NATIONAL ASSOCIATION OF Community Health Centers

July 28, 2025

Thomas Engels
Administrator
Health Resources and Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

RE: The Teaching Health Center Graduate Medical Education Program Eligible Resident or Fellow Full-Time Equivalent Chart (Attn: OMB No. 0915-0367—Extension)

Dear Administrator Engels:

The National Association of Community Health Centers (NACHC) is the leading national membership organization dedicated to promoting Community Health Centers (CHCs) (also known as Federally Qualified Health Centers or health centers) as the Employer, Provider, and Partner of choice in all communities, as well as the foundation of the primary health care system in America.

As you know, CHCs are the best, most innovative, and resilient part of our nation's health system. For sixty years, CHCs have provided high-quality, comprehensive, affordable primary and preventive care. In addition to medical services, CHCs provide integrated dental, behavioral health, pharmacy, vision, and other health services to America's most vulnerable, medically underserved communities in urban, rural, suburban, frontier, mountain, and island communities. Today, health centers serve more than 32.5 million people at over 16,000 locations, ensuring patients receive the care they need and pay what they can based on a sliding fee scale.

NACHC maintains its role as the national voice for health centers and believes that high-quality primary health care is essential in creating healthy communities and preventing chronic conditions. The collective mission and mandate of NACHC and the 1,496 health centers nationwide are to close the primary care gap and provide access to high-quality, cost-effective primary and preventive medical care.

The 90 Teaching Health Centers (THCs), serving over 1,200 residents in 26 states and Washington, D.C.[1] help CHCs address workforce shortages and improve health outcomes. Since its creation in 2010, the Teaching Health Center Graduate Medical Education (THCGME) program has shifted the primary care physician and dentist training paradigm away from being limited to large academic hospitals toward ambulatory settings, like CHCs, where primary care is best delivered. The need to increase training in community-based organizations remains strong, as CHCs continue to face workforce shortages, resulting in longer wait times, reduced hours of operation, and decreased appointment availability for patients in rural and underserved areas alike.

We appreciate the opportunity to respond to this Information Collection Request (ICR) regarding the THCGME Program Eligible Resident or Fellow Full-Time Equivalent (FTE) Chart.

[1] www.bhw.hrsa.gov

Collecting accurate data on FTE is vital to ensuring THCGME's success. The Eligible Resident or Fellow FTE Chart is crucial for informing the Administration and Congress about the current size and projected growth of CHC-based residency programs, enabling informed decisions about funding needs and allocation. THCGME increases recruitment and retention of physicians and dentists working in primary care, an area of medicine where workforce shortages are projected to grow over the next 15 years. From 2011 to 2023, THCGME residency programs trained 2,237 physicians and 131 dentists, and reduced primary care provider shortages by an estimated 2% nationally.[2]

CHCs operate with thin financial margins, making THCGME an important source of workforce development funding. Between 2018 – 2023, THCGME residents treated nearly 3.9 million patients, provided nearly 4.7 million hours of care in medically underserved communities, and over 1.1 million hours of care in rural areas.[3] THCGME residency programs collaborate with 635 training sites to provide clinical training experiences for residents in medically underserved communities, primary care settings, and rural areas. These residency programs developed or enhanced 2,189 courses and training activities, effectively impacting over 20,000 health care trainees.[4] THCGME programs play an integral role in strengthening our nation's primary care capacity and addressing provider shortages in underserved and rural communities. Sustained federal funding is crucial for maintaining and expanding this vital workforce pipeline, ensuring that vulnerable communities continue to benefit from well-trained, community-based providers.

The THCGME program is uniquely positioned to address provider shortages by training residents in the communities they are most likely to serve. THCME-trained providers are significantly more likely than those at traditional academic hospital-based residency programs to practice in a rural location (17.99% to 11.88%), within five miles of their residency program (18.9% to 12.9%), and to care for medically underserved populations (35.2% to 18.6%).[5] Follow-up data on THCGME-trained providers from the past five years show that the majority (85%) are currently working in a medically underserved community, and 13% are working in a rural area.[6] Additionally, 26.1% of training sites are in rural areas.[7] The THCGME pathway is also important for improving access to care in tribal populations. Indigenous communities have historically faced barriers to accessing health services, driven in part by significant challenges with recruiting and retaining providers. American Indian and Alaskan Native people are more likely to report having fair or poor health, chronic conditions like asthma and diabetes, and mental health challenges.[8] THCGME-trained providers are uniquely positioned to meet the needs of these vulnerable communities. One conditionally approved THC in a southern state has specifically developed a Rural and Tribal Health Track, which includes immersive training opportunities at rural and tribal sites to ensure providers gain experience with addressing the unique challenges these communities face in accessing care.

