BACKGROUND

The Teaching Health Center Graduate Medical Education (THCGME) program is a successful training program that fills critical primary care gaps where they are most needed, especially in rural and underserved communities—areas where many osteopathic physicians often serve. There are 72 Teaching Health Center programs in nearly 30 states with 969 medical residents handling more than an estimated one million patient visits annually in rural and urban communities.

The THC program is a highly sought-after program for medical school graduates, as many THCs have over 100 applicants for every residency slot.

PROBLEM

The THCGME program will expire on September 30, 2023, unless Congress enacts legislation to reauthorize funding for the program. The AOA is seeking a minimum of three years (FY24-26) extension.

The reauthorization needs to both accommodate the growth in the number of programs that has occurred (now at 72) and the expected additional programs the Health Resources and Services Administration (HRSA) will designate this Spring and next year based on the Notice of Funding Opportunities that closed last October. In addition, we have asked Congress to increase the per-resident allocation (PRA) from the current $160,000 to $210,000, as justified by a recent HRSA-commissioned study.

Our funding request accounts for HRSA’s projections as to the number of medical residents it expects will be trained in FY24-26. HRSA’s recent FY24 Budget Request included a robust projected increase in the number of residents from 969 to 1105 next year, scaling up to 2,094 by FY26.

Level funding for the THCGME program, with the expected growth in residency slots, will be unsustainable and will force programs to either not fill their available residency slots or close.

As the program grows to nearly 2,100 residents, each year our nation will add seven hundred new physicians in rural and urban underserved areas, making an important long-term impact on the physician shortage – a shortage that adversely impacts the health of so many Americans.

SOLUTION

Please cosponsor any free-standing bill providing a multi-year reauthorization of at least three years and the necessary increase in per-resident allocation when introduced. This program is critical to ensuring high-quality healthcare is accessible in rural and underserved communities.