

October 2, 2017

I am writing to express strong support for the concept of **Cap Flexibility**. The current constraints of the 5-year CMS cap rule inhibits new teaching hospitals from developing a broad range of GME programs that are in dire need to address the growing physician shortage, especially in rural and underserved areas. I have been involved in overseeing the statewide GME expansion for the state of Georgia for the past 6 years. Georgia has been trying to address the maldistribution of physicians not only in specialty but in geography, by developing new teaching hospitals in areas that did not have GME programs, with many of the new locations being in underserved and rural areas. Research has shown that physicians are more likely to practice in locations where their GME training occurs.

Cap Flexibility provides a tailored approach to cap building and targets federal GME dollars for expansion of GME programs in under-resourced and underserved regions. The additional CAP building time provided to new teaching institutions in areas of need will have a wide range of benefits, including some of the following:

- providing opportunities for new teaching institutions to secure the resources necessary to residency expand training capabilities;
- helping to alleviate physician shortages across the nation;
- increasing the return on investment for hosting teaching hospitals, medical schools, local communities, Medicare, and state investment (like what we have done in Georgia);
- addressing the geographic maldistribution of GME programs.

Cap Flexibility is an innovative policy tool that is currently available to CMS. **Cap Flexibility** is an opportunity to address the national physician workforce issues. I urge you to support this policy tool.

Sincerely,



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