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June 25, 2021

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

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

Dear Administrator Brooks-LaSure:

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.

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Introduced in 2017 by Representative Mia Love (R-Utah), the "Enhancing Opportunities for Medical Doctors Act" would have reallocated existing, but historically unused, government-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, or 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 Congress established 1,000 new Medicare-supported residency positions in the Consolidated Appropriations Act of 2021 (CAA) which is 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 14,000 GME training slots, the distribution allocation process needs to be carefully considered.

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SIR thanks CMS for moving quickly to implement 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