

July 1, 2025

The Honorable Bill Cassidy
Chairman
Committee on Health, Education,
Labor, and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member
Committee on Health, Education,
Labor, and Pensions
U.S. Senate
Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders:

As your Committee prepares to pivot to other agenda items once the Senate has completed action on the budget reconciliation bill, we urge you to prioritize consideration of a multi-year reauthorization for the Teaching Health Centers Graduate Medical Education (THCGME) program that includes the requisite funding increase necessitated by growth in the program to date and growth in the program envisioned by HRSA, including in your states of Louisiana and Vermont, among others.

We remain profoundly grateful for the funding levels outlined in the reauthorization provision that was included in the Continuing Resolution last December. The compromise your Committee and the House Energy and Commerce Committee reached represented a significant and meaningful step forward—one we deeply appreciate. At the same time, we have learned from HRSA program staff that the agency's anticipated needs for existing THC's and contingent approval programs exceed the annual appropriations levels in the compromise legislation. We would welcome the opportunity to meet with you and your staff to share more about why—despite being a generous and much-needed increase—the December, 2024 levels and the continuing resolution baseline still fall short of what is required to sustain and stabilize the THCGME program under HRSA's current implementation plans.

It is imperative that an effective THCGME funding solution be enacted by September 30, for both the currently funded grantees and the conditionally approved programs that started training new physicians this July, as their continued success is contingent on the timely availability of sufficient sustained funding. The THC program has over a decade of bipartisan support and is the only federal program investing in the training of future physicians in community settings, rather than hospitals. This funding is vital to the THC's fall recruiting process timeline and a lack of long-term appropriations creates uncertainty for THC's and medical students. Further, some THC's have either closed their residency programs or opted not to recruit their full authorized number 4th year medical students, further exacerbating the healthcare workforce crisis.

A multi-year extension that includes an increase in the per resident allocation will signal the marketplace, so to speak, that THC's should remain in operation and that medical students should rank highly THC's when selecting a residency program.

We look forward to collaborating with you as you turn to this and other vital programs that require prompt reauthorization.

Sincerely,

American Association of Teaching Health Centers
American Academy of Family Physicians
American Association of Colleges of Osteopathic Medicine
American Osteopathic Association
American College of Physicians
National Association of Community Health Centers
Council of Academic Family Medicine
Society of General Internal Medicine