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March 20, 2023

The Honorable Bernie Sanders
Chair, Senate HELP Committee
332 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy, M.D.
Ranking Member, Senate HELP Committee
455 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chair Sanders and Ranking Member Cassidy, M.D., and the Senate Health, Education, Labor and Pensions Committee:

The American Academy of Neurology (AAN) is the world's largest neurology specialty society representing more than 40,000 neurologists and clinical neuroscience professionals. The AAN is dedicated to promoting the highest quality patient centered neurologic care. We thank you for the opportunity to respond to this Request for Information (RFI) regarding health care workforce shortages.

A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system. These disorders affect one in six people and include conditions such as multiple sclerosis (MS), Alzheimer's disease (AD), Parkinson's disease, stroke, migraine, epilepsy, traumatic brain injury, ALS, and spinal muscular atrophy.

The United States is facing a shortage of between 54,100 and 139,000 physicians by 2034¹ that will likely be exacerbated by rising rates of physician burnout and early retirement due to the COVID19 pandemic. In addition, the population of Americans over 65 years old is expected to double to 95 million by 2060,² and a dramatic rise in neurodegenerative disease is expected with incidence of stroke rising 20% by 2030,³ prevalence for Parkinson disease doubling by 2040,⁴ and incidence of dementia doubling by 2050.⁵ Based on these projections, we should anticipate a marked increase in demand for neurologic care. Neurology is an incredibly complex field that is in a renaissance period given recent opportunities for advancement in research and treatment.

For neurologic patients with chronic conditions, there is often no "one size fits all" course of treatment. Prompt access to care is essential to minimize risks of dangerous complications and side effects. Patients in rural areas are particularly impacted by lack of access to neurologic care. Studies also show that patient care also benefits when physicians are racially and/or ethnically concordant.⁶ The American Academy of Neurology (AAN) is firmly committed to embracing the diversity of our members, staff, organization, profession, and, ultimately, the patient communities we serve.

¹ <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>

² <https://www.prb.org/resources/fact-sheet-aging-in-the-united-states/>

³ <https://pubmed.ncbi.nlm.nih.gov/23697546/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/23436720/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/25984581/>

⁶ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772682>

Addressing the workforce shortage in healthcare will require several points of intervention. **AAN recommends several avenues outlined below to address the workforce shortage.** We recognize this is not an exhaustive list and we look forward to continuing to work with the committee to ensure access to neurologic care for all patients.

Bolstering the Existing Workforce

The AAN supports measures to strengthen and support the existing neurology workforce.

Overly Burdensome Administrative Requirements

Administrative burdens like prior authorization and step therapy contribute to physician burnout and hinder patient access to care. On average physicians and staff spend 2 days a week completing prior authorizations.⁷ Typically, addressing the burden of prior authorization requires the hiring of additional full-time employees, causing more issues with workforce shortages and for many is not sustainable. The AAN supports policies that seek to reduce unnecessary constraints on patient access to physician directed care and allow physicians to spend their time with patients rather than completing administrative tasks. The AAN supports the following legislation that seek to decrease unnecessary administrative burdens that hinder patient access to care:

- One of the most widely supported bipartisan pieces of legislation in the last Congress, the Improving Seniors' Timely Access to Care Act would establish an electronic prior authorization (ePA) program; standardize and streamline the PA process for routinely approved services; reduce the amount of time an insurer is allowed to consider such requests; and ensure that they are reviewed by qualified medical personnel.
- The Gold Card Act will help reduce the burdens of prior authorization in Medicare Advantage by streamlining processes and giving physicians who had prior authorization requests for prescriptions and treatments approved at least 90% of the time a "gold-card" exemption status. These improvements will benefit many neurologic patients who require timely access to care for their chronic conditions.
- The AAN also supports the Safe Step Act (S. 652), which addresses the growing burden of step therapy protocols for employer sponsored health plans by: ensuring employer plans are offering a clear step therapy exceptions request process, requiring employer plans to respond to a step therapy exception request within 24–72 hours, and outlining circumstances in which a step therapy exception request should be granted.

AAN is appreciative of ongoing efforts to bring about value-based care; however, the Merit-based Incentive System (MIPS) in its current form falls sort of its intention. This system has added burdens on the part of practices, without sufficient increases in benefits. Many providers have been able to reach the performance benchmarks set out for them, yet there is uncertainty on whether the metrics used to assess processes and outcomes ultimately changed care delivery in a significant way. MIPS puts too much emphasis on an individual clinician's role in the healthcare system in respect to cost and holds clinicians responsible for expenditures that they may have no control over. Practices spend just short of an estimated 4 hours per week per physician on MIPS reporting.⁸ There is great concern that increased administrative requirements and compliance burdens contribute to burnout, further exacerbating problems with the inadequate supply of clinicians in the workforce.

⁷ <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8796897/>

Appropriately Valuing Neurologic Care

Recently, the AAN [responded to a Request for Information \(RFI\)](#) regarding MACRA and actions Congress could take to stabilize the Medicare payment system. That feedback encompasses a variety of recommendations to reform the Medicare physician payment system.

