



February 20, 2026

The Honorable Robert F. Kennedy, Jr., Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Paula M. Stannard, Director
Office for Civil Rights
U.S. Department of Health & Human Services
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue, S.W.
Washington, DC 20201

**RE: 49 HHS-Funded Family Medicine Residencies that Threaten to
Compel Abortion Participation in Violation of Federal Law**

Dear Secretary Kennedy and Director Stannard,

The purpose of this letter is to bring the Department's attention to a network of federally funded family medicine residency programs that appear to operate in violation of federal conscience protection statutes and possibly the Hyde Amendment, by compelling residents to train in abortions and in the promotion of gender ideology. This submission is provided in support of the Department's ongoing effort to "enforce conscience rights and protect human life."¹ In furtherance of these objectives, ADF respectfully urges the Department to investigate federally-funded family medicine residency programs certified by or affiliated with Reproductive Health Education in Family Medicine (RHEDI), a program that explicitly requires the full integration of abortion training into family medicine residency programs.

Alliance Defending Freedom (ADF) is an alliance-building legal organization that advocates for the right of all people to live and speak the truth. Since its founding in 1994, ADF has litigated and advised on numerous legal matters involving federal regulations that exceed an agency's statutory authority. ADF's work includes defending against mandates in areas of abortion, gender and sexuality, free speech, religious liberty, and parental rights.

¹ U.S. Dep't of Health and Human Servs., *Fact Sheet: HHS Takes Comprehensive Action to Enforce Conscience Rights and Protect Human Life* (Jan. 21, 2026), <https://perma.cc/828G-E6DV>.

INTRODUCTION

In this letter and enclosed table, ADF identifies 49 federally funded medical residency programs certified by or affiliated with RHEDI. These programs embed and maintain discriminatory practices in violation of federal conscience protection laws. These violations arise from RHEDI's "fully integrated" abortion curriculum in family medicine residency education.² Full integration means residents desiring to practice family medicine face mandatory participation in abortion training and procedures. The RHEDI program requires that abortion instruction be integrated across clinical and didactic settings and explicitly states that "residents cannot opt out of didactics on abortion."³ Moreover, the programs offer only the illusion of opt-outs for participation in clinical abortions. RHEDI standards deny clinical opt-outs for a host of reasons encompassing the heart of federal conscience protections, including where the abortionists running the program subjectively deem opt-outs to be "an imposition of religious or moral beliefs on patients, negatively affect a patient's health, are based on scientific misinformation, or create or reinforce racial or socioeconomic inequalities."⁴ Then RHEDI imposes numerical ceilings on opt-outs that escape this woke filter, stating "not more than 20% of residents overall will opt out of" chemical abortion training and "not more than 40% will opt out of procedural abortion training."⁵

These practices violate federal nondiscrimination and conscience protection laws. It is simply impermissible for an HHS-funded family medicine program to structure itself with any limitation on objections to participation in any aspect of abortion training based on religious beliefs or moral convictions opposed to such participation. *See, e.g.*, 42 U.S.C. § 300a-7(c) & (d); 42 U.S.C. § 238n. No family medicine residency can tell applicants or employees that any aspect of abortion is a necessary part of the program, much less a "fully integrated" aspect that limits opt-outs.

The imperative to safeguard conscience protections in federally-funded medical programs is well-established in longstanding federal nondiscrimination laws, as well as Constitutional provisions that govern state and local government healthcare entities. As the Department recently acknowledged, these conscience protections "guarantee that participation in federal health care programs will not

² *A New Home for Rhedi*, TEACH, <https://perma.cc/88RF-FY56>; RHEDI Program Brochure, <https://perma.cc/Q6S9-B448>.

³ RHEDI Program Expectations and Goals at 1, <https://perma.cc/GXF8-9BRC>.

⁴ OPT-OUT (PARTIAL PARTICIPATION) TRAINEES – TEACH Abortion Training Curriculum 8th Edition, <https://perma.cc/974H-D7W5>.

⁵ RHEDI Program Expectations and Goals, *supra* note 3, at 1.

come at the expense of the freedom to exercise one’s conscience, and they secure the ability of individuals and institutions alike to contribute to, and receive care from, the health care system with integrity.”⁶ Congress has granted the Department the authority to enforce these conscience laws. These statutes include the Church Amendments, the Coats-Snowe Amendment, the Weldon Amendment, the Affordable Care Act, and Medicare and Medicaid.⁷

The healthcare entities participating in the RHEDI Program are not acting consistently with these laws. Despite the longstanding federal healthcare conscience laws, a growing number of federally-funded entities have embedded training policies that compel or presume participation in abortion training and procedures as a condition of medical education.⁸ These measures, frequently described as “integrated reproductive health” or “comprehensive family planning” curricula, discriminate against residents, staff, and faculty who hold protected conscience objections. The medical residency programs highlighted in this letter and enclosed table function within academic institutions and hospital systems that receive various kinds of funds from HHS, and their practices fall within the Department’s enforcement jurisdiction.

I. RHEDI-certified programs violate federal conscience laws.

A. RHEDI-certified and affiliated programs claim they fully integrate abortion training into their residency programs.

RHEDI is a program that certifies family medicine residency programs that meet RHEDI’s requirement to “fully integrate[]” abortion training into their core curriculum.⁹ The RHEDI program is administered and governed under the leadership of Training in Early Abortion for Comprehensive Healthcare (“TEACH”).¹⁰ The TEACH website describes RHEDI-certified programs as “family medicine residency programs which have integrated reproductive health education and training, including contraception and abortion.”¹¹ According to the TEACH website, “[a]ll RHEDI programs incorporate a reproductive justice framework in their approach to teaching, and have dedicated faculty to support residents

⁶ U.S. Dep’t of Health and Human Servs., Off. for C.R., *Dear Colleague Letter: Safeguarding Federal Conscience and Related Protections in Health Care* (Jan. 21, 2026), <https://www.hhs.gov/sites/default/files/conscience-dcl.pdf>.

⁷ *Id.*

⁸ *A New Home for Rhedi*, *supra* note 2.

⁹ RHEDI Program Brochure, *supra* note 2.

¹⁰ *A New Home for Rhedi*, *supra* note 2.

