



H.R. 3890 as a Solution for the United States' Physician Shortage Crisis

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In the early 2000s, the Association of American Medical Colleges (AAMC) started sounding the alarm on an impending primary care physician shortage in the United States. Not heeding this warning, and without sufficient action since the shortage started to materialize, the U.S. has since found itself in not just a physician shortage, but a physician shortage crisis. In March of 2024, the AAMC published that [this physician shortage is projected to exceed a deficit of 86,000 physicians by the year 2036](#). Despite growing demand, the number of residency positions in the U.S., which are required for every medical school graduate to match into and complete to become a licensed physician, have not been able to keep pace with this shortage.

Medicare, the largest source of residency funding, [had its support for new residency slots capped](#) in 1997 by the 105th Congress. In the current 119th Congress, Representative Terri Sewell (D-AL-7) and co-lead Representative Brian Fitzpatrick (R-PA-1) introduced a bipartisan bill called the Resident Physician Shortage Reduction Act of 2025 (H.R. 3890). The bill will break the current residency bottleneck by creating 14,000 new Medicare-funded residency positions over seven years, addressing critical healthcare access gaps across the country.

Equipping Overextended and Rural Communities with Necessary Tools

Starting in fiscal year 2026, the Resident Physician Shortage Reduction Act will add 2,000 residency positions annually across the country through 2032, with a third of all positions each year distributed to hospitals already overextended and operating over their residency limit. The bill ensures that adequate attention will be given to rural communities. No less than 10% of these new positions must meet certain criteria, ensuring that adequate attention will be given to rural communities. 10% must go to hospitals that are:

- Rural, having a rural-urban commuting code of 4.0 or greater on a scale of 1.0 to 10.6. This code represents how rural a community is based on commuting patterns, with 1.0 being the most urban and 10.6 being the most rural.
- Be either sole community hospitals or located at least 10 miles from a sole community hospital
- Have reference resident levels greater than resident limits
- Be in states with new medical schools or new medical school branches that have come to exist since 1/1/2000, serve Health Professional Service Area
- If the positions are added later than fiscal year 2031, the hospital must also be accredited rural training track facilities

This minimum 10% of new residency positions going to these areas is vital, as physicians are up to five times more likely to practice in the same area where they complete their residency, [especially when completing their](#)

residency in rural or underserved areas. If less than 14,000 new residency slots have not been added by the end of fiscal year 2032, the process will continue until all 14,000 new residency spots have been allocated.

Over the lifetime of implementation, a hospital can gain up to 75 new full-time residency positions, enabling hospitals to provide better services to surrounding areas. This is highly valuable in both the short and long-term for these facilities, as it will greatly reduce the burden on hospitals and community members that struggle with the lack of availability of medical care, the costs to patients and facilities will decrease, costly patient transfers due to physician shortages will decrease, and hospital and clinic capacity will increase, ultimately raising quality of patient care and improving health outcomes.

At hospitals that desire creating new rural residency programs, grant funding will be available to create these programs. To qualify for grant funding, the resulting programs will need to focus on general primary care and/or high-need specialty care including family medicine, internal medicine, preventative medicine, psychiatry, general surgery, maternal health & obstetrics, or any other path deemed appropriate at the time. In addition, financial assistance in the form of grant funding can be awarded to provide technical assistance to awardees of, or potential applicants of the program. This brings a necessary value to the bill, as it addresses serious barriers to rural facilities that would like to have a residency program but lack the resources, assisting with startup costs, helping navigate the technical complexity of establishing a residency program, and usurping the financial risk of such a venture, bringing more physicians to areas most in need.

Passage Impacts Pressing Healthcare Concerns

Overall, the Resident Physician Shortage Reduction Act will positively impact our ability to resolve the physician shortage crisis. It prioritizes residency positions for hospitals in rural and underserved areas, as well as hospitals already training residents above their capped funding levels. It directs a study that reports on improving diversity in the health workforce and launches a grant program to grow rural residency programs and training tracks. This action is unprecedented in the world of medicine and will yield lasting benefits for generations to come.

Without the passage of this bill, reduced access to care will continue to grow, loss of essential medical services will increase, emergency departments will continue to become even more overcrowded, hospitals struggling to keep their doors open may close, healthcare costs will go up, health disparities will become worse, physicians will burn out, critical diagnoses will be delayed or missed, and preventable deaths will climb. This bill is a true step in the right direction to finally address these issues.

Ensuring We Don't End Up Here Again

Although H.R. 3890 is a great first step, there is more work to be done. The bill does not contain a provision for re-evaluation and remediation of future physician shortages in the United States. Amending H.R. 3890 to lay a foundation for this process, beyond the successful addition of the proposed 14,000 new residency positions, would help ensure that the United States does not find itself facing this crisis again in the future. Even if the bill is not perfect in its current form, the cost of doing nothing is many innocent American lives that will be lost due to delayed or absent care. Research out of Harvard Medical School estimates that in critical shortage regions, increasing physician supply to 1 per 1,500 residents [could prevent more than 7,000 deaths per year](#) while increasing overall life expectancy. Every life saved makes this bill well worth the investment.

Congress Must Act Now

Congress must act swiftly to pass the Resident Physician Shortage Reduction Act of 2025. Expanding residency training is vital for the healthy future of the American people. Resolving the shortage we suffer from today will help us build a resilient healthcare system which is better suited to provide appropriate and timely access to care, as well as improve our ability to bridge the gaps we see in public health regarding access to care.