![AUCH - Association for Utah Community Health logo]

July 14, 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 Reconciliation Tool, (Attn: OMB No. 0915-0342-Revision)

Dear Administrator Engels:

On behalf of the Association for Utah Community Health, I thank you for the opportunity to comment on OMB No. 0915-0342 Revision: The Teaching Health Center Graduate Medical Education Program Reconciliation Tool.

Since 1985, AUCH has served as the federally recognized Primary Care Association (PCA) for the state of Utah, and since 2019 as the federally recognized Utah Health Center Controlled Network (HCCN). AUCH has 14 Community Health Center awardees operating 69 clinic locations mostly in Utah, but also in the border states of Wyoming, Idaho, and Arizona. Utah's Health Center awardees provide comprehensive primary and preventive healthcare services to over 180,000 patients each year.

As you know, Community Health Centers have provided high-quality, comprehensive, affordable primary and preventive care for the past sixty years. In addition to medical services, CHCs provide dental, behavioral health, pharmacy, vision, and other essential health services to America's most vulnerable, medically underserved communities in urban, rural, suburban, frontier, mountain, and island communities.

The 90 Teaching Health Centers (THCs), serving over 1,200 residents in 26 states and Washington, D.C.,[1] are an essential piece in the health center puzzle. Since its creation in 2010, the Teaching Health Center Graduate Medical Education (THCGME) program has allowed CHCs to improve workforce shortages and health outcomes. The THCGME program shifts the physician training

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[1] www.bhw.hrsa.gov

paradigm and provides most of the training at CHCs in community-based settings with a focus on rural and underserved communities. The need for this program remains true 15 years later, as CHCs continue to face workforce shortages, resulting in longer wait times, reduced hours of operation, and decreased appointment availability.

AUCH appreciates the opportunity to respond to this Information Collection Request (ICR) regarding the THCGME Reconciliation Tool to highlight the importance of data collection and accuracy of THCs and their GME slots, while continuing to identify ways to improve the program. Beyond the reconciliation data, accurate data about FTEs and the structure of THCGME programs ensures that the information collected for this reconciliation tool is clear, useful, and high-quality.

THCGME is a valuable program, and HRSA should continue to collect accurate data to ensure its success. The reconciliation tool is crucial for informing HRSA of the number of slots that need to be supported each year, whether any provided funding could be utilized more effectively, and whether funding and slots need to be increased at existing health centers or extended to other health centers. AUCH appreciates HRSA's sustained efforts in accurate data collection to support the program.

AUCH continues to advocate for the 54 Full Time Equivalents (FTEs) at CHCs that have been conditionally approved to receive funding and be considered in data collection. The 54 conditionally approved FTEs at 18 newly accredited training programs[2] that are already training residents starting this July and fulfilling all program requirements should be counted for THCGME considerations. THCGME is the only federally funded GME program with accountability metrics and reporting requirements for trainee outcomes. Yet, it faces uncertainty and delays in funding that hinder the program's full success. Including the 54 conditionally approved FTEs will support the THCGME program and better quantify the need for adequate program funding. **Utah is home to one of the newly accredited THC-GME programs mentioned above at Community Health Centers, Inc. in Salt Lake City. This program is currently training four FTE Family Medicine residents.**

HRSA should continue to support the family medicine programs at THCs that provide a fourth year of training to address key community needs, such as maternal health. While not common, some THCs utilize an additional year of training as opposed to the traditional three-year residency program. The fourth year enables THCs to provide targeted training on relevant and timely topics, such as maternal care or infectious diseases, allowing the training to be tailored to the community's needs. AUCH encourages HRSA to collect accurate information on these programs to ensure they continue to receive the necessary resources to support their communities. For example, a THC family medicine program in New England utilizes a HRSA-approved four-

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[2] As reported by those health centers

year residency program. The program boasts impressive outcomes: 80 percent of its graduates work in underserved areas and 97 percent of graduates are satisfied with their training, compared to the national average of 89 percent. If funding for that fourth year were to be rescinded, the THC would lose nearly $600,000, causing the THC to reconsider its training model, particularly impacting its prenatal and obstetric training and care. Community Health Centers, Inc. in Salt Lake City also has a fourth-year fellowship in obstetrics/gynecology that is currently funded under another HRSA program. Family Medicine physicians with this additional training are very valuable in a state like Utah with a shortage of access to OB/gyn care.

AUCH greatly appreciates the opportunity to respond to this ICR and looks forward to continuing to engage with HRSA on this prominent issue. Health centers such as Community Health Centers, Inc. in Salt Lake City, Utah are eager to collaborate with HRSA to implement improvements to the THCGME data collection and payment process.

If you have any questions, please contact me at (801) 386-1579 or at alan@auch.org.

Sincerely,

Alan Pruhs, Executive Director
Association for Utah Community Health