COGME
Council on Graduate Medical Education

Peter Hollmann, MD
Chair
Curi Kim, MD, MPH
Designated Federal Official

October 11, 2022

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Patty Murray
Chair, Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member, Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chair Murray, Ranking Member Burr, Chair Pallone, and Ranking Member McMorris Rodgers:

Since its onset in 2020, the COVID-19 pandemic has exacerbated the critical shortage of physicians in primary care, even as the need for primary care services has grown. Without immediate and sustained action, the United States will experience a crippling shortage of primary care physicians in communities across the country, with deleterious effects on the health of millions of Americans.

The Teaching Health Center Graduate Medical Education (THCGME) program, begun in 2011 under the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), is the largest federally funded program dedicated to training resident physicians in community-based primary care settings. The program has prepared over 1,600 new family practice and other primary care physicians. Despite this success, THCGME funding has been episodic, interfering with the long-term planning required for sustainable residency programs. Such instability most severely hampers health care institutions that serve rural, minority, or other under-represented populations, which may lack resources to develop new programs or expand existing ones in the face of uncertain funding.

To support the THCGME program and promote its role in primary care training, the Council on Graduate Medical Education (COGME) expresses its backing for H.R. 3671, and the companion bill S. 1958, also known as the Doctors of Community (DOC) Act, introduced in 2021. The DOC Act would permanently reauthorize the THCGME program, providing it with long-term stability.

As a federal advisory council, COGME is responsible by its charter for "assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal and private sector efforts necessary to address these needs." Thus, the THCGME program falls within COGME's advisory role.

The THCGME program functions by funding medical and dental residencies within designated Teaching Health Centers (THCs), which provide community-based clinical training sites. Most THCs are Federally Qualified Health Centers (FQHCs) or FQHC look-alikes, rural health clinics, or tribal health centers. They operate in areas with significant need, high burden of disease, and limited access to care, including rural communities, communities of color, and low income or medically underserved areas. A majority of the patients served by THCs are covered by Medicaid. Among the over 550 health care delivery sites currently used for residency training, roughly one-third offer substance use treatment services or medication assisted treatment (MAT) to address opioid use disorders. THCs also provide services to decrease maternal and infant mortality, and address ongoing chronic, behavioral, acute care, and emergency services. In the THC model, medical residents train alongside students and practitioners from other health disciplines to provide interprofessional team-based care. In short, THCs increase access to primary care to areas in the United States that would otherwise go without, improving health care quality and expanding access to care.

Over the eleven years of the program, THCGME-supported residents have provided over 4 million hours of patient care across a range of primary care settings. As HRSA funds THCGME residencies above current physician training caps, the program is expanding the physician workforce in many primary care specialties including family medicine, pediatrics, internal medicine, and psychiatry. These efforts serve to meet the ever-growing demands of the nation, while easing the burden on current providers and improving access to care in high-need areas. The current and anticipated shortage of primary care physicians, coupled with the distressing number of educated and qualified medical school graduates who fail to match into a residency each year, presents an ideal opportunity to act.

The THCGME program has a proven record of success in increasing and sustaining access to care for the most vulnerable in the United States. Furthermore, cumulative follow-up data compiled since the program began indicate that most THCGME graduates stay close to the communities where they trained – 65 percent are currently practicing in a primary care setting and approximately 56 percent are currently practicing in a medically underserved community and/or rural setting. The continued commitment of THCGME graduates builds trust with local communities, improves health equity in high-need areas, and enhances continuity of care, factors that been shown to improve health outcomes. With these impressive outcomes, the THCGME program has received consistently strong bipartisan support.

COGME has expressed vigorous and ongoing commitment to the THCGME program since its inception. In 2013 and 2017, COGME sent letters to the HHS Secretary and Congress requesting continued funding for and expansion of the program. In its 22nd Report (2014), COGME recommended that funding for the THCGME program "should be stabilized with dedicated ongoing funding." In its Rural Health Issue Brief of 2021, COGME called upon Congress to "authorize permanent funding to stabilize and expand" the THCGME program. In its 24th Report (2022), COGME identified the THCGME program as a "Bright Spot for Rural Health," citing results that show "residents who train at THCGME sites are more likely to remain in primary care and work in shortage areas such as rural communities than their non-THCGME peers."

In addition, COGME notes that the federal Advisory Committee on Training in Primary Care Medicine and Dentistry submitted letters in 2014 and 2017 to the HHS Secretary and Congress in support of the THCGME program, citing it as an innovative approach that promotes primary care training and improves access to services in rural and other underserved communities.

The members of COGME agree with the intent of **H.R. 3671** and **S. 1958**, to permanently authorize the THCGME program and provide long-term funding. This program serves the top HHS priorities of increasing access to care while addressing health disparities and the critical shortage of healthcare workers in primary care.

In summary**, COGME calls upon Congress to reauthorize the THCGME program as provided in H.R. 3671 and S. 1958, fulfilling a COGME goal of permanent authorization of this successful training model.** The permanent authorization and expansion of the THCGME program would provide consistent, reliable funding to areas across the country to meet the growing healthcare workforce needs, and to improve primary care access for all, regardless of location, race, or socioeconomic status.

Thank you for your consideration, and members of COGME stand ready to provide any further information as needed.

Sincerely,

/s/ Peter Hollmann, MD
Chair, COGME