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The AAFP urges Congress to invest in strengthening the family physician workforce, especially in underserved areas, and ensure much-needed stability for federal programs.

Primary Care Physician Shortage

The U.S. faces a critical family physician workforce shortage, compounded by decades of neglect, misalignment of priorities and resources in medical education, and financial pressures from the health care industry. While the current system excels at educating highly specialized physicians and physician researchers, the primary care physician shortage prevents the U.S. from capturing the better outcomes and lower per-capita costs associated with robust primary care systems in other countries. The USC-Brookings Schaeffer Initiative for Health Policy recognized that Medicare GME is not addressing the primary care physician shortage and called for a significant overhaul of the system.¹



The U.S. will need up to 48,000 primary care physicians by 2034 in order to meet the health care needs of our growing and aging population.²

Consistent funding for federal GME programs is greatly needed to address these shortages as these programs train and embed primary care physicians in underserved and rural communities across the U.S.

Federal Programs to Support Primary Care

Teaching Health Center Graduate The Medical Education (THCGME) Program has trained 2,000+ primary care physicians and dentists. THC graduates are more likely to continue practicing primary care and serving in medically underserved communities than those trained in other GME-supported programs.³ Without permanent federal funding, most THCGME programs will be unlikely to maintain residency recruitment and enrollment.

61% of Teaching Health Center residents specialize in family medicine.



Community Health Centers (CHCs) provide primary care and preventive services to some of the most vulnerable and underserved Americans. Family physicians are the most common type of clinician (46%) practicing in CHCs. Increased funding is essential to better meet the health workforce needs of the underserved and to increase access to comprehensive primary care.

The National Health Service Corps (NHSC) supports more than 18,000 primary care providers through scholarships and loan repayment programs. NHSC participants practice in over 8,400 community health care sites, serving nearly 19 million patients annually.

Legislative Solution

Prevent a funding lapse for the THCGME Program. The AAFP strongly urges Congress to pass a bipartisan, bicameral multi-year agreement to prevent a lapse in funding for the THCGME program, as well as the CHC Fund and the NHSC. The AAFP is encouraged by the Lower Costs, More Transparency Act (H.R. 5378) and the Bipartisan Primary Care and Health Workforce Act (S. 2840) for including multi-year investments in the THCGME program.

Ultimately, the AAFP will continue to advocate for permanent authorization and expansion of the THCGME program, which is why we also support the Doctors of Community (DOC) Act (H.R. 2569).

3. Educ, 2022 Oct:14(5):599-605, doi: 10.4300/JGME-D-22-00187.1

Steinwald, B., Ginsburg, P., Brandt, C., Lee, S., Patel, K. (2018, Dec.) "Medicare Graduate Medical Education Funding is Not Addressing the Primary Care Shortage: We Need a Radically Different Approach" USC-Brookings Schaeffer Initiative for Health Policy https://www.brookings.edu/wp-content/uploads/2018/12/Steinwald_Ginsburg_Brandt_Lee_Patel_GME-Funding_12.3.181.pdf AAMC (2021, Jun. 11) "AAMC Report Reinforces Mounting Physician Shortage" Press Release. <a href="https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-physician-report-reinforces-mounting-physician-report-reinforces-mounti

^{2.} shortage Davis CS, Roy T, Peterson LE, Bazemore AW. Evaluating the Teaching Health Center Graduate Medical Education Model at 10 Years: Practice-Based Outcomes and Opportunities. J Grad Med