¹¹ *Id.*

interested in family planning.”¹² RHEDI-affiliated programs “are also supportive of full spectrum reproductive health training, though training opportunities may vary or only be available electively.”¹³ As of 2026, RHEDI has certified 39 family medicine residency programs and has ten affiliate programs.¹⁴

To become certified, programs must demonstrate faculty-level abortion expertise, leadership endorsement for abortion training, and structural support for residents seeking abortion related career placement. RHEDI’s requirements expressly mandate incorporation of abortion within the broader family medicine curriculum, while embedding a “reproductive justice framework” as the guiding pedagogical principle. RHEDI-certified family medicine residency programs are expected to ensure all residents will:

[1] demonstrate non-coercive, non-judgmental, patient-led options counseling for abortion care[;]

[2] demonstrate the ability to refer patients for abortion care when necessary[; and]

[3] be competent in identifying post-abortion complications, and managing or referring as appropriate.¹⁵

Program expectations also include “[r]egular didactic sessions (at least once per didactic cycle), including hands-on workshops, on ... early abortion procedures.”¹⁶

RHEDI-certified programs are required to achieve “[i]ntegration of medication abortion care into the family medicine residency practice site unless precluded by state/local laws and/or institutional policies and regulations.”¹⁷ The program’s “Overall Expectations” explain:

The Reproductive Justice (RJ) framework is integrated into all aspects of the SRH curriculum. By “integrated,” we mean that the framework is incorporated into all SRH teaching—clinical, didactics, and readings....

Abortion and contraception training are integrated into the gynecology (or other) rotation, with an option for residents to opt out of clinical

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

¹⁵ RHEDI Program Expectation and Goals, *supra* note 3, at 3.

¹⁶ *Id.* at 4.

¹⁷ *Id.* at 4.

abortion training (residents cannot opt out of didactics on abortion). Abortion training (medication abortion [MAB] at a minimum, procedural abortion desired) occurs in the residency clinic unless precluded by state/local laws and/or institutional policies and regulations. Our expectation is that not more than 20% of residents overall will opt out of MAB training, and not more than 40% will opt out of procedural abortion training.¹⁸

RHEDI also publicizes various site expectations, including:

1) Didactic expectations

- Contraception counseling, options counseling, and MUA workshops for interns
- Reproductive justice principles will be integrated throughout all didactic sessions
- Dedicated didactic lectures and/or hands-on workshops will be provided during each didactic cycle to residents covering the following topics:
 - Contraception counseling and provision
 - LARC methods, including insertion and removal
 - Pregnancy options counseling
 - Trauma-informed care
 - Medication abortion, including managing complications and post-abortion care
 - Procedural abortion, including managing complications and post-abortion care
 - Early pregnancy loss, including management
 - Reproductive justice
- Residents will be instructed in the use of gender-inclusive language¹⁹

¹⁸ *Id.* at 1.

¹⁹ RHEDI Site Expectations at 1, <https://perma.cc/594V-NCS9>.

2) Clinical Expectations

Opt-out training in:

- Contraceptive counseling
- Clinical provision of contraception, including LARC insertion and removal
- Pregnancy options counseling
- Early pregnancy loss management
- Medication abortion, including managing follow-up patient questions
- Procedural/aspiration abortion²⁰

3) Faculty/department expectations

- Support for family planning training from Department Chair, Residency Program Director, and/or other applicable leadership
- At least one faculty member will have clinical and practical knowledge of abortion and contraception care practice
- Faculty will be able to support the professional development and career interests of residents interested in pursuing family planning in their post-residency careers, including helping them to secure external placements to achieve competency in procedural/aspiration abortion, if desired.²¹

RHEDI also says that “preferred,” although not “required,” qualifications include “[p]artnership with a high-volume abortion clinic for training in procedural/aspiration abortion,” and “[p]rocedural/aspiration and/or medication abortion integrated into the primary care family medicine practice site.”²²

Full integration of abortion into residency programs is not merely proclaimed in RHEDI’s own program materials. Several of the programs themselves advertise the full integration of abortion training in the programs:

- UW Medicine: “UWFMR is a RHEDI program. Abortion and contraception training are integrated into the curriculum. All residents will gain

²⁰ *Id.* at 2.

²¹ *Id.*

²² *Id.*

exposure to abortion care (medication abortion, procedural abortion, post-procedure care, pregnancy options counseling) and contraceptive care (includes IUD/implants insertion and removal, vasectomy counseling). Residents may opt out of clinical abortion training, though residents are expected to attend didactics on abortion and at least observe at required training sites, including Planned Parenthood. Abortion care is integrated into our primary care clinics at Northgate and Harborview. We teach and employ a reproductive justice framework into all aspects of the Sexual and Reproductive Health (SRH) curriculum.”²³

- Kaiser Permanente Washington Family Medicine Residency: “**Abortion training.** All residents participate in a rotation at Planned Parenthood and staff a residency-led clinic to train in counseling, early dating ultrasounds, and medical and surgical abortions. Additional training is available at Kaiser Permanente and at other sites for those interested in more experience. Residents may opt out of the provision of abortion but will be expected to learn basic miscarriage management and provide balanced counseling to patients.”²⁴
- Swedish Family Medicine Residency: “Cherry Hill is a RHEDI program. All our residents train in and provide options counseling in their daily clinical practice. Our residency is an “opt out” residency, meaning that all residents will get basic training in abortion as part of their required curriculum unless they choose to opt out of the experience (uncommon).”²⁵
- Sutter Family Medicine Residency: “Our residents are trained in all forms of contraception from LARCs (IUD, Nexplanon) to sterilization (vasectomy and postpartum tubal ligations). We have been the consult service at Sutter Medical Center Sacramento for Nexplanon implant placements for several years. We incorporate miscarriage management and abortion care into the continuity clinic medical home and have dedicated procedural clinics.”²⁶

Likewise, other programs have been highlighted on RHEDI’s webpage, praising the full integration of abortion care into the residency programs:

- “Being a part of RHEDI has been wonderful for our mission of training family physicians in full spectrum reproductive health. The RHEDI

²³ *Curriculum*, UW Medicine, Family Medicine, <https://perma.cc/H6K9-ZYTU>.

²⁴ *Curriculum*, Permanente Medicine: Family Medicine Residency, <https://perma.cc/MC6N-4UMH>.

