



October 1, 2025

The Honorable Tom Engels
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Administrator Engels

On behalf of the American Academy of Family Physicians (AAFP), representing 128,300 family physicians, residents, and medical students across the country, I write with urgency and concern regarding impacts on funding for the Teaching Health Center Graduate Medical Education (THCGME) Program and Community Health Center (CHC) Fund that may result from a possible federal government shutdown beginning October 1, 2025.

We understand and appreciate that current programs do not have a “cliff date” tied to September 30, 2025, because HRSA has already fully funded this academic year. As such, we recognize that if a shutdown occurs, programs will not immediately see an impact on allocated funds. However, without funding certainty for the THCGME Program and CHC Fund, recruitment for the next academic year (beginning July 1, 2026) *will* be immediately affected and could cause long-lasting impacts to program viability and continued patient care. **Given that research suggests every dollar invested in primary care yields a 13-to-1 return in overall health system savings, it is critically important HRSA clarify that even in the event of a government shutdown, these programs will be able to maintain their recruitment schedule and keep training the next generation of U.S. primary care physicians uninterrupted.ⁱ**

Primary Care Physician Perspective: The Critical Role of THCGME and CHCs in Rural and Underserved Communities

Primary care physicians are deeply committed to delivering comprehensive, accessible care to communities across the United States. The THCGME Program and CHC Fund provide federal funding to vital training sites for future primary care physicians and allow those physicians to offer essential health care services to underserved communities. To date, the THCGME program has trained more than 2,027 primary care physicians and dentists in community-based settings, 61 percent of whom are family physicians.ⁱⁱ Similarly, CHCs serve at least 1 in 10 Americans, yet

account for only one percent of total U.S. healthcare spending.ⁱⁱⁱ These programs not only strengthen the physician workforce but also ensure continuity of care for millions of patients who rely on CHCs and THCGME program sites for their primary care and preventive health needs.

The U.S. faces a critical shortage of primary care physicians, with projections indicating a need for up to 48,000 additional primary care physicians by 2034 to meet the needs of our growing and aging population.^{iv} Decades of misaligned priorities and underinvestment in medical education have contributed to this shortage, particularly in rural and underserved areas. The THCGME program has proven to be a highly effective solution, and THCGME-trained physicians are significantly more likely to practice in medically underserved communities than those trained in other GME-supported programs, thereby increasing patients' access to care. A 2024 evaluation of THCGME programs found that over a five-year period (academic years 2018-2023), residents provided care to nearly 3.9 million patients and 85 percent of the 1,059 residents who graduated and provided employment data worked in a medically underserved community.^v

Concerns: Potential for and Ramifications of a Funding Lapse

We are committed to expanding and sustaining the primary care workforce through targeted investments in graduate medical education and training opportunities in community-based settings. We have consistently communicated to HRSA and Congress the importance of the THCGME program in aligning physician training with workforce needs and improving access to care for underserved communities. A disruption in funding for THCGME programs and CHCs would have immediate and serious consequences for primary care physician training and patient care. Family medicine residents and faculty depend on timely disbursement of current funding, as well as the guarantee of future funds, to support education, salaries, and clinical services. Interruptions may jeopardize ongoing training, reduce patients' access to care, and destabilize the workforce pipeline at a time when our nation faces significant primary care shortages. Patients served by CHCs and THCGME program sites are among the most vulnerable, and any break in funding could result in reduced services, staff layoffs, and diminished health outcomes. **Continued funding is essential to uphold these goals and maintain the integrity of our nation's healthcare delivery system.**

We strongly urge HRSA to take all necessary measures to continue distributing funds to THCGME programs and CHCs during any period of federal government shutdown.

Sustaining these programs is critical to protecting physician training, ensuring uninterrupted patient care, and supporting the future of primary care in America.

Maintain Funding During Shutdown

Given the potentially grave consequences of a funding lapse, we respectfully urge HRSA to take all necessary measures to facilitate programs maintaining their recruitment schedule for the next academic year so they can keep training the next generation of U.S. primary care physicians uninterrupted. Sustaining these programs is critical to protecting physician training, ensuring uninterrupted patient care, and supporting the future of primary care in America. We encourage HRSA to work collaboratively with stakeholders and policymakers to prioritize the needs of trainees, faculty, and the communities they serve.

We stand ready to partner with HRSA in advocating for solutions that safeguard these essential programs. Thank you for your attention to this urgent matter and for your continued commitment to advancing the health of all Americans.

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP".

Steven P. Furr, MD, FAAFP
Board Chair
American Academy of Physicians

ⁱ Gelmon, Sherril, et al. *Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings*. Oregon Health Authority, Sept. 2016. <https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>.

ⁱⁱ Bureau of Health Workforce. *Teaching Health Center Graduate Medical Education (THCGME): Expanding the Primary Care Workforce*. U.S. Department of Health and Human Services, Health Resources and Services Administration, April 2025. <https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education>.

ⁱⁱⁱ Midwest Health Strategies. *The Real CHC Patient Base*. 5 Aug. 2025, https://www.mwhs1.com/wp-content/uploads/2025/08/The-Real-CHC-Patient-Base_080525_final.pdf.

^{iv} Association of American Medical Colleges. "AAMC Report Reinforces Mounting Physician Shortage." *Press Release*, 11 June 2021, <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physicianshortage>.

^v National Center for Health Workforce Analysis. *Teaching Health Center Graduate Medical Education Program Evaluation: Academic Years 2018–2023*. U.S. Department of Health and Human Services, Health Resources and Services Administration, Sept. 2024, <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/thcgme-eval-nchwa.pdf>.