AAN recognizes the financial pressures of the Medicare system and the importance of finding a financially stable solution. Given this, we are concerned about the unsustainable nature of the temporary fixes to combat conversion factor cuts, and the financial impacts of statutory PAYGO requirements. However, we remain supportive of requests to Congress to offset the cost of the temporary relief measures by appropriating funds to the Medicare Physician Fee Schedule. We also request an inflation update to the Medicare conversion factor from Congress, similar to what exists for nearly every other area of the health care sector, to aid patient access to care and stability of neurology practices serving all communities. On March 15th, the Medicare Payment Advisory Commission (MedPAC) submitted recommendations to Congress calling for an annual physician payment update tied to the Medicare Economic Index. Although this update accounting for 50% of the MEI⁹ is a much needed step in the right direction, the AAN believes that the full effects of medical inflation need to be accounted for to promote practice sustainability and to safeguard the neurology workforce. In addition, AAN is supportive of permanent payment parity for Evaluation and Management (E/M) services for established patients delivered via real-time interactive audiovisual technology, as well as regular review of E/M codes. Appropriately valuing neurologic care is critical in bolstering the existing workforce and not deterring future neurologists from the field.

Importance of the Physician-Led Care Team

As demand for neurological services increases, the workload on those providing care will grow. The AAN strongly supports physician-led neurology care teams that recognize the accepted scope(s) of practice for each member of the care team. The AAN supports the integration of neurology specific trained advanced practice providers into the physician-led care team as part of a robust team to manage the high workload.

Mental Health and Burnout

An estimated 60% of neurologists experience at least one symptom of burnout.¹⁰ There are many factors that increase the risk of burnout, including hours worked, nights on call, number of patients seen, and clerical work per week.¹¹ Burnout and related emotional exhaustion can be expected to increase as demand for neurologic care rises. The AAN is supportive of reducing unnecessary administrative burden that impacts burnout as well as investments in physician mental health.

The AAN supported the Dr. Lorna Breen Health Care Provider Protection Act that that provided mental health support through grants to programs encouraging health care providers to seek treatment and improve mental health. **The AAN asks that similar measures to support physician mental health continue to be championed in the 118th Congress.**

Building the New Workforce

The AAN is supportive of efforts to increase the incoming neurology workforce in addition to bolstering the existing one.

⁹ <https://www.medpac.gov/document/march-2023-report-to-the-congress-medicare-payment-policy/>

¹⁰ <https://n.neurology.org/content/88/8/797>

¹¹ <https://n.neurology.org/content/88/8/797>

Training and Residency

New physician training is important to ensure an adequate supply of neurologists. Currently, trainees are not guaranteed exposure to neurology, and the Accreditation Council for Graduate Medical Education does not mandate that all residents complete a clinical neurology rotation, nor does it specify core competencies in neurologic disease.¹² The AAN recognizes the need to encourage medical students to consider neurology when choosing a specialty, and supports policies that seek to bolster the physician workforce pipeline.

Access to federally-funded residency slots is crucial to maintaining the neurology pipeline. The AAN supports policies, like the Resident Physician Shortage Reduction Act, that seek to increase the number of graduate medical education (GME) residency slots available. The Academy was encouraged to see an increase in residency slots for the first time in nearly 20 years, but recognizes that more access is needed to address the physician pipeline. Recent allocation of GME slots did not reach neurology. The AAN supports future funding for additional residency slots and encourages policies that allow for the allocation of a portion of the new residency slots to neurology.

Medical students take on an average of \$200,000 of student loan debt on top of any pre-medical student loans,¹³ which influences the decision on which specialty to practice and location of practice thereby impacting physician supply. Anticipated medical student debt is a barrier to entry for many undergraduate students, who may choose other fields over medicine to protect their financial future. For many students, taking on such large debts is simply not feasible. The AAN supports programs and legislative solutions that would decrease debt burden on our nation's physicians, such as:

- The Pediatric Subspecialty Loan Repayment Program (PSLRP), implemented by the Health Resources and Services Administration (HRSA), which provides loan repayment for pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals who care for children in underserved areas. Increased funding is essential to promote the program's growth and success in encouraging residents to practice in underserved areas.
- The [Resident Education Deferred Interest \(REDI\) Act](#) (S. 704/H.R. 1202), decreases the burden of student loans on medical students and residents by allowing borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. The AAN supports the adoption of this legislation, or a similar legislative solution.

International Medical Graduates

International medical graduates (IMGs) make up 31.5% of active neurologists. However, non-US IMG resident physicians training in the US on J-1 visas are required to return to their home country for two years after their residency has ended before they can apply for a work visa or a green card. The Conrad 30 program provides 30 waivers per state to allow these physicians to remain in the US without having to return home for two years if they agree to practice in a medically underserved area for three years. **With communities across the country facing physician shortages, the Conrad 30 program helps physicians who are educated and trained in the US continue to care for patients.** The AAN asks that improvements continue to be made to the program, including creating a process to gradually increase the number of waivers while requiring additional employment protections. **The Healthcare Workforce Resilience Act would provide stability for foreign-born physicians that are critical to the neurology workforce by reallocating 15,000 visas for physicians and 25,000 visas for nurses to practice in the United States.** This

¹² <https://www.acgme.org/Specialties>

¹³ <https://www.ama-assn.org/medical-residents/medical-residency-personal-finance/say-goodbye-physician-residency-and-medical>

legislation was introduced last congress and the AAN urges that similar measures be introduced and enacted in the 118th Congress.

Conclusion

While these avenues are priorities for the AAN in addressing the workforce shortage, we recognize that this is not a comprehensive list. **We look forward to continuing to work with the Committee to improve access to neurologic care for all patients.** If you have any questions or requests for additional information, please contact Madeline Turbes, Health Policy Manager, at mturbes@aan.com, or Kelly McCone, Senior Congressional Affairs Manager, at kmccone@aan.com.

Sincerely,

A handwritten signature in black ink that reads "Orly Avitzur MD". The signature is written in a cursive style with a large initial "O" and "A".

Orly Avitzur, MD, MBA, FAAN
President, American Academy of Neurology