

The Doctors of Community (DOC) Act

Background

Prior to the coronavirus disease of 2019 (COVID-19) pandemic, the United States was facing a shortage of health care workers. [According to the American Association of Medical Colleges](#), the United States may experience an estimated shortage of between 21,400 and 55,200 primary care physicians and tens of thousands of surgical and specialty physicians by 2033. The pandemic exacerbated this issue, crippling health systems across the country amidst the worst surges of the disease. Emerging variants, long COVID-19 conditions, and an aging population threaten to push our health care system to its limit. **To build on Congress' COVID-19 response, immediate and robust action is necessary to recruit, train, and employ the next generation of physicians.**

The Teaching Health Center Graduate Medical Education (THCGME) program, administered by the Health Resources and Services Administration (HRSA), supports the training of primary care physicians through annual funding authorized and appropriated by Congress. Moreover, the THCGME program serves vulnerable populations by training residents in community-based settings, such as Federally Qualified Health Centers, Rural Health Clinics, and tribal health centers. [The majority, 59 percent, of THCGME training sites are in Medically Underserved Areas \(MUCs\)](#). As the pandemic continues to disproportionately burden communities of color, increasing the number of primary care providers and enhancing access to their care will be critical to better health outcomes in underserved communities.

The Doctors of Community (DOC) Act Permanently Authorizes and Funds the THCGME Program and Increases Residency Slots

- Funding for the THCGME program has been stagnant and is set to expire in fiscal year 2023. This legislation provides over \$500 million annually for fiscal years 2024-2033 and provides a permanent authorization of funding beyond fiscal year 2034.
- Permanent authorization and reliable funding will give teaching health centers more stability and ensure that the federal government will be a good-faith partner if centers choose to invest their own resources.
 - Similar GME programs in larger health care systems, funded by Medicare, already have permanently authorized funding streams. Parity for THCGME programs supplements physician training and enhances care for communities with the greatest need.
- THCGME programs are also working to address inequities in health care by training and retaining primary care physicians in underserved areas. Research suggests that physicians are more likely to practice near the location of their training.
- **Increased funding will add 100 new THCGME programs in teaching health centers across the country. This will result in an estimated 1,600 new resident physician slots, the biggest expansion since 1997.**

Support for the DOC Act:

- American Association of Teaching Health Centers
- National Association of Community Health Centers
- American Academy of Family Physicians
- American Association of Colleges of Osteopathic Medicine
- Council of Academic Family Medicine
- American Osteopathic Association
- American College of Obstetricians and Gynecologists
- The Society of General Internal Medicine