²⁵ *Curriculum Highlights*, Swedish Family Medicine Residency Cherry Hill, <https://perma.cc/A7YS-L74P>.

²⁶ *Educational Highlights*, Sutter Health, <https://perma.cc/P94S-Q9UP>.

platform provides a wealth of well designed and often updated learning resources for our residents. It fills in gaps and bolsters the learning they get in clinic and in didactics. For the faculty, being part of RHEDI has meant having a supportive network of colleagues and being part of the conversations to make reproductive healthcare more inclusive and focused on social justice.” Ariel Leifer, MD, University of Illinois at Chicago Family Medicine Residency.²⁷

- “Being a RHEDI program has been an advantage for us both in terms of curriculum design, and for recruitment. Many applicants are interested in coming to a RHEDI program where they know abortion training is part of the curriculum, along with everything else we do in family medicine.” Heather Paladine, MD Program Director, NY Presbyterian - Columbia Family Medicine Residency Program.²⁸
- “I’m living my dream of integrating abortion into the primary care space, and training our next generation of family physicians to have the expectation to provide comprehensive reproductive care into their practices with the skills to do it!” Elana Craemer, MD, MPH, Director, Women's Health, Long Beach Memorial Care Family Medicine Residency.²⁹

These statements and expectations demonstrate that RHEDI-certified family medicine programs have integrated abortion training into their programs. Where abortion is fully integrated into a program, a resident cannot expect to complete a family medicine residency without being required to be involved in abortion.

A family medicine program is not an abortion program. It is not even an obstetrics and gynecology program. Requiring abortion training in Ob/Gyn programs is obviously a violation of federal conscience laws, many of which were written to prevent exactly such coercion. But “fully integrating” abortion into a *family medicine* residency program is nothing more than an attempt to impose abortion throughout the practice of medicine generally. Forcing doctors to train on abortions if they want to be family medicine doctors is a direct message that no doctor can be a family medicine doctor if they don’t also want to be an abortionist. It is illegal.

²⁷ *How to Become a RHEDI Program*, <https://perma.cc/T73U-7JFF>.

²⁸ *How to Become a RHEDI Program*, <https://perma.cc/4CKU-FPA9>.

²⁹ *How to Become a RHEDI Program*, <https://perma.cc/AD54-DQ4P>.

B. RHEDI program “opt out” language is illusory.

Despite giving a modicum of lip-service to certain aspects of the RHEDI program allowing students to “opt out,” in reality a closer examination of RHEDI’s own certification requirements shows that opt outs are illusory, and in several aspects, admittedly not allowed, all in violation of conscience laws. The opt-out language visible in some RHEDI-certified and affiliated program content is illusory based on at least five aspects visible on the face of RHEDI’s own program criteria.

First, RHEDI admits that when it says “opt out,” it does not mean the requirement to totally honor objections imposed by federal conscience laws. Instead RHEDI and TEACH specify that the opt-outs elsewhere referenced in their programs are *not* available to residents if objections are based on reasons TEACH asserts are “unacceptable.” TEACH’s abortion training guide states:

Although respect for conscience is important, refusals that constitute an imposition of religious or moral beliefs on patients, negatively affect a patient’s health, are based on scientific misinformation, or create or reinforce racial or socioeconomic inequalities are unacceptable.³⁰

These “exceptions” to opt-outs render the opt-out language in RHEDI materials functionally meaningless. All religious beliefs and moral convictions opposing participation in abortion would be deemed an “imposition” on patients, all abortions are inherently deemed good for “a patient’s health” negating an objection, and all objections to abortion on medical grounds would be deemed “based on scientific misinformation.” Moreover, all abortions done in these programs will be deemed a remedy to “racial or socioeconomic inequalities” consistent with RHEDI’s mission to integrate abortion into the residencies using “the [r]eproductive [j]ustice framework,” thereby negating objections.³¹ Overall, this program criteria means that when a residency is certified by RHEDI to provide “opt out” clinical training in abortion, the program cannot actually allow opt outs as understood by people with objections, or by ordinary speakers of the English language. Federal law does not allow an HHS-funded healthcare institution to condition or restrict conscience rights based on institution-defined ideological criteria, nor to penalize individuals for holding beliefs that it deems “scientific misinformation” or inconsistent with its sociopolitical worldview.

³⁰ See *OPT-OUT (PARTIAL PARTICIPATION) TRAINEES – TEACH* Abortion Training Curriculum 8th Edition, *supra* note 4.

³¹ See RHEDI Program Brochure, *supra* note 2.

Second, RHEDI sets quotas that illegally limit opt outs. RHEDI expectations explicitly state that not more than 20% of residents should opt out of medication abortion training, and not more than 40% should opt out of procedural abortion training.³² Although RHEDI frames these limits as an “expectation” for its programs, that word is a term-of-art meaning a *requirement*—the same RHEDI materials state that “expectations must be met in order to receive certification.”³³ No federal conscience statute permits a residency program to set numerical ceilings on how many individuals may exercise their refusal rights. Such quotas demonstrate the presence of coercion and discrimination. This paradigm indicates the intention to limit and negatively stigmatize conscience-protected refusal. Under these provisions, coercion includes structural mechanisms that tilt training toward abortion participation by default.

Third, RHEDI-certified programs candidly admit they allow no opt outs for didactic training. The RHEDI program mandates resident participation in abortion-specific lectures, workshops, and counseling training; requires instruction in reproductive justice ideology; and integrates abortion-related content throughout all didactic sessions. These educational components are integral parts of abortion training, expressly tied to the performance of medication and procedural abortion. The Church Amendments’ prohibition on “assist[ing]” encompasses didactic participation, as didactics serve as the instructional and preparatory foundation for the procedure itself. State and county healthcare entities are prohibited from disallowing opt outs for abortion training. And Part (d) of the Church Amendments requires HHS-funded programs to honor objections to all individuals in “any part of a health service program.” Abortion training—clinical or didactic—simply cannot be mandatory in healthcare facilities receiving HHS funding.

Fourth, RHEDI programs are expected to ensure that “100% of residents will ... demonstrate non-coercive, non-judgmental, patient-led options counseling for abortion care [and] demonstrate the ability to refer for abortion care when necessary.”³⁴ But objections to abortion counseling are covered by the breadth of language in the Coats-Snowe Amendment, and medical counseling is a “health service” covered under Parts (c)(2) and (d) of the Church Amendments. All of these provisions require opt outs.

