

My Experience



National Institutes
of Health



Healthier You. Healthier Communities.





Two+ Years at NACHC

AMERICA'S COMMUNITY HEALTH CENTERS (CHCs)

- ✓ are **local, nonprofit, patient-governed** organizations
- ✓ provide **high quality, affordable comprehensive, integrated primary care** to America's communities
- ✓ serve **all patients** regardless of income or insurance status
- ✓ are **trusted** locally and nationally



America's Health Centers

FEBRUARY 2026



Community Health Centers (CHCs) are nonprofit, **patient-governed** organizations that provide **affordable, comprehensive, and effective primary health care** to **medically underserved communities**, serving **all patients** regardless of income or insurance status.

Community
Health Centers
serve
52 million
patients

In 2024, 1,512 CHC grantees and look-alikes provided care at 17,000+ sites across the U.S. states and territories.

Community Health Centers

America's Largest Primary Care System

1,512



Community Health Centers

52M

Patients Served

1 in 7

Americans (1 in 3 Rural)



17K+



Service Sites Nationwide

\$60B*

Total Cost to Run CHCs

*1% of total healthcare spend



326K

Health Care Workers



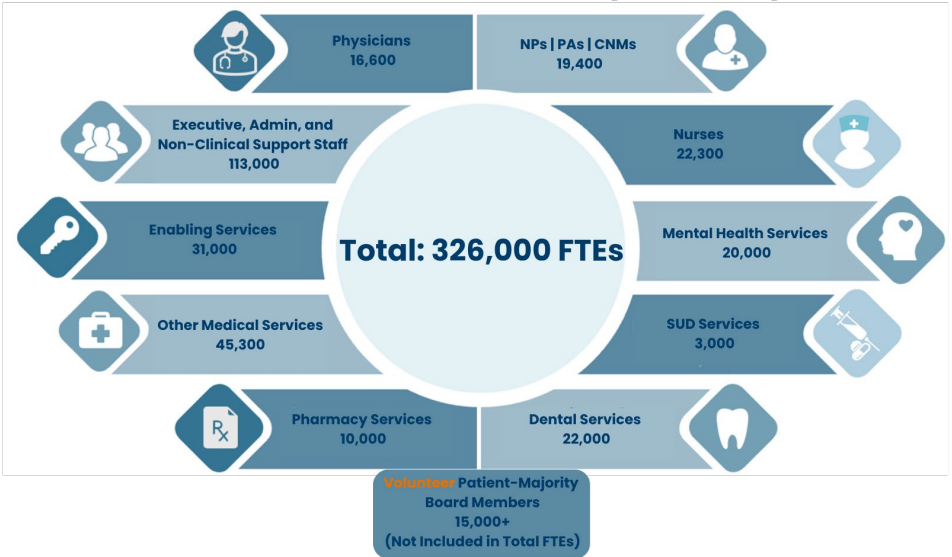
\$261.7B

in Economic Output

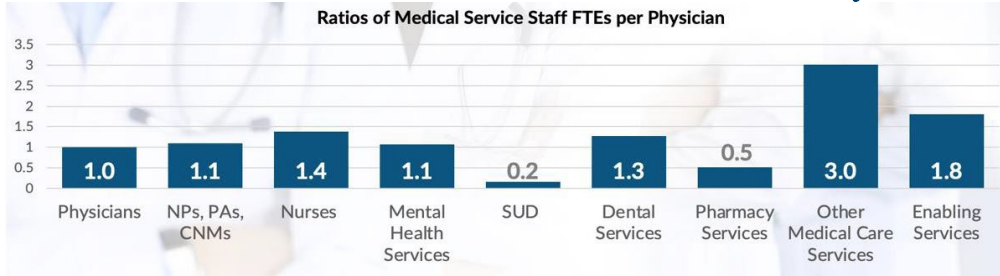


60 Years of Affordable, Comprehensive, Effective Primary Care

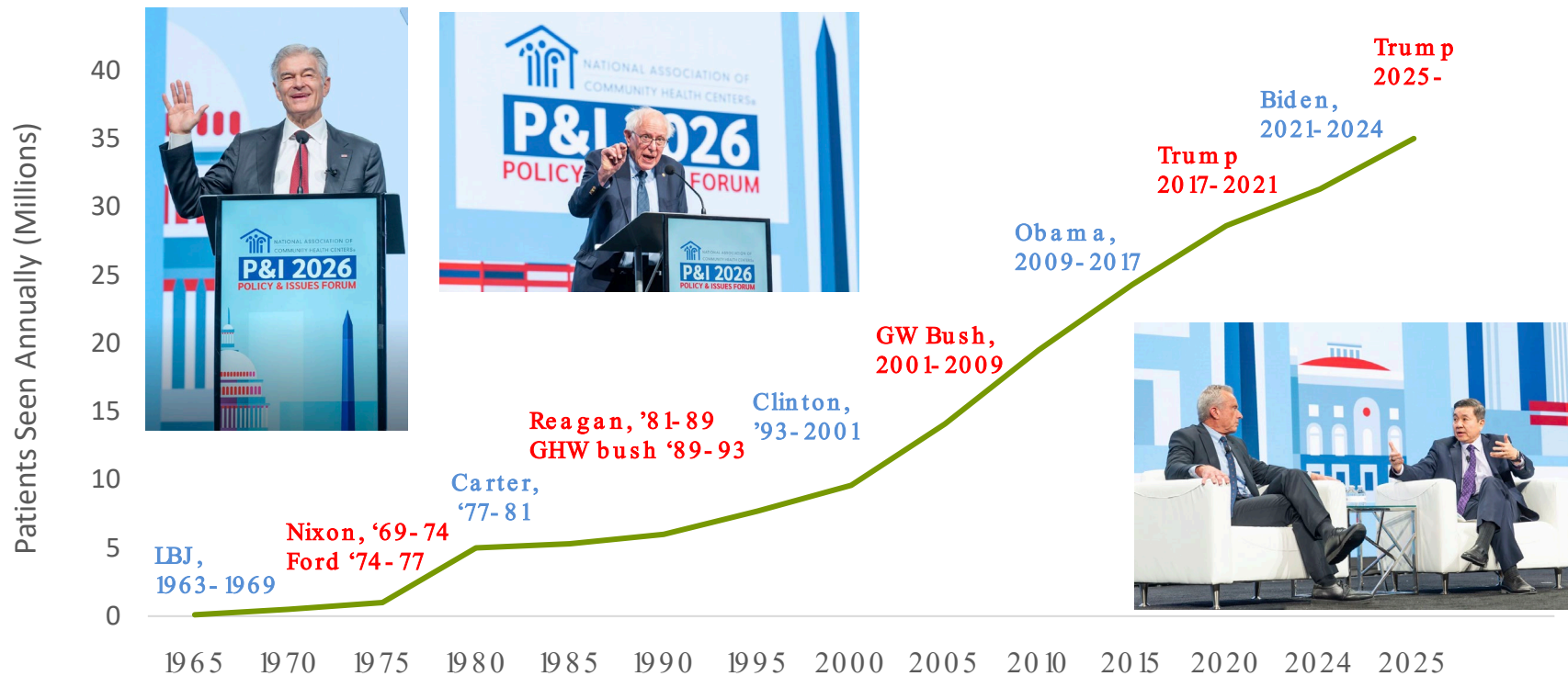
HEALTH CENTER WORKFORCE (2024 UDS)



Albany Area Primary Health Care



60 Years of Community Health Center BIPARTISAN GROWTH

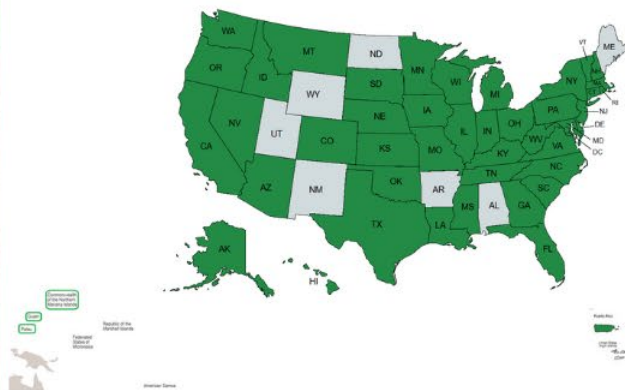


SOURCE: HRSA UDS 2000-2024; 1965-1999 from NACHC archives.



Road to 1,512 CHCs, 50 States, and 9 Territories

Visited 49 of 59 States, Territories, and USAPIs



Chief Complaints

1. Funding
2. Workforce



Defining the Access Gap

100 million Americans lack reliable access to primary care.

