

## Co-Sponsor the Bipartisan Community TEAMS Act

Sending Office: Honorable Marc A. Veasey

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Cosponsor the Bipartisan Community TEAMS Act

Strengthen the Physician Pipeline and Improve Healthcare Access In Rural and Underserved Areas

Cosponsor [H.R. 3885/ S. 3989](#)

**119th House Cosponsors (26):** Reps. Carol Miller (R-WV, sponsor), Veasey (D-TX), Graves (R-MO), Carter (D-LA), Soto (D-FL), Thanedar (D-MI), Tokuda (D-HI), Davis (D-NC), Vindman (D-VA), McClain Delaney (D-MD), Kelly (R-PA), Cohen (D-TN), Vasquez (D-NM), Harder (D-CA), Meuser (R-PA), Valadao (R-CA), Pingree (D-ME), Pappas (D-NH), Davids (D-KS), Bacon (R-NE), Lee (D-NV), Leger Fernandez (D-NM), Neguse (D-CO), Rogers (R-AL), Crawford (R-AR), Schrier (D-WA), Thompson (R-PA)

**119th Senate Leads:** Senator John Curtis (R-UT), Senator Angus King (I-ME)

**A full list of endorsing organizations is available [here](#).**

**A one-page summary of the legislation is available [here](#).**

Dear Colleague:

We write to urge you to cosponsor H.R. 3885/ S. 3989, the Community Training, Education, and Access for Medical Students (Community TEAMS) Act. The United States is in the midst of a growing physician shortage crisis, with rural and underserved communities experiencing the most significant impacts on access to care. The Community TEAMS Act would strengthen the physician pipeline by expanding community-based training opportunities for medical students in rural and underserved areas, and prepare medical students to serve there after graduation.

H.R. 3885 is a bipartisan measure that establishes a new Health Resources and Services Administration grant program to increase medical school clinical rotations through partnerships between osteopathic and allopathic medical schools and Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) or other healthcare facilities located in medically underserved communities. These partnerships would expand clinical rotations for medical students beyond traditional academic medical centers.

FQHCs and RHCs play a critical role in delivering care in rural and medically underserved communities, serving more than 31 million patients at over 14,000 locations across the country. These community-based facilities

provide medical students with firsthand experience treating patients with complex and often unmet healthcare needs, yet 80% of physician training still occurs in academic medical centers. Research consistently shows that students who train in rural and underserved communities are 3 times more likely to practice in those areas, but only 20% of physician training currently occurs there.

With more than 75% of all medical schools reporting concerns about shortages of clinical training sites, the Community TEAMS Act would expand clerkship opportunities in community-based settings where most healthcare is delivered. The Community TEAMS Act reflects a bipartisan commitment to building a stronger, more equitable physician workforce for disadvantaged populations, increasing access to critical medical care.

If you would like to cosponsor H.R. 3885 or have any questions, please contact Addison Porter ([addison.porter@mail.house.gov](mailto:addison.porter@mail.house.gov)) in Rep. Miller's office or Luke Dube ([luke.dube@mail.house.gov](mailto:luke.dube@mail.house.gov)) in Rep. Veasey's office.