NATIONAL ACADEMIES *Sciences Engineering Medicine*

Exploring Opportunities to Improve Patient Access to Care through Strategic Changes to Graduate Medical Education: A Workshop

BREAK – Livestream will resume at 3:00pmET

NATIONAL ACADEMIES *Sciences Engineering Medicine*

Exploring Opportunities to Improve Patient Access to Care through Strategic Changes to Graduate Medical Education: A Workshop

March 24-25, 2026

Session II: The Role of Federal Government Opportunities, Challenges, and Strategies to Enhance Accountability

Facilitator: Lori Rodefeld, planning committee

NATIONAL ACADEMIES *Sciences Engineering Medicine*

Panelists:

Elayne Heisler, Congressional Research Service (CRS)
Candice Chen, Health Resources and Services Administration (HRSA)
Vijay Kannan, Indian Health Service (IHS)
Jake Quinton, Centers for Medicare & Medicaid Services (CMS)
Ryan Scilla, Veterans Affairs (VA)

FEDERAL SUPPORT FOR GRADUATE MEDICAL EDUCATION

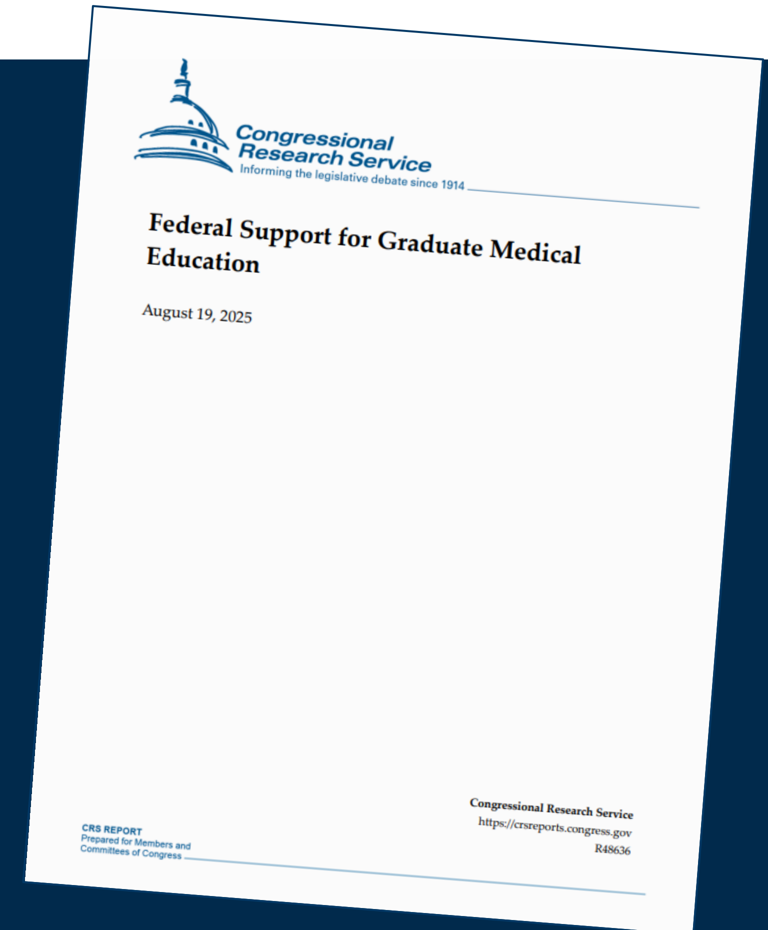
Elayne J. Heisler
Specialist in Health Services

March 24, 2026

CRS GME Report

Federal Support for Graduate Medical Education [Congress.gov | Library of Congress]

- Reviews the landscape of GME support across the federal government
- Focuses on programs that paid for training with limited discussion of grant programs for GME program development
- Provides data on the scope of GME programs
- Examines GME reporting and data available by federal program


Congressional Research Service
Informing the legislative debate since 1914

Federal Support for Graduate Medical Education

August 19, 2025

Congressional Research Service
https://crsreports.congress.gov
R48636

CRS REPORT
Prepared for Members and Committees of Congress

Overview of Presentation

- Presentation focuses on full-time equivalent (FTE) residents and fellows, which are those fully supported by a given program
- Programs may support the same residents; generally program rules prohibit double payment
- Residency programs must be accredited to qualify for federal support
- Federal government is the largest source of GME funding. States, hospitals, and philanthropy may also support GME
- The amount a federal program pay per resident (called the Per Resident Amount or PRA) is determined by program—generally not tied to the cost of training