And fifth, RHEDI certification requires violating faculty conscience. No faculty in a family residency program certified by RHEDI can object to “support[ing] the professional development and career interests of residents interested in

³² RHEDI Program Expectations and Goals, *supra* note 3, at 1.

³³ *Id.* at 1.

³⁴ *Id.* at 3.

pursuing family planning in their post-residency careers, including helping them to secure external placements to achieve competency in procedural/aspiration abortion, if desired.”³⁵ No faculty leadership of a RHEDI-certified program can opt out of providing “[s]upport for family planning training” (which, in RHEDI nomenclature, includes abortion).³⁶ And at least one faculty member in such a family medicine residency program must be discriminated against to ensure that he or she will “have clinical and practical knowledge of abortion and contraception care practice.”³⁷

II. RHEDI-certified and affiliated programs violate federal conscience laws.

Three federal conscience laws—the Church Amendments, the Coats-Snowe Amendment, and the Weldon Amendment—are implicated by the RHEDI programs fully integrating abortion training into residency training. These federal conscience protections prohibit any federally funded entity from compelling individuals or faculty to perform or train for abortions as a condition of medical education.³⁸ If an entity receives any funding under the Public Health Service Act, HRSA, GME, or NIH funds, it must ensure that conscience-protected individuals are not compelled to participate in any part of abortion training.³⁹ These protections attach to the entity that receives federal funds, whether a county health system, a public university medical center, or a private hospital. The scope of liability under the Church Amendments, the Coats-Snowe Amendment, and the Weldon Amendment turns on the legal identity of the recipient and not on the internal structure of grant accounting or the earmarking of particular funds. When an institution accepts qualifying federal financial assistance, federal law requires that every part of that institution refrain from compelling abortion participation or discriminating against individuals who object to abortion on moral or religious grounds.

³⁵ RHEDI Site Expectations, *supra* note 19, at 2.

³⁶ *Id.*

³⁷ *Id.*

³⁸ U.S. Dep’t of Health and Human Servs., *Your Protections Against Discrimination Based on Conscience and Religion* (Jan. 23, 2026), <https://www.hhs.gov/conscience/religious-freedom/index.html>.

³⁹ *Id.*

A. The Church Amendments (42 U.S.C. § 300a-7)

The Church Amendments forbid requiring or compelling any person to perform or assist in abortion and affirmatively protect refusal as a matter of conscience. Part (d) of the statute provides:

No individual shall be required to perform or assist in the performance of any part of a health service program or research activity funded in whole or in part under a program administered by the Secretary of Health and Human Services if his performance or assistance in the performance of such part of such program or activity would be contrary to his religious beliefs or moral convictions.⁴⁰

The Church Amendments, Part (c)(1) also prohibit any entity receiving a grant, contract, loan, or loan guarantee from the Public Health Service Act from discriminating against an individual “because he refused to perform or assist in the performance of [a sterilization] procedure or abortion on the grounds that his performance or assistance ... would be contrary to his religious beliefs or moral convictions, or because of his religious beliefs or moral convictions respecting sterilization procedures or abortions.”⁴¹ The statutory trigger is straightforward. If the entity receives funding, then the entire entity is bound. Congress did not limit this protection to specific grant line items, so liability does not turn on whether federal dollars flow directly to the residency program at issue. Rather, once the institution accepts HHS funds, all discriminatory personnel practices anywhere within the institution, clinical departments, training programs, or residencies are subject to the Church Amendments.

Likewise, Part (c)(2) of the Church Amendments provides that entities receiving “a grant or contract for biomedical or behavioral research” from HHS cannot discriminate against staff objecting to assisting “any lawful health service.”⁴² So entities with RHEDI certified programs that, for example, also receive research funding from NIH or CDC have no basis to even attempt to limit their opt outs to abortion, even if the opt-outs were not illusory (which, as discussed above, they are).

⁴⁰ 42 U.S.C. § 300a-7(d).

⁴¹ *Id.* § 300a-7(c)(1).

⁴² *Id.* § 300a-7(c)(2).

B. The Coats-Snowe Amendment (42 U.S.C. § 238n)

The statutory structure of the Coats–Snowe Amendment reinforces a similar principle, focused specifically on healthcare entities that, in this case, are part of state and local government structure:

The Federal Government, and any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that—(1) the entity refuses to undergo training in the performance of induced abortions...; (2) the entity refuses to make arrangements for any of the activities specified in paragraph (1); or (3) the entity attends (or attended) a post-graduate physician training program ... that does not ... perform induced abortions or require, provide or refer for training in the performance of induced abortions, or make arrangements for the provision of such training.⁴³

Similar to the Church Amendments, Congress tied the obligation to the governmental recipient of the funds (“any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that” they have objections to abortion⁴⁴). If, for example, a county receives federal funding through HHS, every subdivision of that county, including residency programs in its hospitals, is bound. In practice, state or county hospitals receive their HHS funding through the state or county, or vice versa. And funding is nearly universally received by such entities under Medicaid. In all such cases, the residency program must comply with the requirements of Coats-Snowe. Coats-Snowe is notably broad in its language, applying not just to an abortion procedure itself, but training, referring, and making arrangements for any of the above. This nullifies RHEDI’s attempt to distinguish between didactic and clinical opt outs. When a state university, county health department, or public hospital system operates a family medicine residency program that is RHEDI-certified, the entity is violating the Coats-Snowe Amendment.

C. The Weldon Amendment

The Weldon Amendment further prohibits HHS from distributing appropriated funds to any government entities that coerce or penalize individuals who decline to participate in abortion:

⁴³ 42 U.S.C. § 238n(a).

⁴⁴ *Id.*

None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.⁴⁵

Once again, the Weldon Amendment encompasses far more than the performance of abortion. And it encompasses any funding from HHS’s annual appropriation. If any healthcare entity that is a governmental subdivision—such as a county-administered family medicine residency program—receives HHS funding, it may not discriminate against residents because of abortion opt-outs. This means that public hospitals, county residency programs, and state-affiliated medical centers operating RHEDI programs place their entire federal funding stream at risk when they admit they are running RHEDI-certified programs.

