



**Statement of the
American College of Physicians
to the U.S. House Ways and Means Health Subcommittee Hearing
on
Advancing the Next Generation of America’s Health Care Workforce
February 24, 2026**

The American College of Physicians (ACP) is pleased to provide comments in response to the House Ways and Means Health Subcommittee hearing on “Advancing the Next Generation of America’s Health Care Workforce.” We thank Ways and Means Chairman Smith and Health Subcommittee Chair Buchanan for holding this hearing to examine innovative ways to train our nation’s health care workforce with a focus on serving rural and underserved communities and leveraging technology to encourage healthier living.

Our recommendations include Congress enacting legislation to bolster the internal medicine physician workforce by fully funding agencies and programs that increase the number of primary care physicians, improving medical student access to student loans and forgiving loans of medical graduates working in rural and underserved areas, and increasing graduate medical education (GME) positions to enable a future generation of physicians to be in the pipeline.

ACP members include 163,000 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.

Fully Fund Agencies that Support Growth of Internal Medicine Physicians

Patients should have access to physicians who can deliver primary, whole-person, comprehensive, and longitudinal care. Congress should invest in federal programs that support and expand the internal medicine and primary care physician workforce. The United States faces a projected physician [shortage](#) of up to 187,140 physicians by 2037 - with the U.S. facing a shortage of over 87,000 primary care physicians. Currently, over 77 million Americans live in areas without adequate numbers of health care clinicians, which is a matter for concern as insufficient primary care provider supply is associated with

negative outcomes, including higher rates of hospitalization, lower patient rated health quality, and even higher mortality.

We are pleased that as part of the extenders addition to the recently enacted Consolidated Appropriations Act, 2026, H.R. 7148, funding was authorized for investing in the primary care workforce through the National Health Service Corps (NHSC) and Teaching Health Center Graduate Medical Education (THCGME). ACP appreciates Congress' investment in the primary care workforce through the NHSC with the \$350 million authorized for FY 2026 (through September 30, 2026) and \$88.2 million for the remainder of calendar year 2026. It is critically important for NHSC funding reauthorization to be at no less than \$350 million per year for at least two fiscal years. Congress will need to act this year to ensure that NHSC funding does not lapse. The NHSC awards scholarships and loan repayment to health care professionals to help expand the country's primary care workforce and meet the health care needs of underserved communities.

Health Resources and Services Administration (HRSA) [data](#) shows that in FY 2024, NHSC members provided culturally competent care to a target of over 22 million patients at more than 21,000 NHSC-approved health care sites in urban, rural, and frontier areas. Increased FY 2027 funding will help maintain NHSC's field strength by helping to address the health professionals' workforce shortage and growing maldistribution.

We also greatly appreciate the inclusion of the THCGME program funding reauthorization for fiscal years 2026 (\$225m), 2027 (\$250m), 2028 (\$275m), and 2029 (\$300m), totaling \$1.05 billion. This long-term THCGME authorization will go a long way to provide stability to these residency programs. ACP supports THCGME program funding reauthorization ideally at an average of at least \$400 million per year for five fiscal years. This enhanced funding would support contingent residency awards at teaching health centers to expand the overall program as well as increase the per resident amount needed to train physicians which is currently too low. The THCGME program has over a decade of bipartisan support and is the only federal program investing in the training of future physicians in community settings, rather than hospitals. According to [HRSA](#), 92 Teaching Health Center programs currently operate in nearly 30 states, training nearly 1,200 medical and dental residents who handle more than an estimated one million patient visits annually.

The American Association of Teaching Health Centers has [found](#) that:

- 82 percent of THC graduates remain in primary care practice, compared to 23 percent of traditional GME graduates;

- 55 percent of THC graduates practice in underserved communities, versus 26 percent of traditional GME graduates; and,
- 20 percent of THC graduates work in rural communities, versus 8 percent of traditional GME graduates.

Congress should also adequately fund the Primary Care Training and Enhancement (PCTE) program, which is the only source of federal training dollars available for general internal medicine. The PCTE program, managed by HRSA, aims to bolster the primary care workforce by providing advanced medical education for physicians and physician assistants. The program focuses on training champions who can lead to transforming health care systems in rural and underserved areas.