1 in 3

adults lack a regular source of care

70,610

Projected shortage of Primary Care Physicians by 2038

92 M

Live in Health Professional Shortage Areas (HPSAs)

8,467

Health Professional Shortage Areas (HPSAs)

Rising chronic disease rates make primary care investment more critical than ever.



Defining the Problem

What's Causing the Gap?



Physicians

- Only 26% of all physicians work in primary care
- 22% of new physicians entered primary care in 2023



Nurse Practitioners

- 29% of NPs work in primary care
- 30% of NP graduates entering primary care



Physician Assistants

- Only 24% of PAs work in primary care
- Only 22% of PA graduates entering primary care

The current GME model is simply not producing enough primary care clinicians to close the gap.

Expanding Teaching Health Centers Nationwide

Teaching Health Center Graduate Medical Education programs currently span 31 states and the District of Columbia —but we need to reach every corner of America and the territories.

88

THCGME Programs

1,254

Residents Currently in Training

1M+

Patient Visits Annually

Current THCGME Grantee States



31 states + DC with active THCGME grantees

States & territories without current grantees

Proven Success of THCGME

3,000+

Graduates trained at a
THC since 2011

85%

Work in communities
with limited access to
health care

13%

Working in rural areas

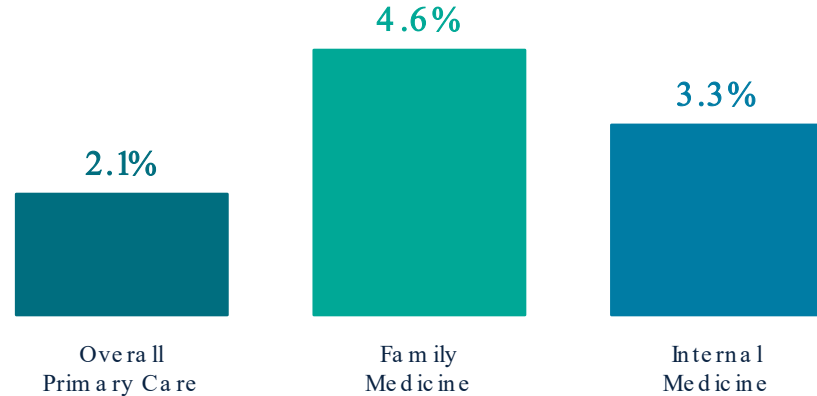
\$225M →
\$300M

Congressional funding
FY26 – FY29

\$1.8 B

Estimated savings to
Medicare & Medicaid by
THCGME over 5 years

Impact Reduction in Primary Care Shortages



SPOTLIGHT: Greater Lawrence Family Health Center

- First FQHC residency program in the US
- 60% of recent graduates stayed at GLFHC
- 70% of graduates work at a CHC
- 82% of graduates work in communities with limited access to health care



Proposing the TRUST Solution

Five Bold Asks to Transform Primary Care



THCGME at Scale— The Proof of Concept

THCGME is the most effective and efficient program for training primary care physicians —yet it's significantly underfunded.

With **current funding**, HRSA projects the THCGME program will support **1,550 FTEs in 2029**.

We need to **grow THCGME** so that all CHCs (who want to be) **can become THCs**.



01



Bold Ask 1

57 CHCs

Have THCGME programs

All CHCs

Should have the opportunity to become THCs

\$1.5B

Leverage 5% GME spend to the THCGME Program

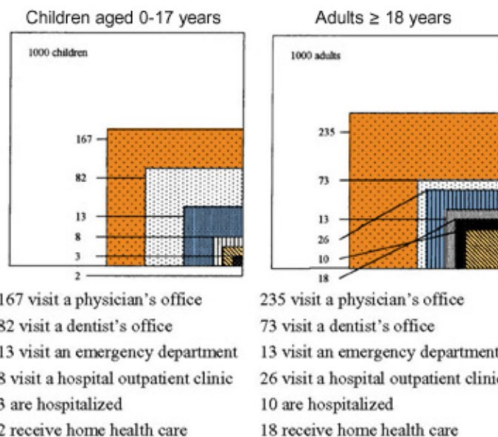
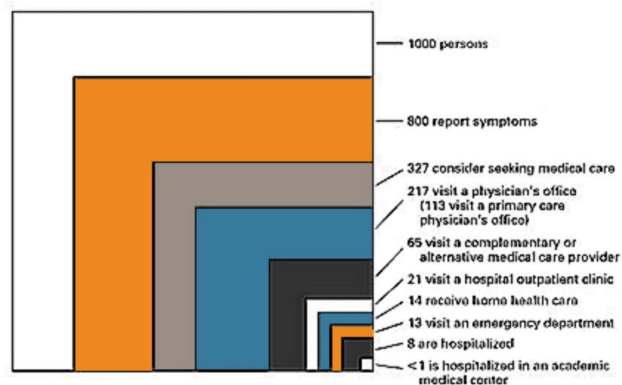
THE OPPORTUNITY