III. RHEDI-certified and affiliated programs may violate the Hyde Amendment.

In addition to the ongoing conscience violations, it is also possible that RHEDI-certified family medicine residency programs are violating the Hyde Amendment. The Hyde Amendment prohibits the expenditure of federal funds “for any abortion” except in narrow exceptions.⁴⁶ RHEDI-certified and affiliated programs overtly and “fully” integrate abortions into their entire family medicine programs. This presents a substantial risk that federally funded family medicine residency program subsidies are being used to facilitate abortions in violation of the Hyde Amendment.

Family medicine residency programs are not abstract educational environments. These programs are clinical service lines where real patients receive medical care. When a RHEDI-certified or affiliated residency program performs abortions within its clinic, those procedures inevitably involve salaried resident physicians, salaried faculty physicians, clinical preceptors, staff time, equipment, clinical space, and administrative infrastructure. If any portion of those salaries, stipends, equipment purchases, clinic renovations, or operating costs are paid for by federal appropriations covered by Hyde, then federal funds are being used “for” the abortion in the ordinary sense of the term. Federal funds used to pay the salary of the resident or attending physician who performs the abortion, to equip the room in

⁴⁵ Pub. L. 117-328, div. H, tit. V, § 507(d)(1), 136 Stat. 4459 (2022).

⁴⁶ Pub. L. No. 117-103, div. H, §§ 506–07, 137 Stat. 49 (2022).

which the abortion occurs, or to maintain the clinical setting in which abortion training is provided are all expenditures “for” abortion within the meaning of Hyde.

RHEDI’s own statements increase this concern. RHEDI requires that “[a]bortion training (medication abortion [MAB] at a minimum, procedural abortion desired)” be performed in the residency clinic, and that abortion and contraception services be “integrated” into core rotations.⁴⁷ It further imposes quotas, expecting that at least 60% of residents participate in procedural abortion training and at least 80% in medication abortion training. These mandates confirm that abortions are not isolated elective experiences but must be routine components of the residency’s clinical service lines. Where abortion procedures occur inside federally supported training programs, Hyde is implicated.

Any argument that hospitals can “segregate” federal and nonfederal funds by billing the cost of each abortion to a non-federal payer (e.g., private insurance or state Medicaid) will not save these programs. Segregation of billing does not cure a violation when federal funds are used to underwrite the staff time, cost allocation, fixed costs, equipment, facilities, or salaries of residents and faculty who perform abortions in their clinical duties. For family medicine residency programs that fully integrate abortion, this is unavoidable, as federal funds support the training time, salaries, equipment, and precepting functions of residents. Since abortion is fully integrated into these residency programs, the federal government appears to be subsidizing abortion training and staff supervision with Hyde-covered funds.

These risks are even more heightened where federal funds earmarked for “facilities and equipment” are provided to hospitals that openly integrate abortion procedures into their residency programs. A specific example of this is Grant County Public Hospital District No. 1, d/b/a Samaritan Healthcare, a RHEDI-affiliated residency site that is receiving substantial federal appropriations for facilities and equipment used to support its family medicine residency program. In the FY 2026 appropriations cycle, Congress earmarked \$2,000,000 through the Health Resources and Services Administration (HRSA) “for facilities and equipment to support a family medicine residency program.”⁴⁸ The HRSA grant awarded to Samaritan Healthcare is expressly for “facilities and equipment used in the Family Medicine residency.” But because of its RHEDI-certification, we know that abortion is fully integrated into that residency. On its face, this grant violates the Hyde Amendment. Federally funded assets, such as exam rooms, ultrasound units,

⁴⁷ RHEDI Program Expectations and Goals, *supra* note 3, at 1.

⁴⁸ *Congressionally Directed Spending Items — FY 2026: Labor, Health and Human Services, Education, and Related Agencies* 367, U.S. Senate Comm. on Appropriations, <https://perma.cc/9FG2-BGJW>.

suction machines, or other equipment, are necessarily being used in a program where abortion is fully integrated. HHS has the authority and responsibility to demand receipts, cost records, and equipment inventories to determine whether any federally financed infrastructure supports abortion services.

HHS should promptly stop the HRSA funding to Samaritan Healthcare and audit all other Hyde-covered funding flowing to RHEDI-affiliated programs. President Trump's executive order titled "Enforcing the Hyde Amendment" calls for vigilant enforcement of Hyde.⁴⁹ That executive order directs all federal agencies to ensure that no federal funds are used, directly or indirectly, to subsidize abortion or to compel participation in abortion-related activity.⁵⁰ The executive order instructs HHS to enforce all statutory conscience protections to the fullest extent permitted by law, to audit federal health care funding streams to ensure compliance with the Hyde Amendment, and to withhold, terminate, or claw back federal funds where grantees use appropriated dollars to support abortion procedures, abortion training, or abortion related infrastructure. RHEDI-certified and affiliated family medicine residency programs fall within the category of entities requiring immediate review.

We encourage HHS to vigorously enforce the President's directive and Congress's appropriations restrictions. At a minimum, HHS should require RHEDI-affiliated institutions to produce documentation demonstrating how federal GME, HRSA, NIH, or other HHS funds are segregated from abortion-related activity. As has already been explained, such segregation is likely impossible given the integrated nature of these programs. HHS funding components should open investigations and compliance reviews to ensure that federal funds are not being used to subsidize abortion procedures conducted within RHEDI-certified and affiliated programs.

IV. RHEDI-certified and affiliated programs promote gender ideology.

RHEDI-certified and affiliated programs must promote gender ideology in their programs to maintain their status with RHEDI. The program's "Site Expectations" require all residents to receive didactic "instruct[ion] in the use of gender inclusive language."⁵¹ And according to RHEDI's "Program Expectations and

⁴⁹ Exec. Order No. 14,182, 90 Fed. Reg. 8751 (Jan. 31, 2025).

⁵⁰ *Id.* ("It is the policy of the United States, consistent with the Hyde Amendment, to end the forced use of Federal taxpayer dollars to fund or promote elective abortion.").

⁵¹ RHEDI Site Expectations, *supra* note 19, at 1.