Make Medical Student Loans More Affordable and Accessible

Congress should seek to expand the workforce by engaging in bipartisan solutions that help medical students manage their education debt and make it possible for more international medical graduates (IMGs) to practice in underserved areas. We urge Congress to pass the Resident Education Deferred Interest (REDI) Act (H.R.2028/S.942). The REDI Act would allow borrowers in medical or dental internships or residency programs to defer student loan payments until the completion of their programs.

Recent actions by the administration and Congress have made affording a medical education more difficult by limiting loan repayment and forgiveness options and increasing barriers in recruiting IMGs who help fill critical workforce gaps. The FY2025 budget reconciliation law eliminated GradPLUS Loans for professional students and imposed limits for Direct Unsubsidized Loans for professional students at \$200,000, including a new lifetime maximum aggregate limit at \$257,000 for all student loan borrowers. These changes will be effective July 1, 2026, so the impact on medical student enrollment may happen by fall 2026.

Throughout the reconciliation budget process, ACP expressed its strong [concern](#) about these loan limits. A typical medical school graduate [incurs](#) approximately \$212,000 in medical-school debt alone, or \$228,000 when combined with premedical education debt. Other [estimates](#) place the average medical-school debt even higher at \$234,597 and \$264,519 with premedical school debt. These new loan limits are unrealistic for those pursuing careers in medicine and must be increased.

ACP is deeply [concerned](#) by the U.S. Department of Education's final rule regarding the Public Service Loan Forgiveness (PSLF) Program. By restricting PSLF program eligibility for physicians employed under contracts with hospitals and health systems, this rule jeopardizes both patient access to care and physician financial stability and autonomy. The College strongly supports the PSLF program. Loan forgiveness is a powerful tool to attract and retain physicians in public service and nonprofit roles, particularly in primary care, where workforce shortages are most severe. Congress must ease or

remove the newly imposed loan limits and restore key loan programs for medical school students before these changes inflict lasting harm on the physicians' pipeline.

The administration issued a Proclamation entitled "Restriction on Entry of Certain Nonimmigrant Workers." It imposes a \$100,000 fee on employers for each initial H-1B application filed after September 21, 2025. ACP is [concerned](#) that this policy threatens to restrict access to care when there is a severe physician workforce shortage. Congress must protect and strengthen programs such as PSLF and work with the administration to clarify that IMGs are essential to the national interest and should be exempt from the newly imposed H-1B visa fee.

We believe legislation, such as the Ending Exploitative Imported Labor Exemptions, or EXILE Act (H.R. 7451), which would amend a section of the Immigration and Nationality Act to end the visa program, would hamper the ability of Americans to receive adequate healthcare, especially in areas that rely on IMGs. Hospitals and health systems are among the employers that [rely](#) on the visa program, sponsoring physicians and medical residents to fill staffing gaps, particularly in rural and medically underserved areas.

Finally, Congress should pass the Conrad State 30 and Physician Access Reauthorization Act (H.R. 1585/S.709), which permits IMGs with J-1 visas to remain in the U.S. to practice in underserved areas. The bill would reauthorize the program for three years, increase the number of waivers that a state may obtain for each fiscal year from 30 to 35 if certain conditions are met. For nearly three decades, the Conrad 30 waiver program has helped Americans in rural and underserved areas receive medical care from more than 20,000 high-quality IMG physicians in their local communities.

Expand the Number of GME Slots

ACP [supports](#) passage of the Resident Physician Shortage Reduction Act of 2025 (H.R. 4731 /S. 2439). This bipartisan legislation is crucial to expanding the physician workforce and ensuring that patients across the country can have access to physicians who can provide high quality care. Congress should continue to build on recent bipartisan progress to invest in physician training, including the creation of 1,200 new Medicare-supported GME positions since 2021, the first increase in nearly three decades. H.R. 4731 builds this momentum by adding 2,000 Medicare-supported GME slots annually over seven years, for a total of 14,000 new positions. Importantly, the bill ensures that a portion of these new positions will be directed to hospitals that serve underserved and rural communities.

Conclusion

ACP appreciates the opportunity to comment on ways to increase the supply of physician services to meet the demands for quality healthcare for future generations. We support measures that we discuss in these comments to expand the internal medicine physician workforce. If you have any further questions or if you need additional information from ACP, please contact George Lyons at (202) 261-4531 or glyons@acponline.org.