Ecology of Medical Care

We're focusing on building and training the workforce of tomorrow at academic medical centers. We need to train the workforce locally in communities where primary care and prevention is delivered.

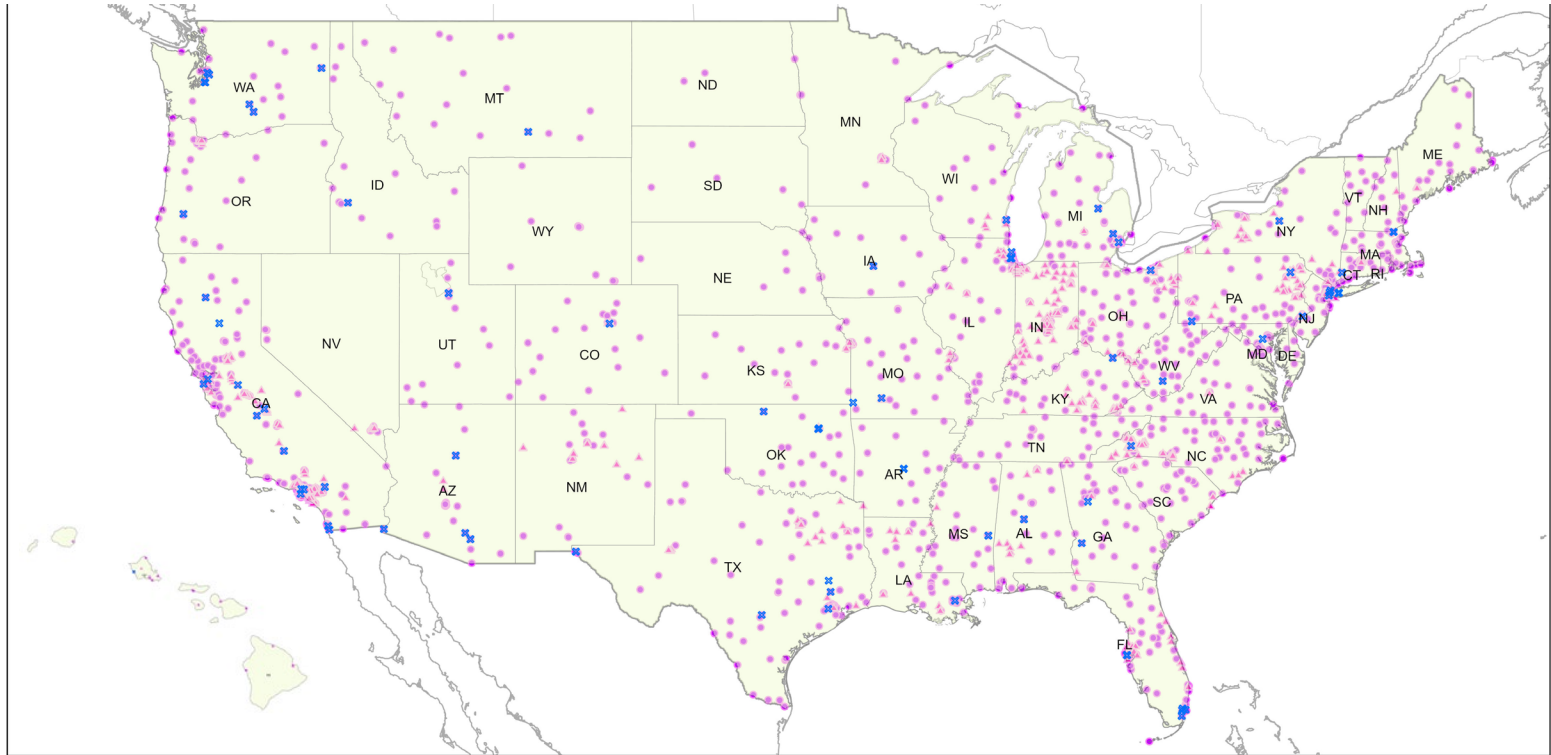
"We can't build the primary care workforce of tomorrow if we're too focused on the 1% who are hospitalized or the <0.1% who go to academic medical centers."