Overview of GME Spending: Mandatory Funding

Program Name *Control over trainees*	Total Funding	Number of Trainees	Amount Paid Per Trainee
Medicare Graduate Medical Education (GME) Payments The number of Medicare-supported residents and per-resident payment amount is capped for each hospital, but hospitals determine staffing needs and types of residents with the exception of certain primary care residents.	**FY2023 (est.):** $21.2 billion	**FY2023 (est.):** • Allopathy & Osteopathy DGME: 112,230 FTEs • Allopathy & Osteopathy IME: 119,328 FTEs • Podiatry & Dentistry DGME: 4,201 • Podiatry & Dentistry IME: 4,706	**FY2023 (est.):** **Average per-resident amount (PRA):** $133,000 primary care; $131,000 non-primary care **Maximum PRA:** $307,000 primary care; $290,000 non-primary care **Minimum PRA:** $17,000 primary care; $14,000 non-primary care
Medicaid GME Payment States are permitted to make these payments using their own criteria to determine which providers are eligible for payments.	Data for Medicaid GME payments are limited, but estimates of Medicaid GME expenditures range from $4.7 billion to $7.4 billion (FY2023 and SFY2022).	N/A. The Medicaid program does not require states to report these data.	N/A. The Medicaid program does not require states to report these data.
Teaching Health Centers GME *Payment Program* Funding to applicant teaching health centers that meet the program's eligibility requirements.	**FY2023:** $119.3 million	**AY2022-AY2023:** 81 programs 969 FTE slots 1,096 total residents trained	**FY2026:** $160,000 per FTE (amount included in funding announcement)

Source: CRS Report R48636

Overview of GME Spending: Discretionary Funding

Program Name *Control over trainees*	Total Funding	Number of Trainees	Amount Paid Per Trainee
Veterans Affairs GME Payments VA facilities determine their staffing needs and the number and type of residents supported.	**FY2023:** $2.04 billion	**AY2022-AY2023:** 11,300 FTE slots and 50,620 residents spent part of their training at a VA facility	**FY2023 (est.):** $176,699 per FTE
Children's Hospital GME Payment Program Grant funding awarded to applicant children's hospitals that meet the program's eligibility requirements. Hospitals determine staffing needs and types of residents.	**FY2023:** $390 million	**AY2022-AY2023:** 59 hospitals received payments to support 8,390 FTE slots	N/A
Department of Defense GME Payments Divisions of the armed forces determine their staffing needs and the number and type of residents supported.	N/A most recent estimate is from **FY2012**	**FY2024:** 3,218 FTE residents and fellows	**FY2018 (est.):** $199,000 to $387,000 per trainee

