

CHARTER

COUNCIL ON GRADUATE MEDICAL EDUCATION

1. Advisory Committee's Official Designation: The Committee shall be known as the Council on Graduate Medical Education (COGME) or "Advisory Council."
2. Authority: The COGME is required by section 762 (42 U.S.C. § 294o) of the Public Health Service (PHS) Act, as amended. Except where otherwise indicated, the Advisory Council is governed by provisions of the Federal Advisory Committee Act of 1972, as amended (5 U.S.C. 10).
3. Objectives and Scope of Activities: The COGME provides recommendations to the Secretary of Health and Human Services (Secretary) and Congress on the matters set forth in section 762 of the PHS Act (42 U.S.C. § 294o).
4. Description of Duties: The Advisory Council shall:
 - (1) Make recommendations to the Secretary of Health and Human Services, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to:
 - (A) The supply and distribution of physicians in the United States;
 - (B) Current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties;
 - (C) Issues relating to foreign medical school graduates;
 - (D) Appropriate federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs;
 - (E) Appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical education programs; and

- (F) Deficiencies in, and needs for improvements in, existing databases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies.
- (2) Encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Advisory Council under paragraph (1)(E);
- (3) Develop, publish, and implement performance measures for programs under Title VII of the PHS Act, except for programs under Parts C or D;
- (4) Develop and publish guidelines for longitudinal evaluations (as described in section 761(d)(2) (42 U.S.C. § 294n(d)(2)) for programs under the PHS Act, Title VII, except for programs under Parts C or D;
- (5) Recommend appropriation levels for programs under PHS Act, Title VII, except for programs under Parts C or D; and
- (6) Not less than every 5 years, the Council shall submit to the Secretary, and to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report on the recommendations described in the Description of Duties section of this Charter.

In order to carry out the provisions of the authorizing statute, the Advisory Council is authorized to:

- (1) Collect such information, hold such hearings, and sit and act at such times and places, either as a whole or by subcommittee, and request the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as the Advisory Council or such subcommittee may consider available; and
 - (2) Request the cooperation and assistance of federal departments, agencies, and instrumentalities, and such departments, agencies, and instrumentalities are authorized to provide such cooperation and assistance.
5. Agency or Federal Official Receiving the Committee's Advice/Recommendations: The COGME makes recommendations to the Secretary of Health and Human Services, the Committee on Health, Education, Labor and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives. The COGME is required to submit a report on such recommendations to the Secretary, and to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives not less than every 5 years starting in September 2023.

6. Support: Management and support services are provided by the Bureau of Health Workforce of the Health Resources and Services Administration (HRSA).
7. Estimated Annual Operating Costs and Staff Years: Annual budget is \$345,228. Expected costs are broken into:
 - (i) Federal personnel (based on full-time equivalent usage basis) is 1.13 and other federal internal costs are \$265,522.
 - (ii) Proposed payments to members are \$70,924 and the number of members is 14.
 - (iii) Reimbursable costs are \$0.
8. Estimated Number and Frequency of Meetings: The COGME shall meet at least twice per year. Each Advisory Council meeting must be called or approved by the federal official responsible for COGME oversight. Nine members of the Advisory Council constitute a quorum, but a lesser number may hold hearings. Any vacancy in the Advisory Council does not affect its power to function. Meetings shall be open to the public except as determined otherwise by the Secretary or designee in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and the Federal Advisory Committee Act of 1972 (5 U.S.C. 10). Notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and departmental regulations.
9. Duration: Continuing.
10. Termination: Unless renewed by appropriate action prior to its expiration, this charter will terminate 2 years from the date the charter is filed.
11. Membership and Designation: The Advisory Committee shall be composed of the following:
 - (1) Eighteen voting members appointed by the Secretary as follows:
 - (A) the Assistant Secretary for Health or the designee of the Assistant Secretary;
 - (B) the Administrator of the Centers for Medicare & Medicaid Services or designee;
 - (C) the Chief Medical Director of the Department of Veterans Affairs or designee;
 - (D) the Administrator of HRSA or designee;
 - (E) six members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations;
 - (F) four members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine, and public and private teaching hospitals; and
 - (G) four members appointed by the Secretary to include representatives of health insurers, business, and labor.

The Secretary, in appointing the 14 non-federal members, ensures a broad geographic representation of members and a balance between urban and rural educational settings. Members shall be appointed based on their competence, interest, and knowledge of the area that they represent. Non-federal members are appointed as Special Government Employees.

Non-federal members of the Advisory Council appointed under (5), (6), and (7) above are appointed for a term of 4 years. The Advisory Council elects one of its members as Chair.

12. Subcommittees: Standing and ad hoc subcommittees, composed of members of the parent committee, may be established with the approval of the Secretary or designee to perform specific functions within the Advisory Council's jurisdiction. Subcommittees must report back to the parent Advisory Committee, and do not provide advice or work products directly to the Department or HRSA. The Department's Committee Management Officer will be notified upon the establishment of each subcommittee and will be provided information on the subcommittee's name, membership, function, and estimated frequency of meetings.

13. Filing Date: September 30, 2026

Approved:

September 9, 2026

/S/

Date

Thomas J. Engels
Administrator