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[2] HRSA, "Teaching Health Center Graduate Medical Education Program Evaluation: Academic Years 2018-2023. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/thcgme-eval-nchwa.pdf

[3] Ibid.

[4] Ibid.

[5] Davis, Caitlin, et al, "Evaluating the Teaching Health Center Graduate Medical Education Model at 10 Years: Practice-Based Outcomes and Opportunities," Journal of Graduate Medical Education (Oct. 2022) DOI: http://dx.doi.org/10.4300/JGME-D-22-00187.1

[6] HRSA, "Teaching Health Center Graduate Medical Education Program Evaluation: Academic Years 2018-2023. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/thcgme-eval-nchwa.pdf

[7] Emily M. Hawes, Mukesh Adhikari, Jacob Rains, Helen Newton, Lori Rodefeld, Deborah Clements, Erin Fraher; Evaluating Teaching Health Center Planning and Development: Unlocking and Sustaining the Full Potential of the Teaching Health Center Program. J Grad Med Educ 16 June 2025; 17 (3): 296–303. doi: https://doi.org/10.4300/JGME-D-24-00593.1

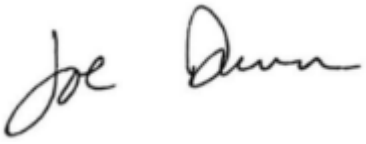
[8] https://www.pih.org/article/physician-shortage-tribal-health-care

Additionally, THC family medicine graduates have a broader scope of practice compared to non-THC graduates, with a greater likelihood of providing treatment for substance use disorders and behavioral health care.[9] Adequate federal investment in THCGME is critical to building a resilient, community-based workforce and ensuring access to care in areas with the greatest need. NACHC supports HRSA's efforts to improve accurate data collection and ensure these critical programs have the support and funding necessary to continue serving underserved and rural communities and bring the next generation of primary care providers to the areas that need it most.

NACHC requests that FTEs at CHCs that have been conditionally approved to receive THCGME funding be included in data collection. The 54 resident FTEs who started training this month at 18 newly accredited CHC-based training programs[10] that have been conditionally approved to receive THCGME funding but have not been allocated any funding yet should be counted in the FTE chart. Some of these conditionally approved programs are in states like Hawaii, Louisiana, Missouri, and Utah, which currently do not have any funded THCGME programs. The conditionally approved programs would expand the geographic reach of THCGME, improving access to care and alleviating workforce shortages in more tribal, rural, and underserved urban communities. By ensuring that FTEs already in training at conditionally approved programs are included in the FTE chart, the Administration and Congress would be accurately informed about the need for increased THCGME funding. The inclusion of conditionally approved programs would also help improve projections for future growth. The accuracy of these projections would help the Administration and Congress better plan for long-term funding and technical assistance needs as well. Data projects that nearly 1,000 additional medical and dental resident FTEs are anticipated in the next 5 years at over 60 programs in development.[11]

NACHC appreciates the opportunity to respond to this ICR and looks forward to continuing to engage with HRSA on this prominent issue. Additionally, NACHC appreciates continued investment in a THCGME National Training and Technical Assistance Partner, which enables CHCs to collaborate effectively on provider training, and hopes to continue working with you on reporting accurate data that ensures THCGME's long-term success. If you have any questions, please contact Elizabeth Linderbaum, Deputy Director of Regulatory Affairs, at elinderbaum@nachc.org.

Sincerely,



Joe Dunn
Chief Policy Officer

[9] Emily M. Hawes, Mukesh Adhikari, Jacob Rains, Helen Newton, Lori Rodefeld, Deborah Clements, Erin Fraher; Evaluating Teaching Health Center Planning and Development: Unlocking and Sustaining the Full Potential of the Teaching Health Center Program. J Grad Med Educ 16 June 2025; 17 (3): 296–303. doi: https://doi.org/10.4300/JGME-D-24-00593.1

[10] As reported by those health centers.

[11] Emily M. Hawes, Mukesh Adhikari, Jacob Rains, Helen Newton, Lori Rodefeld, Deborah Clements, Erin Fraher; Evaluating Teaching Health Center Planning and Development: Unlocking and Sustaining the Full Potential of the Teaching Health Center Program. J Grad Med Educ 16 June 2025; 17 (3): 296–303. doi: https://doi.org/10.4300/JGME-D-24-00593.1