

ONE HUNDRED NINETEENTH CONGRESS

Congress of the United States
House of Representatives

COMMITTEE ON THE JUDICIARY

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March 14, 2025

Ms. Donna Lamb
President and Chief Executive Officer
National Resident Matching Program
330 N. Wabash Avenue
Suite 39300
Chicago, IL 60611

Dear Ms. Lamb:

The Subcommittee on the Administrative State, Regulatory Reform, and Antitrust of the Committee on the Judiciary is conducting oversight of the adequacy and enforcement of U.S. antitrust laws.¹ In 2004, Congress enacted an antitrust exemption that shields hiring practices in the medical residency market from federal and state antitrust enforcement.² The Subcommittee is concerned that this exemption may reduce competition, harming residency applicants and patients. To aid our oversight and inform potential legislative reforms, we write to request that the National Resident Matching Program (NRMP) produce relevant documents and information.

Under U.S. antitrust laws, courts have historically viewed horizontal agreements that eliminate competitive bidding within a market—like those of residency employers participating in a centralized, closed employee hiring program—as per se illegal, even if wages are not explicitly fixed at a specified amount.³ That is because, in a free market, robust competition should determine the appropriate wages and working conditions for employees.⁴ In 2004, Congress enacted a specific antitrust exemption for those who “sponsor, conduct, or participate in a graduate medical education residency matching program.”⁵ Over the last two decades, this

¹ Rules of the House of Representatives, 119th Cong., R. X (2025).

² See Pension Funding Equity Act, Pub. L. No. 108-218, § 207, 118 Stat. 596 (2004).

³ See, e.g., *Nat'l Soc'y of Profl Engineers v. United States*, 435 U.S. 679, 693-95 (1978) (holding per se illegal a trade association's canon of ethics that prohibited competitive bidding by its members); *Goldfarb v. Va. State Bar*, 421 U.S. 773, 773 (1975) (holding that a minimum fee schedule adopted by the bar association was a per se violation of Section 1 of the Sherman Act); *United States v. Nat'l Ass'n of Real Estate Bds.*, 399 U.S. 485, 488-90 (1950) (holding that a real estate board's suggested price schedule was per se illegal even where members were not required to adhere to the schedule and no penalties were imposed for noncompliance).

⁴ See generally *National Collegiate Athletic Association v. Alston*, 594 U.S. 1, 23 (2021)

⁵ Pension Funding Equity Act, Pub. L. No. 108-218, § 207, 118 Stat. 596 (2004).

antitrust exemption has distorted the American medical residency market, undermining free-market principles to the detriment of the nation's doctors and the patients who rely on them.

When medical students apply for residency, they enter a closed job market controlled by an accreditation monopoly, the Accreditation Council for Graduate Medical Education (ACGME).⁶ Virtually all ACGME-accredited residency positions are filled through the NRMP, also known as the “MATCH.”⁷ Under the MATCH, students must submit a rank-ordered list of their preferred residency programs,⁸ and residency programs must submit their own confidential lists that rank the students they would prefer to hire.⁹ The MATCH then uses an algorithm to assign applicants to a specific residency position.¹⁰ In 2024, the MATCH allocated 41,503 first-year residents to residency positions.¹¹

By controlling every aspect of the hiring process, the MATCH limits the free choice of both applicants and programs within the residency market. For example, applicants are barred from negotiating the terms of their employment at any stage of the process.¹² Before they even receive their MATCH assignments, applicants and programs must both sign a “Match Participation Agreement” that legally binds them to the outcomes of the MATCH process, even if both parties would prefer to reject it.¹³ Because applicants are not given power to negotiate the terms of their residency, the salaries of residents are limited in comparison to other healthcare professionals.¹⁴ In addition, the medical organizations that govern the ACGME appear to facilitate the sharing of employment information, including salary information, among residency programs through affiliated information sharing services like the Council of Teaching Hospitals

⁶ The ACGME is governed by seven sponsor organizations—the Association of American Medical Colleges (AAMC), the American Medical Association (AMA), the American Hospital Association (AHA), the American Board of Medical Specialties (ABMS), the Council of Medical Specialty Societies (CMSS), American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM). *Member Organizations*, ACGME, <https://www.acgme.org/about/member-organizations/> (last visited Feb. 21, 2025).

⁷ See Jeffrey A. Singer & Spencer Pratt, *Expand Access to Primary Care: Remove Barriers to Assistant Physicians*, CATO INSTITUTE (Apr. 24, 2023), <https://www.cato.org/briefing-paper/expand-access-primary-care-remove-barriers-assistant-physicians>.

⁸ Melinda Creasman, *Resuscitating the National Resident Matching Program: Improving Medical Resident Placement Through Binding Dual Matching*, 56 VANDERBILT LAW REVIEW 1445 (2003).

⁹ *Id.*

¹⁰ *Id.* at 1446.

¹¹ *Match Day 2024: Record number of applicants, residency positions*, FIERCE HEALTHCARE (Mar. 19, 2024), <https://www.fiercehealthcare.com/providers/match-day-2024-record-number-applicants-residency-positions#:~:text=The%202024%20Main%20Residency%20Match%20included%206%2C395%20certified%20programs%20offering,the%20NRMP's%2072%20year%20history>.