Goals,” all residents must “demonstrate the use of gender-inclusive language in their patient care and in case discussions.”⁵²

These requirements directly contravene federal conscience laws that protect individuals and personnel from forced participation in any “lawful health service,” such as parts (c)(2) and (d) of the Church Amendments. HHS OCR has opened at least one investigation involving health systems “requiring use of patient pronouns that do not align with the patient’s sex,” and should investigate RHEDI-certified programs for the same reason.⁵³

These requirements likewise run afoul of President Trump’s efforts to ensure biological reality is respected and women are protected in federally funded health programs.⁵⁴ The President emphasized the importance of eliminating gender ideology in an executive order titled “Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government”:

Efforts to eradicate the biological reality of sex fundamentally attack women by depriving them of their dignity, safety, and well-being. The erasure of sex in language and policy has a corrosive impact not just on women but on the validity of the entire American system. Basing Federal policy on truth is critical to scientific inquiry, public safety, morale, and trust in government itself.⁵⁵

The executive order requires agencies to “take all necessary steps, as permitted by law, to end the Federal funding of gender ideology” and “assess grant conditions and grant preferences and ensure grant funds do not promote gender ideology.”⁵⁶ The Department should immediately investigate whether the 49 RHEDI-certified and affiliated programs must have their federal funding eliminated because the program promotes gender ideology.

CONCLUSION

The 49 RHEDI-certified and affiliated family medicine residency programs highlighted in the enclosed table operate within a framework that integrates

⁵² RHEDI Program Expectations and Goals, *supra* note 3, at 2.

⁵³ HHS Investigates a Major Health System in Michigan to Safeguard Health Care Workers’ Conscience Rights, June 20, 2025, <http://hhs.gov/press-room/ocr-investigates-health-system-in-michigan.html>.

⁵⁴ Exec. Order No. 14,168, 90 Fed. Reg. 8615 (Jan. 30, 2025).

⁵⁵ *Id.*

⁵⁶ *Id.* at 8616.

abortion into mandatory family medicine training, in a brazen attempt to prevent doctors from treating families unless they also agree to become abortionists. These programs receive federal taxpayer funding from HHS that subjects them to federal conscience protection requirements. At its core, the RHEDI program demonstrates that the federal government's commitments to neutrality are being undermined by the very recipients entrusted with public funds. In addition to violating conscience laws, these programs mandate gender ideology in their residency training. Their continued funding erodes public confidence in health care funding and jeopardizes conscience protections.

The evidence from RHEDI's own published standards provides more than sufficient grounds for HHS OCR and relevant funding components to initiate investigations and formal compliance reviews of each RHEDI-certified institution. These entities have constructed medical education training programs where abortion participation is required and embedded across all components of family medicine residency training while simultaneously imposing unlawful restrictions on the exercise of conscience rights. The "fully integrated" abortion training, quota-based limitations on opt-outs, mandatory abortion didactics, faculty mandates, and programmatic hostility toward opt outs trample on federal conscience laws.

Billions of federal taxpayer dollars are being improperly received by these entities. We strongly urge the Department to examine all RHEDI-certified and affiliated programs and pause their funding. Family medicine should not be systematically transformed into a field that destroys babies, much less when subsidized by federal taxpayer dollars. No individual should be required to perform or train for abortion or other "reproductive justice" procedures as a condition of completing a medical residency.

Please let us know if we can be of further assistance in this effort.

Respectfully Submitted,

/s/ Matthew S. Bowman

Matthew S. Bowman
Director of Regulatory Practice

Brittany B. Burnham
Legal Counsel

Alliance Defending Freedom

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
1	Contra Costa Family Medicine Residency Martinez, CA	County of Contra Costa UEI: C88YLPTJJSY1	2025	HRSA	\$3,288,165 ⁵⁷
2	Kaiser Permanente Napa Solano Family Medicine Residency Vallejo, CA	Kaiser Foundation Health Plan of Washington UEI: CXFPKGA7TQZ3	2025	CDC	\$1,310,713 ⁵⁸
3	Kaiser Permanent Santa Rosa Family Medicine Residency Santa Rosa, CA	Santa Rosa Community Health Centers UEI: Z8C9D3NA1ZP1	2025	HRSA	\$7,793,168 ⁵⁹

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=%2FPH%2BdfxxSJ1wrZSfV8BVNQ%3D%3D.

⁵⁸ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=2mh4XAnDpV7Wpj%2BZocxP5A%3D%3D.

⁵⁹ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=HLhpIIGBRC8gSkdhKlyZCA%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
4	Kaiser Permanente Washington Family Medicine Residency Seattle, WA	Kaiser Foundation Health Plan of Washington UEI: CXFPKGA7TQZ3	2025	CDC	\$1,310,713 ⁶⁰
5	Long Beach Memorial Family Medicine Residency Long Beach, CA	Long Beach Memorial Medical Center UEI: ZNYGQQMRSTT7	2025	HRSA	\$4,922,011 ⁶¹
6	Natividad Family Medicine Residency Salinas, CA	County of Monterey UEI: JKHSNNJ5H3Y5	2025	HRSA	\$1,351,900 ⁶²

⁶⁰ https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=2mh4XAnDpV7Wpj%2BZocxP5A%3D%3D.

⁶¹ https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=fXm6Er1t8awa2ecPiobLKw%3D%3D.

⁶² https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=PTGaWulnDyjn2JBaLwyXw%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
7	Oregon Health & Science University Family Medicine Residency Portland, OR	Oregon Health & Science University UEI: NPSNT86JKN51	2025	CDC, HRSA, NIH, SAMHSA, ACL	\$335,058,347 ⁶³
8	Stanford Health Care – O’Connor Hospital Family Medicine Residency San Jose, CA	This program co-locates and works within a FQHC with Indian Health Center of Santa Clara Valley. ⁶⁴	2025	HRSA, IHS	\$3,881,511 ⁶⁵
9	Sutter Family Medicine Residency – Sacramento Sacramento, CA	Sutter Bay Hospitals UEI: ELVQARY4EJ4	2025	NIH, CDC, SAMHSA	\$25,988,268 ⁶⁶

⁶³ https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=njEZUNggWzr3bImDgGkEhA%3D%3D.

⁶⁴ <https://www.oconnorfamilymedicine.com/fqhc-partnership>; <https://perma.cc/XT5Y-LGRW>; <https://perma.cc/XT5Y-LGRW>.

