



May 5, 2021

The Honorable Doris Matsui
U. S. House of Representatives
2311 Rayburn HOB
Washington, DC 20515

**Please co-sponsor the Stopping Doctor Shortages Act —
H.R. 1133 (Harder/Obernolte/Castro/Taylor).**

**It provides a technical clarification to ensure Public Service Loan Forgiveness Program parity
for California and Texas Physicians to protect patient access to care.**

Dear Representative Matsui:

On behalf of the Sierra Sacramento Valley Medical Society and the more than 100,000 physicians, residents, and medical student members of the California Medical Association, we are writing to urge you to co-sponsor H.R. 1133 the “Stopping Doctor Shortages Act” reintroduced by Representatives Harder (D-CA), Obernolte (R-CA), Castro (D-TX), and Taylor (R-TX). California Sen. Feinstein and Texas Sen. Cornyn have reintroduced the Senate version — S 311. It will sustain the California physician workforce and improve patient access to care.

The Stopping Doctor Shortages Act provides a technical clarification to the federal Public Service Loan Forgiveness Program that unintentionally excluded physicians in California and Texas from participating in the program. The original legislation enacted by Congress required physicians to work in a non-profit hospital or clinic for ten years to receive loan forgiveness.

However, the Department of Education’s implementing regulations were narrowly crafted to require direct employment. Because our state laws mostly prohibit hospital employment of physicians, most California and Texas physicians were unintentionally excluded from the program. Physicians in all other 48 states fully participate in the program. The inadvertent exclusion is severely limiting our ability to recruit and retain physicians because they cannot receive loan forgiveness in California or Texas, and the inequity ultimately harms patient access to physicians in community hospitals and clinics.

According to a recent study, California and Texas are the two states projected to experience the largest physician shortages over the next decade. Our states already have some of the lowest primary care-to-patient ratios in the nation. In California’s central valley, inland empire, and northern rural regions, patients are forced to travel long distances to find specialty care and mental health services as well.

In California and Texas, the demand for physicians is already outpacing the supply. For instance, in California, the key drivers are the 112% projected growth in the state population and the 148% projected growth in the elderly population. Exacerbating the population growth, is the fact that California and Texas have the highest percentage of physicians at retirement age – one-third are over the age of 60, particularly in rural communities. **The study concluded that there is no “adequate commensurate increase in physician supply” that can meet the demand for physician care.**

California and Texas physicians’ inability to receive loan forgiveness is harming our efforts to attract newly trained young physicians that replenish the older physician workforce and prevent further physician shortages. The inadvertent errors made in the implementation of the Public Service Loan Forgiveness Program do not allow our states to maintain an appropriate physician workforce.

Because the average student loan debt for medical students is now \$250,000-\$300,000, most young physicians must obtain some form of loan forgiveness to cover their debt. In the Central Valley and underserved regions of California, at least half the physicians leave the area after finishing their medical residency training, partly because they cannot obtain loan forgiveness.

The situation has become particularly acute during the COVID-19 pandemic, when patients need timely access to critical care more than ever. According to a poll by the Association of American Medical Colleges, 35% of the public said they had trouble finding a doctor prior to the pandemic. The substantial gap between the country’s increasing health care demands and supply of doctors has become more evident as we continue to combat COVID-19. Physician practices are struggling to survive and maintain access to care. In California’s central valley and rural areas, 60% of the primary care practices that closed earlier in the year have not reopened. This legislation would greatly help our states meet the challenges of the COVID-19 pandemic and maintain our physician workforce into the future.

Therefore, we are urging a technical fix to ensure parity for California and Texas so that physicians in all 50 states are afforded the same loan forgiveness after they have served for 10 years in a nonprofit community hospital or clinic.

We respectfully urge you to co-sponsor this important legislation. It is a critical step to ensure patient access to physicians in nonprofit community hospitals, children’s hospitals, and rural hospitals across California and Texas.

Please contact Kara.Verma@mail.house.gov to co-sponsor the legislation. Thank you for your support.

Sincerely,



Carol M. B. Kimball, MD
President

CMBK:cs