchase or lease medical equipment.—*Mary Jane Freeman*

the first time since the 1960s-70s that medical schools have been asked to boost enrollment. This hit like a shock wave, as talk of a crisis in the supply of doctors spilled over from professional journals into the popular media, including reports on current shortages in states such as California, Texas, and Florida.

Those who engineered the crisis are now trying to manage a half-hearted solution. Dr. Cooper estimates that the remedies proposed thus far are, in general, inadequate by about half; even in a best-case scenario, the shortage will persist for 10-15 years, since it takes at least 8 years to educate a physician. A gear-up period also has to be expected, as new medical schools are built or existing ones expanded. The impact on mortality and life expectancy of this too-many-doctors fraud has yet to be measured.

In addition to the shortage of doctors in all areas, there is

an even more dire shortage of nurses.

A report updated in September 2006 by the American College of Nursing, reported the following summary numbers from a variety of sources.

- An HRSA study released in April 2006, projects that the nation's nursing shortage would grow to 1 million by 2020. All 50 states will experience a shortage of nurses to varying degrees by the year 2015.

- Currently, according to a report from the American Hospital Association released in April 2006, U.S. hospitals need approximately 118,000 registered nurses to fill vacant positions nationwide. This translates into a national vacancy rate of 8.5%. Another survey reported that 85% of hospital CEOs reported shortages of RNs. Another study conducted in 2004, found that "a clear majority of RNs (82%) and doctors (81%) perceived shortages where they worked."