⁶⁵ https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=K3xmvFB6JVO411FLBfv4CQ%3D%3D

⁶⁶ https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=zBg9fZgTbhjnHE3qgPMiJA%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
10	Sutter Santa Rosa Family Medicine Residency Santa Rosa, CA	Sutter Health	2025	HRSA	\$750,000 ⁶⁷
11	Swedish Cherry Hill Family Medicine Seattle, WA	Swedish Health Services UEI: GZ5WW5GZYA5	2025	HRS, NIH	\$3,158,942 ⁶⁸
12	Swedish First Hill Family Medicine Seattle, WA	Swedish Health Services UEI: GZ5WW5GZYA5	2025	HRS, NIH	\$3,158,942 ⁶⁹

⁶⁷ <https://perma.cc/HC8R-ZTVS>.

⁶⁸ https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=Cpy9A2SEzU0aSFk1iYMQfA%3D%3D.

⁶⁹ https://tags.hhs.gov/Detail/RecipDetail?arg_EntityId=Cpy9A2SEzU0aSFk1iYMQfA%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
13	University of California, Davis Family Medicine Residency Sacramento, CA	University of California, Davis UEI: TX2DAGQPENZ5	2025	CDC, FDA, HRSA, NIH, ACL	\$310,351,918 ⁷⁰
14	University of California, Irvine, Family Medicine Residency Irvine, CA	University of California Irvine UEI: MJC5FCYQTPE6	2025	HRSA, NIH	\$236,185,491 ⁷¹
15	University of California, San Francisco, Family Medicine Residency San Francisco, CA	Regents of the University of California, San Francisco UEI: KMH5K9V7S518	2025	FDA, CDC, HRSA, NIH, ACL, AHRQ	\$852,387,737 ⁷²

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=N3%2FxFtPx2CHtvEMYU4RuJ0Q%3D%3D.

⁷¹ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=9X9BWf1jFrnPemKwIY5JxQ%3D%3D.

⁷² https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=uFwygujCGpZlgKBz%2BJom1w%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
16	University of Hawaii Family Medicine Residency Mililani, HI	University of Hawaii UEI: NSCKLFSSABF2	2025	ACL, CDC, HRSA, NIH, DHHS/OS, SAMHSA	\$69,167,722 ⁷³
17	University of Washington Family Medicine Residency Seattle, WA	University of Washington UEI: NFJ3CMQ4B418	2025	ACL	\$576,998 ⁷⁴
18	Valley Family Medicine Renton, WA	The sponsoring hospital, Valley Medical Center, has received Medicaid funding. ⁷⁵		CMS	

⁷³ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=VwGYo972sH%2Ftum0jtKmggg%3D%3D.

⁷⁴ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=7T%2B8vE2FfNVcd2SmPZ6ZAg%3D%3D.

⁷⁵ <https://perma.cc/VS3G-W4EV>.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
19	Family Medicine Residency at University of Illinois College of Medicine Chicago Chicago, IL	University of Illinois UEI: W8XEAJDKMXH3	2025	ACL, CDC, HRSA, NIH, FDA	\$200,891,904 ⁷⁶
20	Family Medicine Residency of Western Montana Missoula, MT	Montana Family Medicine Residency UEI: XN81EYH4JB37	2025	HRSA	\$1,328,513 ⁷⁷
21	University of Minnesota Medical Center Smiley's Family Medicine Residency	Regents of the University of Minnesota UEI: KABJZBBJ4B54	2025	CDC, HRSA, FDA, NIH, AHRQ	\$399,689,436 ⁷⁸

⁷⁶ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=i%2BdRVaktjrjORyRLH0vqdA%3D%3D.

⁷⁷ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=MyFYmZyewmajHYe6TZFAMQ%3D%3D.

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=c5neBgsrF%2B9v561%2F2TBBXQ%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
22	University of New Mexico Family Medicine Residency Albuquerque, NM	University of New Mexico UEI: G389MFAYJNG9	2025	CDC, HRSA, NIH, SAMHSA, AHRQ	\$96,981,601 ⁷⁹
23	Albany Medical Center Family Medicine Residency	Albany Medical College UEI: G6VVMPNK4Y48	2025	HRSA, NIH, SAMHSA	\$11,827,544 ⁸⁰
24	Boston Medical Center Family Medicine Boston, MA	Boston Medical Center Corporation UEI: JZ8RQC4EMDZ5	2025	HRSA, NIH, SAMHSA, AHRQ, CDC	\$37,700,550 ⁸¹

⁷⁹ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=GL32o6S9AkkTI7O6rgVz7A%3D%3D.

⁸⁰ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=MJNi9aP6uB%2BOKnLy1fYYVg%3D%3D.

⁸¹ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=3A5ccgzIj559ToUbjcDTt%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
25	Brown Family Medicine Providence, RI	Brown University UEI: E3FDXZ6TBHW3	2025	SAMHSA, NIH, CDC, HRSA,	\$133,477,486 ⁸²
26	Harlem Residency in Family Medicine New York, NY	The Institute for Family Health UEI: PD9KM6HMTMK7	2025	HRSA, CDC	\$16,696,873 ⁸³
27	Icahn School of Medicine at Mount Sinai Downtown Residency in Urban Family Medicine New York, NY	Icahn School of Medicine at Mount Sinai UEI: C8H9CNG1VBD9	2025	HRSA, CDC, FDA, AHRQ	\$498,566,431 ⁸⁴

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=%2BatcA%2BZOP8P3MuT7ZGRq9g%3D%3D.

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=BKkeDovLRswm0NIVpVsezA%3D%3D&utm.

⁸⁴ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=zWBnSXLr6Fz1dyTqnQPRIQ%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
28	Jefferson Family Medicine Residency Philadelphia, PA	Thomas Jefferson University UEI: R8JEVL4ULGB7	2025	HRSA, NIH, SAMHSA, ARHQ	\$71,180,951 ⁸⁵
29	Maine Dartmouth Family Medicine Residency Augusta, ME	Maine General Medical Center UEI: DCJGSC4LY1W4	2025	CDC	\$116,487 ⁸⁶
30	MaineHealth Main Medical Center Family Medicine Residency Program Portland, ME	MaineHealth UEI: MAYKB1LWD5U9	2025	CDC, HRSA, NIH, SAMHSA	\$28,236,131 ⁸⁷

⁸⁵ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=PHS7EAJP78AuN1y6m8dCMA%3D%3D.

⁸⁶ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=LGHlFHht%2FjSJDVE7isnsxw%3D%3D.

