

January 16, 2015

The Honorable Joseph R. Pitts
Chairman
Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

The Honorable Gene Green
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

CC: Robert Horne, Katie Novaria, Tiffany Guarascio

Dear Chairman Pitts, Ranking Member Green, and Members of the Health Subcommittee:

The undersigned organizations appreciate the interest of the Energy and Commerce Committee in the current status and future trajectory of federal and state graduate medical education (GME) policy, financing, governance, and stability. We look forward to continuing our work with the Committee and other Congressional leaders on the critical GME programs that are directly confronting the nation's primary care workforce shortage, while providing medical and dental health care services to underserved communities in the country's highest need areas.

We believe the GME model represented by the Teaching Health Center Graduate Medical Education (THCGME) Program can provide insight into many of the questions posed by Members of the Committee in your Open Letter of December 6. The THCGME Program is *currently* and *directly* addressing our critical primary health care workforce shortage – delivering new primary care physicians to the communities where they are needed most – and should be considered as model for meeting future healthcare workforce needs.

As you review the report and the recommendations from the Institute of Medicine (IOM) regarding GME, you will notice specific discussion about the value of the THCGME program and the need for future stability for the program. We encourage you to take into account the IOM's endorsement of this program and its cautions regarding strengthening financial support and stability of the program.

As you know, funding uncertainty for this program is leading to instability for Teaching Health Centers (THC) currently operating 60 programs in some of the country's most underserved areas. The THCs provide primary care medical and dental training opportunities in community-based settings, with over 550 residents providing health care to thousands of patients annually in urban and rural communities. These THC programs are required by law to meet strict accountability requirements in which every federal dollar is used exclusively for primary care training.

The THCGME Program is instructive as you consider ways to ensure training opportunities are available in both urban and rural areas, and how to more effectively deliver primary care physicians and dentists to underserved communities. The programs are training residents in accredited graduate medical education programs including family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics. According to the Health Resources and Services Administration (HRSA), these primary care residents trained in community-based settings are *three times more likely* than traditionally-trained residents to practice primary care in a community-based setting.

As a result of the effectiveness of the THCs, the undersigned organizations supported legislation introduced in the 113th Congress that would have reauthorized and provided additional funding for the THCGME program, while maintaining the necessary per resident amount (PRA) of \$150,000 per year. As you consider ways to improve the efficiency, effectiveness, and stability of the GME financing system, we urge you to address the the long-term sustainability and growth of the THCGME program as a model for delivering GME funding and expanding access to care in the country's most underserved areas.

Thank you for your continued interest and efforts on behalf of these important issues. We look forward to working with you during the 114th Congress to ensure the long-term stability, sustainability, and growth of the THCGME program, as a vital component of an effective GME system.

Sincerely,

American Academy of Family Physicians
American Association of Colleges of Osteopathic Medicine
American Association of Teaching Health Centers
American College of Obstetricians and Gynecologists
American Dental Association
American Osteopathic Association
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
National Association of Community Health Centers
North American Primary Care Research Group
National Rural Health Association
Society of Teachers of Family Medicine