

February 22, 2018

Dr. George Sigounas, MS, Ph.D.
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20857

Dear Administrator Sigounas:

Now that Congress has reauthorized the Teaching Health Centers Graduate Medical Education Program (THCGME) through the end of Fiscal Year 2019 at a robust funding level, our associations are writing to stress the importance of allocating the newly appropriated funds expeditiously and in an amount that will sustain training at existing Teaching Health Centers (THCs).

In Subsection 50901(d) of the recently enacted Bipartisan Budget Act of 2018 (Public Law No. 115-123), Congress appropriated \$126.5 million to continue funding the THCGME program, ensuring a per resident allocation for the current fiscal year of at least \$157,000. Congress selected this funding level based on the cost of training residents and the impact of per resident allocations, as specified in new paragraph 340H(a)(2). It is important to recognize that a premise behind the appropriation in this reauthorization legislation and the free-standing bills introduced in the House and Senate was a per resident allocation of roughly \$157,000 multiplied by the number of residents in this academic year (742). The \$157,000 reflects the training costs calculated in a study commissioned by your agency in 2016 and conducted by a third party research institution.

We would like to emphasize that the THCs need a per resident allocation close to this amount or there will be additional program terminations and cessation of recruiting of new residents. In addition, we note that Congress intended the use of these appropriated funds during the current academic year (for the period starting October 1, 2017), the new academic year starting on July 1, 2018, and the first quarter of the academic year starting on July 1, 2019. Congress does not intend for HRSA to use the funds to cover three full academic years. Doing so would substantially reduce the annual per resident allocation or prevent any program growth.

We note further that the new statute refers to “filled positions,” reflecting Congressional intent to make sure that HRSA does not divide the new resources by the total number of authorized positions (over 900) when it is clear in the midst of an academic year that those positions will not all be filled. Lastly, we note that the legislation provides for HRSA to expand the current program by adding new programs at existing centers and new THCs. We look forward to hearing from you as to your plans for using the additional funds (beyond the \$116.5 million needed at existing THCs) to expand the program.

Thank you for your consideration of our views and we look forward to collaborating with you as HRSA implements the new program requirements.

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 Osteopathic Association
National Association of Community Health Centers
Council of Academic Family Medicine (consisting of: Society of Teachers of Family Medicine,
Association of Departments of Family Medicine, Association of Family Medicine
Residency Directors, and North American Primary Care Research Group)