



October 10, 2025

The Honorable Carol Miller  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Marc Veasey  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Sam Graves  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Troy Carter  
U.S. House of Representatives  
Washington, DC 20515

Dear Representatives Miller, Veasey, Graves and Carter,

On behalf of the American College of Physicians (ACP), I am pleased to offer our support for the Community Training, Education, and Access for Medical Students (TEAMS) Act, [H.R. 3885](#). This legislation would bolster our nation's rural health care infrastructure by supporting medical education and training in rural and medically underserved communities. In our 2025 policy position paper, "[Improving Health and Health Care in Rural Communities: A Position Paper From the American College of Physicians](#)," ACP calls on undergraduate and graduate medical education institutions to incorporate education on rural health issues and the skills needed to effectively practice medicine in rural settings as part of curricula and training programs. The College therefore appreciates the introduction of the Community TEAMS Act, which would establish a Health Resources and Services Administration (HRSA) grant program that would provide community-based training for medical students in rural and medically underserved communities.

ACP is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 162,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Additionally, internal medicine is the specialty with the largest number of active physicians specializing in primary care, with 120,342 internal medicine physicians being identified as specializing in primary care in 2021.

The Community TEAMS Act aims to address the unique challenges rural communities face with health disparities and limited access to high quality health care. Rural residents have a [higher risk](#) of death from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke compared to those living in urban areas. Given the high prevalence of chronic diseases in rural communities, patients should have access to hospitals and physicians to help manage and treat their conditions. However, hospitals in rural communities continue to close



across the country. From 2010 to 2025, 150 rural hospitals [closed](#) in the U.S. due to issues like low reimbursement, staffing shortages, low patient volume, regulatory barriers, and financial challenges that were made worse by the COVID-19 pandemic. Regarding access to physicians, while 20% of Americans live in rural areas, fewer than 10% of physicians practice in these areas. Further, while highly specialized physicians are much less likely to settle in rural areas, there is still a [significant shortage of primary care physicians](#) in rural America. In fact, in 2025, the federal government estimates that the [deficit of primary care physicians in rural areas is 20,000](#). A 2021 [report](#) by the National Academy of Sciences, Engineering and Medicine (NASEM) called on policymakers to increase investment in primary care. That report also states that the evidence shows that increasing the proportion of PCPs in the total physician workforce has numerous benefits, including increasing quality and access to care. Given that [access to primary care](#) is associated with improved health outcomes and reduced health disparities, it is critical that Congress find meaningful solutions to improve access to primary care physicians for patients living in rural communities.

This legislation would support the training and placement of future physicians in rural communities, helping to reduce health disparities. Research [supports](#) rural clinical placement programs as effective for later rural employment. Many states have [opened](#) satellite medical school campuses in rural and underserved areas, with the goal that those students later practice in those areas. In addition, numerous medical schools have [successfully](#) trained physicians for rural and underserved communities. For [example](#), the University of Illinois College of Medicine Rockford's Rural Medical Education (RMED) Program has curricula with rural-focused seminars, field trips, clinical rotations, and a community-oriented primary care project. About [65%](#) of RMED graduates now practice in towns of less than 50,000 people. At the University of Washington School of Medicine, the WWAMI program [provides](#) clinical training for students from 4 other states in the region that lack an independent medical school (Wyoming, Alaska, Montana, and Idaho) with the goal of training primary care physicians to serve in nonmetropolitan communities in the Pacific Northwest. Expanding similar programs to more medical schools could [double](#) the number of rural physicians produced.

The scarcity of rural medical education and training programs reflects [challenges](#) in rural practice, including slim financial margins, limited staff, inadequate capacity to develop residency training programs, insufficient patient volumes, trainee recruitment challenges, and inconsistent funding. Training and educating in rural areas may be more expensive than in urban areas due to transportation and housing for trainees, the need for multiple training sites to meet accreditation requirements and associated administrative support costs. This is why it is imperative that Congress pass the Community TEAMS Act, which would provide financial assistance to support institutions in developing medical school training programs in rural communities. This legislation would provide grants to local medical schools, rural health clinics, community health centers, and health care facilities to expand community-based training, including in outpatient settings, for medical students to have clinical rotations in rural communities. ACP supports this approach as it would facilitate long-term, sustainable physician



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practice in medically underserved communities, helping to support the physician workforce including the primary care physician workforce.

We thank you for your leadership in finding bipartisan solutions to improve the health and well-being of rural America. We stand ready to provide our advocacy efforts to ensure that this bill moves forward in Congress. Should you have any questions, please contact Vy Oxman, Senior Associate of Legislative Affairs, at [voxman@acponline.org](mailto:voxman@acponline.org).

Sincerely,

A handwritten signature in black ink that reads "Jason M. Goldman". The signature is written in a cursive, flowing style.

Jason M. Goldman, MD, MACP  
President, American College of Physicians