## Congress of the United States

Washington, D.C. 20515

The Honorable Mike Johnson Speaker United States House of Representatives United States Capitol Washington, DC 20515

December 4, 2025

Dear Mr. Speaker,

As you consider possible legislation for later this session, we urge you to include in any broader legislative package a multi-year reauthorization for the Teaching Health Centers Graduate Medical Education (THCGME) program that includes the requisite funding increase envisioned by the proposal circulated by the American Association of Teaching Health Centers (AATHC) and more than 10 other medical associations that support Teaching Health Centers (THCs). As you know, THCs support the careers of young doctors and dentists who are committed to improving the health of Americans living in rural and other underserved areas and who become trusted members of our communities.

The AATHC proposal is based substantially upon bipartisan legislation passed by the House in the 118<sup>th</sup> Congress and the consensus four-corners proposal that Congress considered as part of the December 2024 Continuing Resolution. The additional resources requested in the AATHC proposal reflect changed circumstances since last December, including: (1) the Health Resources and Services Administration (HRSA)'s designation of more than 50 programs as approved THCs contingent on new federal appropriations from Congress; (2) the needs of a number of "Planning and Development" HRSA grantees that are nearly ready to start residency programs in our communities and those represented by many of our colleagues; and (3) the need to increase the per resident allocation to meet the rise in the costs of medical training over the past few years.

Our request for enactment this year reflects the strong need to secure funding for these Teaching Health Centers in a timely fashion. The THC program has over a decade of bipartisan support and is the only federal program investing in the training of future physicians in community settings, rather than hospitals. Some of us represent THCs that, in good faith, started new programs and matriculated their first residents on July 1. However, HRSA won't commit to funding those residencies until Congress finalizes a long-term reauthorization and accounts for the more than 150 residents at these "contingent approval" programs.

Timely resolution of THCGME funding policy is vital to the THCs' fall recruiting process timeline. A lack of long-term appropriations creates uncertainty for THCs and medical students, as some THCs have either closed their residency programs or opted not to recruit their 4<sup>th</sup> year medical students. This further exacerbates the healthcare workforce shortage. The THCGME program needs a multi-year reauthorization to provide stability, allow existing programs to continue, and for new residency programs to begin the important process of training new physicians. HRSA data indicates 85% of THCGME graduates continue to practice in medically underserved communities, and additional data shows that training primary care doctors and

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dentists in community-based settings like THCs may have resulted in an estimated \$1.8 billion in Medicaid and Medicare savings from 2019 to 2023. This underscores our belief that THCs are central to ensuring quality care for our communities and reduced costs to our healthcare system.

As we move forward through the rest of 2025, we hope that you will consider this background in assessing any final legislative language put forth by the authorizing committees.

Sincerely,

Member of Congress

Dan Meuser

Member of Congress

Rob Bresnahan, Jr.

Member of Congress

Doug LaMalfa

Member of Congress

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