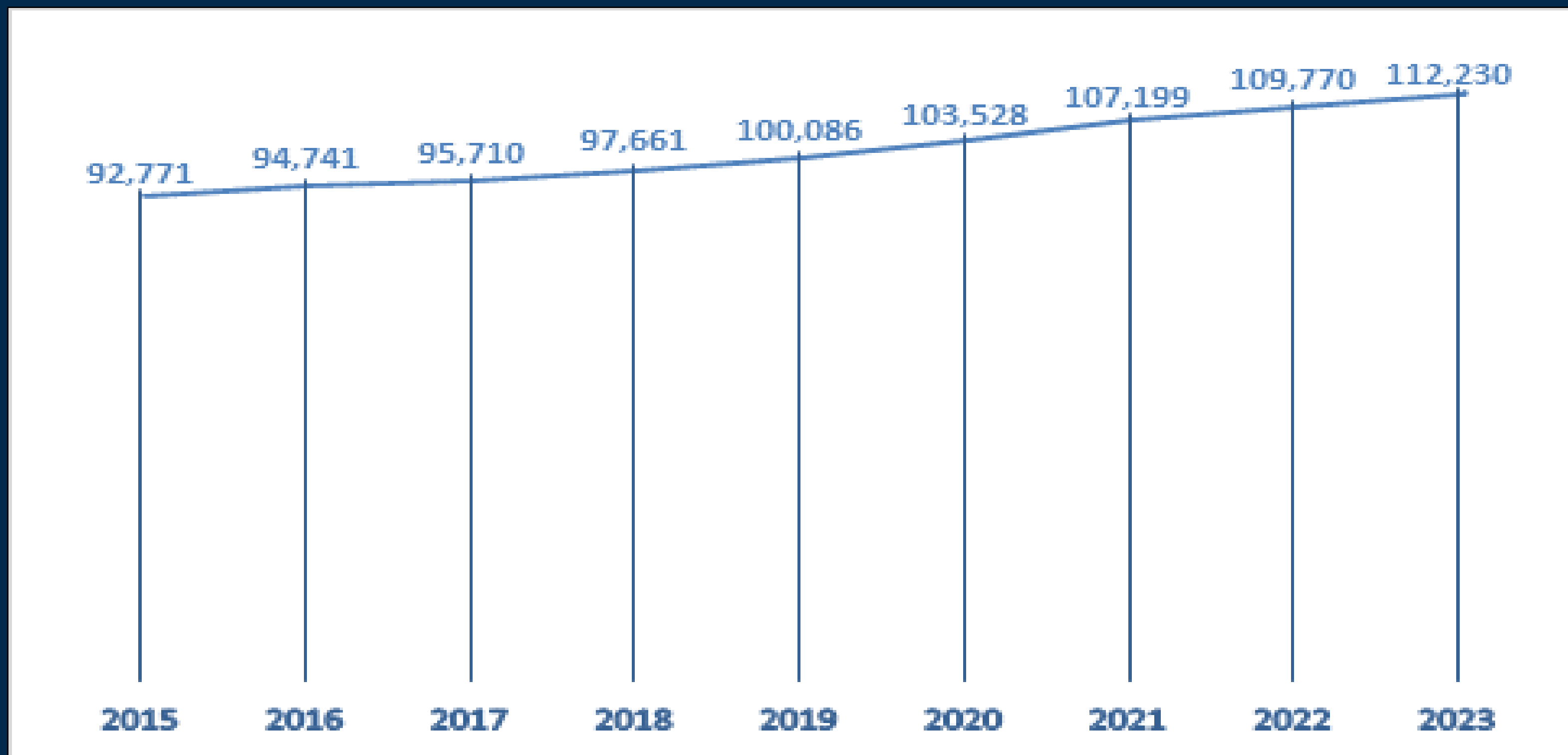
Source: CRS Report R48636

Mandatory GME Spending: Medicare

- Medicare is the largest source of GME funding overall ($21.1 billion)
  - Supports more than 100,000 medical residents (FY2023 data); paid hospitals an average of approximately $130,000 per FTE
- Caps the number of residents Medicare will support at the hospital level
  - Some modifications to caps have been enacted and the number of residents that Medicare can support can increase as new hospitals establish training programs (among other reasons)
- Collects data to pay hospitals for training, not for workforce planning purposes
  - Hospitals determine the medical specialties of residents it will train

Mandatory GME Spending: Medicare

Number of Medicare Allopathy and Osteopathy Direct Graduate Medical Education Full-Time Equivalents, 2015-2023



Source: Congressional Research Service analysis of Medicare hospital cost report data for fiscal years 2015-2023 as reported to the CMS Healthcare Cost Report Information System.
Notes: Count of Direct GME FTEs, not Indirect Medical Education (or IME) FTEs. However, IME FTEs show a similar growth trend. Note that the number DGME and IME FTEs differ due to statutory differences.

Mandatory GME Spending: Medicaid

- Second largest source of GME support by CRS estimates
- States determine whether they will provide GME payments, including the amounts, and methodology used
- Data sources on Medicaid GME are sparse
  - CMS data estimates that 31 states provide $4.7 billion under fee-for-service Medicaid (FY2023)
  - AAMC* estimates that 41 states provide $3.1 billion under fee-for-service Medicaid and $4.0 billion under managed care (SFY 2022)**
- States can use Medicaid funding to support state workforce goals
- Limited to no reporting on trainees

*AAMC= American Association of Medical Colleges

**SFY=State Fiscal Year

Mandatory Spending: Teaching Health Center GME

- Provides grants to outpatient primary care focused facilities for GME payments
- Administered by the Health Resources and Services Administration (HRSA)
- Mandatory Appropriations through FY2029: $225 million for FY2026 increases by $25 million annually until FY2029 ($300 million); PRA of $160,000 (FY2026 estimate)
- Supported approximately 1,100 FTE residents in Family Medicine, Internal Medicine, Pediatrics, Internal Medicine-Pediatrics, Obstetrics and Gynecology, Psychiatry, General Dentistry, Pediatric Dentistry, and Geriatrics (AY2023-2024).
- Generates extensive reporting on trainees, costs, and outcomes

