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February 18, 2022

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
ATTN: CMS-1752-F
P.O. Box 8013
Baltimore, MD 21244-1850

Re: FY 2022 Inpatient Prospective Payment Systems Final Rule Graduate Medical Education Proposals (CMS-1752-F)

The Society of Interventional Radiology (SIR) is a professional medical organization comprising more than 8,000 members, including most U.S. physicians who are practicing as Interventional Radiologists. The Society is dedicated to improving public health through pioneering advances in minimally invasive, image guided therapies.

Interventional Radiology (IR) exemplifies modern medicine at its finest. An Interventionalist assesses every clinical scenario in the context of the patient's unique anatomy & physiology and subsequently tailors the treatment based on *what the patient needs.* By utilizing advanced imaging technologies such as ultrasound, CT, fluoroscopy, and MRI, an Interventional Radiologist can treat a host of diseases often through an incision no larger than a pinhole.

This has led the field to deliver cost-effective quality patient care by reducing hospital length of stay, minimizing complication rates, and ultimately improving patient's quality of life. The American Board of Specialties recognized IR as its own independent residency in 2012 and IR has quickly become one of the most competitive specialties among medical students. According to the 2021 NRMP Residency Match Data, there were *only* 164 total IR residency positions and IR had 480 applicants.

Several years ago, SIR was instrumental in initiating legislation that would expand access to government-funded graduate medical education opportunities to newly recognized primary specialties such as interventional radiology.

Introduced in 2017 by Representative Mia Love (R-Utah), the "Enhancing Opportunities for Medical Doctors Act" would have reallocated existing, but historically unused, government-

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funded slots to specialties recently elevated to the "primary specialty" designation (such as interventional radiology), rural institutions and new medical schools.

Current law does not allow for new Medicare-funded GME slots to accommodate a new medical specialty, such as interventional radiology, nor new medical training programs. Instead, a teaching hospital that establishes a new residency training program is faced with either reducing the number of Medicare-covered residency slots in another program or operating the new program with partial or no Medicare GME funding.

The "Enhancing Opportunities for Medical Doctors Act" would have required medical training programs to make 65 percent of historically unused slots eligible for reallocation. The slots slated to be reallocated would have been redistributed to hospitals that apply for them with priority given to the following: 1) hospitals that establish residency programs for interventional radiology or another recently elevated specialty; 2) hospitals located in rural and underserved areas; and 3) hospitals that establish medical residency programs that are sponsored by newly accredited medical schools.

SIR was pleased when the Consolidated Appropriations Act (CAA) of 2021 established 1,000 new Medicare-supported residency positions, the first such increase in 25 years. Congress directed CMS to distribute 200 of these new slots over five years and directed that at least 10 percent be distributed to hospitals located in rural areas; hospitals training over their Medicare cap; hospitals in a state with a new medical school or branch campus and hospitals that serve health professional shortage areas.

CMS is seeking public comment on two distribution methodologies for the 1,000 new training slots found in the FY2022 Inpatient Prospective Payment Systems Proposed Rule Graduate Medical Education Proposals (IPPS). Alternative 1 would distribute slots based on a hospital's HPSA score and would apply for five years. Alternative 2 would award slots to hospitals that meet all four categories in the CAA for FY 2023 only, to allow CMS additional time to work with stakeholders on a more refined distribution criteria and process.

SIR strongly supports Alternative 2. The CAA specifies the need for distribution of new GME slots to four categories of qualified hospitals, and we agree with the CMS notation that more time is needed to refine the approach to be used to for distribution of GME slots. If Congress passes legislation currently being considered that would add another 4,000 GME training slots, the distribution allocation process needs to be carefully considered.

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As CMS begins to consider the additional residency program positions to address hospital labor shortages, particularly for hospitals serving rural and underserved communities, SIR is committed to advocating for the addition of 4,000 new GME slots. In addition, SIR supports promoting the increase of GME slots explicitly allocated to rural areas. By increasing the number of GME training positions for Interventional Radiologists, it will ensure patients have access to critical services for many critical procedures such as:

- hemorrhagic and ischemic strokes
- maternal health (antepartum, intrapartum, and postpartum hemorrhage)
- peripheral artery disease (limb salvage)
- dialysis access (creation and revision of arteriovenous fistula, grafts and central lines)
- radiation oncology and other innovative cancer treatments
- pain management such as non-opioid alternatives

Disease/Service	**Health Inequity**
Venous Ulcer / Endovenous radiofrequency ablation	Black patients present with more advanced venous insufficiency than White patients[1]
ERSD / Dialysis Vascular Access	Black and Latino's patients start dialysis with a fistula less frequently despite being younger[2]
Cancer / Radiation oncology	Black men are 111 percent more likely to die of prostate cancer; Black women are 39 percent more likely to die of breast cancer[3]
Peripheral Artery Disease / Revascularization	Black Medicare beneficiaries are three times more likely to receive an amputation[4] Latino are twice as likely[5]
Fibroid / Uterine Fibroid Embolization	Uterine fibroids are diagnosed roughly three times more frequently in Black women[6]

[1] Vascular and Endovascular Surgery, *Advanced Chronic Venous Insufficiency: Does Race Matter?*, 26 December 2016
[2] *Racial/Ethnic Disparities Associated With Initial Hemodialysis Access*. JAMA Surg.2015 Jun;150(6):529-36. doi: 10.1001/jamasurg.2015.0287
[3] Cure, *Cancer Sees Color: Investigating Racial Disparities in Cancer Care*, Katherine Malmo, 16 February 2021
[4] Dartmouth Atlas, *Variation in the Care of Surgical Conditions: Diabetes and Peripheral Arterial Disease*, 2014
[5] J. A.Mustapha, *Explaining Racial Disparities in Amputation Rates for the Treatment of Peripheral Artery Disease (PAD) Using Decomposition Methods*, J. Racial and Ethnic Health Disparities (2017) 4:784–795
[6] University of Michigan, *Understanding Racial Disparities for Women with Uterine Fibroids*, Beata Mostafavi, 12 August 2020

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SIR thanks CMS for moving quickly to implement the distribution of the new GME residency training positions created by the CAA. We look forward to continuing to work with you to address the physician workforce shortage problem, especially the shortage of training opportunities available to our new specialty of Interventional Radiology. If you have any additional questions, please contact Keith Hume, SIR Executive Director (khume@sirweb.org).

Sincerely,

Matthew S. Johnson, MD, FSIR
President

Cc. Keith M. Hume
Executive Director