⁸⁷ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=3ZUWRb69%2FI79sS2IQrvZsw%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
31	Montefiore Family and Social Medicine Bronx, NY	Montefiore Medical Center UEI: FP1VD1HU5HV7	2025	HRSA, NIH, CDC	<u>\$9,919,493</u> ⁸⁸
32	NY Presbyterian-Columbia Family Medicine Residency Program New York, NY	The New York and Presbyterian Hospital UEI: JQLMFNLA4BP4	2025	CDC, HRSA, SAMHSA	<u>\$1,932,060</u> ⁸⁹
33	Penn Family Medicine Program Philadelphia, PA	Trustees of the University of Pennsylvania UEI: GM1XX56LEP58	2025	CDC, FDA, HRSA, NIH, AHRQ	<u>\$726,770,791</u> ⁹⁰

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=cLh7cC1C%2BqjDl7Vg%2FWj3%2Fw%3D%3D.

⁸⁹ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=96bf1MKXF6vIwfSK2PjxZQ%3D%3D.

⁹⁰ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=i9aoq4Z%2BaB9hv8QnLMylkQ%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
34	Phelps Family Medicine Residency Program Sleepy Hollow, NY	Phelps County Regional Medical Center UEI: E9LARVN5TLG5	2025	HRSA	\$953,555 ⁹¹
35	Rutgers RWJMS Family Medicine and Community Health New Brunswick, NJ	Rutgers, The State University UEI: M1LVPE5GLSD9	2025	NIH, SAMHSA, HRSA	\$46,241,018 ⁹²
36	Tufts Family Medicine Residency at Cambridge Health Alliance Malden, MA	Tufts Medical Center Parent, Inc. UEI: MY2ERHGDV956	2025	NIH, CDC	\$23,466,182 ⁹³

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=4DVDC47FG%2B2BiVEU%2FIkDNQ%3D%3D.

⁹² https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=F3Xq18q83KiyabG4doWSSA%3D%3D.

⁹³ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=DjVDVZoqujzNSEJTHUcHmQ%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
37	University of Maryland Family Medicine Residency Baltimore, MD	University of Maryland, Baltimore UEI: Z9CRZKD42ZT1	2025	CDC, HRSA, NIH, SAMHSA	\$199,390,005 ⁹⁴
38	University of Rochester Family Medicine Residency Rochester, NY	University of Rochester UEI: F27KDXZMF9Y8	2025	CDC, HRSA, NIH, SAMHSA	\$189,026,736 ⁹⁵
39	University of Vermont Family Medicine Residency Program Burlington, VT	University of Vermont & State Agricultural College UEI: Z94KLERAG5V9	2025	CDC, HRSA, NIH, SAMHSA	\$52,869,577 ⁹⁶

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=qCN0RlwvpVWkhUU%2B0wPxoQ%3D%3D.

⁹⁵ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=592mHrI%2Bkn5EPWEDiEr9GA%3D%3D.

⁹⁶ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=Wu9Z6rQEvsNh%2Fj9DnMxNhg%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
40	Christiana Care Wilmington, DE	Christiana Care Health Services, Inc. UEI: X4ADJRZ3Q1H4	2025	HRSA, NIH	\$2,927,032 ⁹⁷
41	Cooper Family Medicine Residency Program Camden, NJ	The Cooper Health System, a New Jersey Non-Profit Corporation UEI: KJSXV7BX15K5	2025	HRSA, ASPR	\$1,402,595 ⁹⁸
42	Duke Family Medicine Residency Durham, NC	Duke University UEI: TP7EK8DZV6N5	2025	CDC, FDA, CMS, NIH, AHRQ, HRSA	\$603,479,931 ⁹⁹

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=%2BPNafRSSjsC%2FeKQbLgoD4A%3D%3D.

⁹⁸ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=7Wtb%2BZ7bLV70S9ouuoqVzw%3D%3D.

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=AN4%2B6Hbo1NsMNcj4TaMJKQ%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
43	Full Circle Health Boise, ID	Full Circle Health, Inc. UEI: GBZ9LN4YLF5	2025	HRSA	\$5,430,115 ¹⁰⁰
44	Middlesex Health Family Medicine Residency Middletown, CT	The partnering hospital accepts Medicare. ¹⁰¹			
45	Morehouse School of Medicine Dominican Hospital Santa Cruz, CA	Dominican University of California UEI: UK5GQC1GVNZ4	2025	ACL	\$198,195 ¹⁰²

¹⁰⁰ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=1Ixpp4GY37AKdAGVh9DQjg%3D%3D.

¹⁰¹ <https://middlesexhealth.org/patients-and-visitors/billing/insurance-information>;
<https://perma.cc/96LA-RZN2>.

¹⁰²

https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=YdKDU4WODPo8fcWBpNmGVQ%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
46	Samaritan Family Medicine Residency Program Corvallis, OR	Samaritan North Lincoln Hospital UEI: DKW9C4KCHMP1	2025	HRSA	\$250,000 ¹⁰³
47	Temple University Family Medicine Residency Philadelphia, PA	Temple University of the Commonwealth System of Higher Education UEI: QD4MGHFDJKU1	2025	ACL, CDC, NIH, HRSA	\$64,287,309 ¹⁰⁴
48	University of California, San Diego Family Medicine Residency San Diego, CA	University of California, San Diego UEI: UYTTZT6G9DT1	2025	CDC, HRSA, NIH, ACF	\$587,691,895 ¹⁰⁵

¹⁰³ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=assC2EZjA1%2FJefUixI0lBA%3D%3D.

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https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=DB9el%2FkJH9VLur%2F2ufax2A%3D%3D.

¹⁰⁵ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=JRH4atyikrDSFj9y30lsLQ%3D%3D.

	RHEDI-Certified or Affiliated Family Medicine Program	Federally Funded Entity	Sample Fiscal Year (Issue Date)	HHS Funding OPDIV	Total Funds Received
49	University of Massachusetts, Worcester Worcester, MA	University of Massachusetts Medical School UEI: MQE2JHHJW9Q8	2025	CDC, HRSA, NIH, SAMHSA, ACL, AHRQ	<u>\$206,906,201</u> ¹⁰⁶

¹⁰⁶ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=iL%2FBgxlpiTF7tZJAE6qjRg%3D%3D.