Is a Doctor Shortage on the Horizon?

By Kathryn Hickok

The Affordable Care Act (ObamaCare) is projected to add 30 million more nonelderly persons to the insurance rolls nationwide by 2022, and Oregon intends to expand Medicaid enrollment by up to 260,000 people under the ACA. But carrying an insurance card isn’t the same as having timely access to quality health care. We also need enough medical professionals available to see us.

As the Acton Institute’s Jonathan Witt says, “A curious feature of recent U.S. health care reform efforts—easily overlooked amidst the daily media grind of canceled plans, crashing websites and new restrictions—is the irrational belief that we can extend more health care to more Americans while rendering a career as a family physician increasingly unappealing.”

A summary of a recent report by Scott Atlas of the Hoover Institution notes that “there will be an estimated additional 15 million to 24 million primary care visits, which would mean that the United States will need an additional 4,307 to 6,940 primary care doctors by 2019. This number is on top of the estimated additional 44,000 to 46,000 doctors that will be needed over the next decade and a half to meet future primary care demand, even without the ACA.”

In short, America needs more doctors—and soon. But, according to Witt, “a growing number of doctors are convinced that ‘many physicians will retire earlier than planned in the next one to three years’” due to increasing government entanglement in our health care markets. Witt explains:

My brother-in-law Bruce Woodall, a physician who has worked stateside and in the developing world, gave me another way to understand this response. Those who go into family medicine, he said, often have an independent and entrepreneurial streak. They have visions of owning a family practice one day and aren’t attracted to the idea of simply working for the government. But increasingly, that’s what family medicine in the United States amounts to. The result is that an increasing number of physicians who can leave, do.
Government currently discourages doctors from being the healers they trained to be by making it more difficult for them to treat patients, run clinics, and make a living for themselves and their families. *Ever-increasing regulations*, including those resulting from the ACA, are taking American health care further down that path. Add the decline in Medicare and Medicaid reimbursement rates, and today’s doctors already find themselves *unable to take on more of those patients*.

Another problem for future doctors is that investing in a medical degree requires new graduates to carry heavy debt loads. That investment needs to pay off in the long run. If prospective medical students don’t think they foresee a sound financial future for their practices in the years ahead, they may not choose health care professions in the numbers we need. With fewer doctors available to see us, more insurance cards in our wallets won’t mean much.

Solutions already exist which can increase access to primary care, including expanding outpatient clinics in retail settings and allowing nurse practitioners and physician assistants to provide more care for which they are medically qualified. Government at all levels should focus on removing red tape and making it easier, not harder, for doctors to operate clinics that serve basic health care needs. Simplification of regulations that hamstring doctors is a crucial part of the answer to our physician shortage. Empowering doctors “with an entrepreneurial streak” to find ways of expanding patients’ access to quality health care would be far better than continuing to expand the government’s control over an already massively regulated system.

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