In a Typical Month per 1,000 People :



Train upstream → Retain and Recruit in Community

Teaching Health Centers and Community Health Centers Mapped

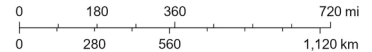


3/23/2026

- ✱ Teaching Health Center (THC) Graduate Medical Education (GME) Payment Program (T91) in 2023
- ✱ Teaching Health Center (THC) Graduate Medical Education (GME) Payment Program (T91) in 2024
- ✱ Teaching Health Center (THC) Graduate Medical Education (GME) Payment Program (T91) in 2025
- ✱ Teaching Health Center (THC) Graduate Medical Education (GME) Payment Program (T91) in 2026

- States
- Health Center Look-Alike Sites
- Health Center Grantees

1:18,489,298



Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community

REFORM GME to Incentivize Primary Care

Reform GME funding to incentivize all GME programs (e.g., consider Robert Graham Center GME-IQ) to increase the percentage of graduates entering the primary care workforce with our **national target of 40%**.

Medicare spends \$21.2B annually on GME with no requirement to produce the primary care workforce we need.

02



Bold Ask 2

\$21.2B

Medicare GME spending annually

26%

Physicians working in primary care in 2023

22%

New physicians who entered the primary care workforce in 2023

UNITE GME Funding to CHC Partnerships

We know that community-based training gives the best return on investment for primary care.

We must incentivize all primary care GME programs to partner with their local CHCs — leverage 5% of federal GME funding (~\$1.5B) to create those financial incentives.

03



Bold Ask 3

5X

Family medicine residents who train in rural settings are 5X more likely to practice rural

5%

Of federal GME funding should be reserved for CHC incentives

\$1.5B

Potential incentive pool to advance GME and local CHC partnerships

SCHOLARSHIPS for Primary Care

The costs and debt of medical school is a major driver of physician choice.

We can address this by expanding and providing **National Health Service Corps Scholarships** for all medical students (\$280k per student) who commit to primary care and 2–4 years of service in primary care gap communities.

04



Bold Ask 4

30,000

Medical graduates annually and need to influence their residency decision

6,000 to 12,000

20% now and need to move to 40% as soon as possible to close the primary care gap

\$3.36B/yr

Cost of tuition reimbursement for 12,000 primary care grads

Triple Double Investment in Primary Care

The pay gap between primary care and specialists is a major driver of choice. We must reform payment to reimburse primary care at a fair and sustainable rate to reduce costs, improve outcomes, and assure health for all.

Primary care physician spending makes up just 5% of total health care spend; this needs to double to 10%. Our nation's largest primary care provider CHCs currently deliver care to 14% of the population for only 1% of health care spending — a preview of what a primary care-centered system delivers at scale.

05



Bold Ask 5

5%

Share of total health care spending on primary care in 2023

1%

Share of total health care spending on CHCs

14%

Share of the U.S. population served by CHCs

The Triple Double Strategy

Transforming primary care by 2030



5% ↑ 10%

Primary Care Spend

Double investment in primary care — from 5% to 10% of total health spend



10% ↑ 20%

Patients at CHCs

Double the reach of primary care, beginning with CHCs



20% ↑ 40%

Clinicians Choosing Primary Care

Double the pipeline of clinicians choosing primary care careers



High-quality care. Deeper trust. Healthier generations.

Together, we must push for transformative investment in primary care and care management.



Proposing the TRUST Solution

Five Bold Asks to Transform Primary Care

1



THCGME: Grow the THCGME program so that all CHCs (who want to be) can become Teaching Health Centers

2



Reform GME: Incentivize all GME programs to increase the percentage of graduates entering primary care

3



Unite: Incentivize all GME programs to partner with local Community Health Centers

4



Scholarships: Provide Scholarships for all medical students who commit to primary care and serve underserved communities

5



Triple Double: Reform payment to reimburse primary care providers at a fair and sustainable rate

THCs and CHCs are proof of models that work.

Together, we can measurably meet the workforce needs of the future.

THANK YOU FROM NACHC!

