

**Cap Flex Act**  
**Congressman Raul Ruiz, MD**  
**Section by Section**

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**Purpose**

Address our national physician workforce shortage by providing teaching hospitals additional time to establish Medicare Graduate Medical Education (GME) caps if they establish residency training programs in primary care or specialties facing shortages.

**Problem**

The United States will see a shortage of up to nearly 122,000 physicians by 2032 as demand for physicians continues to grow faster than supply, according to new data published by the Association of American Medical Colleges.<sup>1</sup>

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**Section 1:**

***Title***

“Cap Flex Act”

**Section 2:**

***Providing for a new building period with respect to the cap on full-time equivalent residents for certain hospitals that have established a shortage specialty program***

**For new residency programs:**

- Provides approved “qualifying hospitals” an additional 5-year Medicare cap-building window.
- Qualifying hospital – A hospital that establishes a “shortage specialty program” within 5 years of enactment of the bill.
- Shortage specialty program – Any approved residency program (for which the Secretary determines there is a shortage of practicing such specialty in such area at the time the program is established) in a particular geographic area (as determined by the Secretary). In making that determination the Secretary shall take into account whether such hospital is located in an area:
  - without adequate health care resources (such as in a rural area or a medically underserved area;
  - experiencing primary care or specialty physician shortages (such as in a health professional shortage area;
  - without an adequate number of approved residency training programs;

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<sup>1</sup> <https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>

- struggling to expand or keep approved residency training programs operational; lacking existing medical training infrastructure or in the process of building such infrastructure;
- with a low resident-to- population ratio;
- with few full-time equivalent resident positions; or
- with a low physician- to-population ratio for physicians practicing in the same specialty as the shortage specialty program concerned.

**For Hospitals currently in their Cap-Building Window**

- Allows for an additional 5 years for hospitals in their cap-building window, as long as they started a new residency training program in a “shortage specialty program” within 5 years prior to becoming a qualifying hospital.

If you have any questions or would like to cosponsor, please contact [erin.doty@mail.house.gov](mailto:erin.doty@mail.house.gov).