¹² See *Match Agreement for Applicants – Opening After Jan. 1, 2024*, THE MATCH (Nov. 21, 2024), <https://www.nrmp.org/policy/match-participation-agreement-for-applicants/>.

¹³ See *id.*

¹⁴ In 2024, first-year residents made, on average, \$66,712, which is \$97,288 less than first-year nurse practitioners and \$60,288 less than physician assistants, despite residents holding more advanced degrees. See *AAMC Survey of Resident/Fellow Stipends and Benefits*, AAMC, <https://www.aamc.org/data-reports/students-residents/report/aamc-survey-resident/fellow-stipends-and-benefits> (last visited Feb. 21, 2025); *2024 Review of Physician and Advanced Practitioner Recruiting Incentives*, AMN HEALTHCARE, <https://www.amnhealthcare.com/amn-insights/physician/whitepapers/2024-review-physician-and-advanced-practitioner-recruiting-incentives/> (last visited Feb. 21, 2025); *2024 AAPA Salary Report: The Most Comprehensive PA Salary Resource*, AAPA, <https://www.aapa.org/research/salary-report/> (last visited Feb. 21, 2025).

and Health Systems (COTH) surveys and the Fellowship and Residency Electronic Interactive Database (FREIDA).¹⁵ By preventing free-market employment negotiations and coordinating the sharing of wage information, the ACGME and the MATCH suppress resident salaries and eliminate their freedom to contract and work—violations of antitrust laws if not for the statutory exemption.

The ACGME and the MATCH form a bottleneck to the physician workforce, reducing the number of American doctors. Each year, thousands of medical students fail to match with an ACGME-accredited residency through the MATCH process.¹⁶ In 2024, for example, about 20 percent of applicants—8,869 medical students who otherwise would become licensed doctors—failed to match with a residency position.¹⁷ Because participating in an accredited residency is required to receive a physician license or board certification and the ACGME is the sole medical residency accreditor, virtually all medical students who do not receive a placement through the MATCH are excluded from the physician workforce.¹⁸ As a result, the ACGME and the MATCH make the physician shortage in the United States much worse.¹⁹

Accordingly, to help the Subcommittee understand the usefulness of existing medical residency antitrust exemption, we ask that you please produce, for the period January 1, 2021, to the present, the following material:

1. All documents and communications referring or relating to the fairness or complaints about the NRMP matching algorithm;
2. All documents and communications referring or relating to the exchange of compensation and employment-related information among the ACGME, the NRMP, or medical residency programs, including but not limited to COTH and FREIDA;
3. All documents and communications referring or relating to the creation and enforcement of rules that require, incentivize, or encourage residents or residency programs to participate in the NRMP;
4. All documents and communications referring or relating to complaints or concerns from residents or residency programs regarding the NRMP or ACGME;
5. All documents and communications referring or relating to resident compensation limits, resident working conditions, or resident hiring restrictions;

¹⁵ See *2024 OpFin Annual Survey and COTH Data Tool Supplement*, AAMC, <https://www.aamc.org/data-reports/teaching-hospitals/report/opfin-report> (last visited Feb. 21, 2025); see also *FREIDA™, the AMA Residency & Fellowship Database® member benefit*, AMA, <https://www.ama-assn.org/member-benefits/personal-member-benefits-discounts/freida-ama-residency-fellowship-database-member#:~:text=Although%20it%20may%20seem%20daunting,over%2013%2C000%20ACGME%2Daccredited%20programs> (last visited Feb. 21, 2025).

¹⁶ See Jeffrey A. Singer & Spencer Pratt, *supra* note 7.

¹⁷ See *NRMP® Celebrates Match Day for the 2024 Main Residency Match®*, NRMP (Mar. 15, 2024).

¹⁸ See Jeffrey A. Singer & Spencer Pratt, *supra* note 7.

¹⁹ IHS MARKIT LTD., *THE COMPLEXITIES OF PHYSICIAN SUPPLY AND DEMAND: PROJECTIONS FROM 2019 TO 2034 7* (JUN. 2021), <https://www.aamc.org/media/54681/download>.

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6. All documents and communications referring or relating to the movement of physician residents among residency positions, including transfers, withdrawals, or reassignments; and
7. All documents and communications referring or relating to the removal or denial of ACGME accreditation.

Please produce this material as soon as possible but by no later than 5:00 p.m. on March 28, 2025.

Pursuant to Rule X of the Rules of the House of Representatives, the Committee is authorized to conduct oversight of and legislate on matters relating to the “[p]rotection of trade and commerce against unlawful restraints and monopolies.”²⁰ If you have any questions about this request, please contact Committee staff at (202) 225-6906. Thank you for your prompt attention to this matter.

Sincerely,



Scott Fitzgerald

Chairman

Subcommittee on the Administrative State,
Regulatory Reform, and Antitrust

cc: The Honorable Jerrold Nadler, Ranking Member, Subcommittee on the Administrative State, Regulatory Reform, and Antitrust

²⁰ Rules of the House of Representatives, 119th Cong., R. X (2025).