***AY=Academic Year (July 1, 2023 to June 30, 2024)**

Discretionary Spending: Veterans Affairs

- GME is part of VA's statutory mission ($2.04 billion in FY2023)
- Funded 11,300 FTEs and trained more than 50K residents at its facilities in AY2023-2024
- Paid $176,999 per resident (highest average of all programs)
- Partners with academic affiliates to train residents
- Determines the specialties of residents it will train to meet a facility's staffing needs
- Collects data on residents it trains and whether residents ultimately work at the VA
- Funded 2 GME expansions in recent years (1,500 new VA positions in primary care, mental health and other priority areas and 61 new positions at rural/tribal/Indian Health Service [IHS] facilities)

Discretionary Spending: Children's Hospital GME

- Provides grants to 59 free-standing children's hospitals for GME payments; supports 8,390 FTE slots (trains 15,800 residents and fellows) in AY2023-2024
- Administered by HRSA
- Discretionary appropriation of $395 million in FY2026; PRA data are not available
- Program's authorization of appropriations was through FY2023 (still funded)
- Program was proposed for elimination in the FY2026 President's Budget (not enacted)
- Generates extensive reporting on trainees, costs, and outcomes

Discretionary Spending: Department of Defense

- Trains individuals with a uniformed service obligation through DOD's physician training programs
- In FY2024, trained 3,128 FTE residents; PRA ranging from $199,000 to $387,000
- Administered by Defense Health Agency; residents train at military treatment facilities, but also rotate to VA and civilian facilities
- DOD determines the type of residents it trains and the facilities where they train. The goal is to meet "operational medical force requirements."
- Limited data on costs (most recent estimate of $16.5 million is from FY2012)

Discretionary Funding: HRSA Grant Programs

Various HRSA grant programs support residents and fellows:

- Addiction Medicine Psychiatry Fellowship Program (134 new fellows)*
- Preventive Medicine Residents (118 residents)*
- Rural Residency Development Program (to develop residency programs; generally not GME support)
- Other programs provide training (e.g., Geriatric workforce programs)

***AY2023-2024**

Policy Considerations

- System is fragmented- programs support the same residents, but are not coordinated
- Lack of program data-HRSA, VA, and DOD collect data for agency purposes. Medicare and Medicaid data are sparse and are collected to ensure proper payment
- Largest funding source (Medicare) is by formula; would require statutory change to modify
- Lack of data on the true costs (and cost savings) of training residents

GME Oversight

EXISTING

Council on Graduate Medical Education (COGME)

- Within HRSA, includes the Assistant Secretary for Health at HHS, CMS Administrator, HRSA Administrator, and Under Secretary for Health of the Department of Veteran's Affairs*
- Last report in 2022

*Name changed in VA statute, but not amended in COGME statute

PROPOSED/UNIMPLEMENTED

National Health Workforce Commission (not exclusive to GME)

- HHS, Labor, Education, VA, and Homeland Security
- Enacted in the Affordable Care Act, but was never funded

GME Policy Council (Office of Secretary) IOM 2014

- Members appointed by HHS Secretary
- HHS Focused strategic plan for Medicare GME

GME Strategic Planning Committee COGME 2017

- Independent, non-partisan within HHS but not HRSA

Medicare Graduate Medical Education Policy Council

- Proposal by Senate Finance Committee; draft bill in 2024 (not enacted)

Resources

Federal Support for Graduate Medical Education (CRS, 2025)
www.congress.gov/crs-product/R48636

Medicare Graduate Medical Education, 2025 (CRS, 2025)
www.congress.gov/crs-product/IF13088

Children's Hospitals Graduate Medical Education (CHGME) (CRS, 2023)
www.congress.gov/crs-product/R45067

QUESTIONS

Panel Discussion: The Role of Federal Government

Understanding the Current State of GME in Federal Agencies

- What is each agency's primary role in physician training and workforce development?
- What outcomes are each agency primarily focused on?

Candice Chen, MD
Associate Administrator, Bureau of Health Workforce
Health Resources and Services Administration

Vijay Kannan, MD
Director, Office of Clinical Performance and Health Impact Indian Health Service

Jake Quinton, MD
Chief Medical Officer, Center for Medicare
Centers for Medicare & Medicaid Services

Ryan Scilla Director, MD
Medical Dental Education Department of Veterans Affairs, Office of Academic Affiliations

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Closing Remarks
Robert Phillips (Chair)

End of Day 1

Livestream will resume tomorrow March 25th at 8:30 AM ET.

Thank you