

Month Day, 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 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 to promote primary care training, the United States will experience a crippling shortage of available physicians in communities across the country, with deleterious effects for many Americans.

The Teaching Health Center Graduate Medical Education (THCGME) program, begun in 2011, is the only federally funded program dedicated to training resident physicians in community-based primary care settings. This program has a proven record of success in promoting primary care training and improving access to care in underserved communities, and it has received consistently strong bipartisan support. However, funding for this program has been episodic, hampering the long-term planning required for stable residency programs. This instability most strongly impacts institutions that serve minority or other under-represented populations, which may lack resources to plan in the face of uncertain funding.

To support the THCGME program and promote primary care training, the Council on Graduate Medical Education (COGME) expresses its backing for [H.R. 3671](#), also known as the Doctors of Community (DOC) Act, introduced in 2021. The DOC Act would permanently authorize and expand funding for the THCGME program, providing it with stability and extending its reach.

By charter, COGME is responsible for “assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal and private sector efforts necessary to address these needs.” Thus, it is the role of COGME to review and evaluate legislation concerning the THCGME program.

The THCGME program supports medical and dental residencies within designated Teaching Health Centers (THCs), which provide clinical training sites in high-need areas. THCs are often Federally Qualified Health Centers, Rural Health Clinics, or tribal health centers. They operate in areas with significant need, higher burden of disease, and lower access to care, including rural communities, communities of color, and low income or medically underserved areas. A majority of the patients they serve are covered by Medicaid. Thus, THCs provide primary care to areas in the United States that would otherwise go without. In addition to stabilizing the THCGME program, the DOC Act would add 100 THC sites, along with 1,600 critically needed residency slots in primary care. These efforts would help to expand the primary care workforce to meet the ever-growing demands of the nation, lessen the burden on current providers who may be facing burnout, and deliver improved access to care in areas with the highest need. The current and anticipated shortage of primary care physicians, coupled with the increasing number of capable but [unmatched medical school graduates](#) each year, presents an ideal opportunity to act.

The THCGME program has a proven record of increasing and sustaining access to care for the most vulnerable in the United States. Most THCGME graduates stay close to the communities where they trained. This continued commitment 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.

COGME has expressed vigorous and consistent support for 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 purpose of H.R. 3671, which states that authorizing and expanding the THCGME program will address the issue of a critical “shortage of healthcare workers,” specifically in primary care, while also being able to “serve vulnerable populations” and “address inequities in health care by training and retaining primary care physicians in underserved areas.” The provisions of this Act serve top HHS priorities of increasing access to care while addressing health disparities. Furthermore, the permanent authorization and expansion of the THCGME program would provide consistent, reliable funding to hard hit 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,

Peter Hollmann, MD
Chair, COGME