

April 15, 2024

Dr. Luis Padilla
Associate Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Padilla:

As you know, our organizations are working very hard to encourage Congress to pass a multi-year reauthorization of the Teaching Health Centers Graduate Medical Education (THCGME) program. We work together to solve gaps in access to high-quality primary, mental, and dental health care by supporting the development of the next generation of physicians and dentists to serve in both urban and rural underserved communities.

Now that Congress has enacted several pieces of legislation funding the THCGME program through December 31, 2024, we are writing to encourage HRSA to increase the Per Resident Allocation for the upcoming 2024-2025 Academic Year. Our understanding is that Congress has provided a very robust increase in funding and that a total of nearly \$220 million in new appropriations are available for the period from October 1, 2023 through December 31, 2024. We also understand that as our organizations requested, Congress has provided HRSA with authority to use unobligated balances before December 31, 2024 and that those amounts could be as much as \$75 million or more.

These are historic funding levels and should be enough to permit HRSA to increase the PRA by \$10,000, to \$170,000, in keeping with the spirit of the Casey Amendment that is included in the HELP Committee-approved version of the multi-year reauthorization for THCGME. It may well be that the new funds also permit continued growth of the THCGME program, which our organizations have also supported.

As you know well, the 2022 survey of THCs commissioned by HRSA and conducted by researchers at George Washington University found that the national median of true training costs are roughly \$210,000. We already have seen this year that some THCs curtailed their recruiting and are considering withdrawing entirely from the THCGME program. The current \$160,000 PRA is unsustainable for existing THCs and many of the organizations seeking to start their residency programs won't start training because they are counting on a higher federal investment and, as local nonprofits, don't have the ability to contribute more to the ongoing costs of training. Increasing the PRA before July 1, 2024 will send a critical signal to existing and future THCs that HRSA is committed to using available funds to try to achieve a more sustainable support level while it also helps develops new centers.

Thank you for considering our views as you finalize plans for the 2024-25 Academic Year.

Sincerely,

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