



THOT MEMBERS

AUSTIN
Central Health
Ascension Texas Ministry Seton

CORPUS CHRISTI
CHRISTUS Spohn Health System
Nueces County Hospital District

DALLAS
Children's Health System of
Texas
Parkland Health & Hospital
System
The University of Texas
Southwestern Medical Center

EL PASO
University Medical Center
of El Paso

FORT WORTH
JPS Health Network

GALVESTON
The University of Texas
Medical Branch

HOUSTON
Harris Health System
The University of Texas MD
Anderson Cancer Center

LUBBOCK
UMC Health System of Lubbock

MIDLAND
Midland Memorial Hospital

ODESSA
Medical Center Health System

SAN ANTONIO
University Health System

TYLER
UT Health Northeast

GME Affiliate

RIO GRANDE VALLEY - EDINBURG
Doctors Hospital at Renaissance

We wish to express our support for the concept of **Cap Flexibility**. The Centers for Medicare & Medicaid Services (CMS) can and should leverage its existing authority to supplement the current broad-based Graduate Medical Education (GME) cap-building policy with a strategic approach to provide incentives and additional assistance for GME programs to development in areas of need across the country.

Cap Flexibility provides a tailored approach to target federal GME dollars in order to provide incentives for the establishment and expansion of GME programs in under-resourced and underserved regions. The additional time provided to fledgling teaching hospitals in areas of need will have wide-ranging benefits, including, but not limited to:

- providing lifesaving opportunities for new teaching hospitals to secure resources necessary to scale-up training capabilities;
- helping alleviate regional physician shortages;
- boosting the return on medical school investments for hosting teaching hospitals, medical schools, local communities, Medicare, and states;
- increasing the likelihood that physicians will practice in the underserved area; and
- helping address the mal-distribution of GME programs and physicians across the nation.

Meeting the health care needs of a growing population as large, diverse, and geographically distributed as that of the United States, requires a dynamic and flexible system that is able to supply a sufficient number of primary care and specialist physicians and geographically locate them where they are needed. The establishment of a GME residency program requires immense investment of human capital, infrastructure, institutional capacity, as well as community and financial support.

Accomplishing the requisite groundwork for residency programs is all the more challenging for new teaching hospitals, especially those in rural or other areas of need where available resources are scarce and the referral areas and

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community needs larger. Programs located in regions facing physician shortages as well as rural and underserved areas could benefit greatly with additional time to secure the necessary resources and to foster the development of residency programs that can meet the increasing demand for physicians.

We believe **Cap Flexibility** represents an innovative and dynamic policy tool currently available to CMS. We encourage CMS to use all available tools at its disposal to address national physician workforce issues.

Sincerely,

A handwritten signature in black ink, appearing to read 'MM', with a long horizontal flourish extending to the right.

Maureen Milligan, Ph.D.
President & CEO
Teaching Hospitals of Texas

Saving lives today, preparing for tomorrow.