



AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPATHIC MEDICINE

OFFICE OF THE PRESIDENT

April 4, 2011

The Honorable Fred Upton
Chairman, Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Henry Waxman
Ranking Member, Energy & Commerce Committee
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Upton and Ranking Member Waxman:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), I am writing to express my concern about H.R. 1216, which will be considered by the Energy & Commerce Committee tomorrow. AACOM represents the administrators, faculty and students of the nation's 26 colleges of osteopathic medicine, offering the doctor of osteopathic medicine (DO) degree at 34 locations in 26 states. Today, more than 19,000 students are enrolled in osteopathic medical schools. Nearly one in five U.S. medical students are training to be osteopathic physicians.

H.R. 1216 would convert the mandatory appropriations for the Teaching Health Center (THC) program established by Section 5508 of the Patient Protection and Affordable Care Act (ACA) into an authorization subject to the annual appropriations process. The ACA appropriated \$230 million over 2011-15 to the THC program to operate graduate medical education (GME) programs in community-based settings.

As designed, the THC program is uniquely positioned to address primary care training for underserved populations. AACOM can speak directly to the need for a program of this nature, as many of our members are educating osteopathic medical students in rural and underserved areas, and as many of our students ultimately practice primary care. It is the first GME program of its kind to move residency training out of hospital-based GME programs. If successful, this program will help to shift GME training to community-based care settings emphasizing primary care and prevention.

To fully evaluate the success of this program, the teaching health centers must have sufficient and sustainable funding as was guaranteed under the ACA. Earlier this year, the Department of Health

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and Human Services announced the first 11 THC's to receive funding; they include 3 sites in Beckley, WV, upstate NY, and Conroe, TX, which are affiliated with 3 of our member institutions. These programs are scheduled to begin training residents later this year; H.R. 1216 would jeopardize funding for these programs and nullify the contracts between them and HRSA.

However, our concerns extend beyond the potential loss of funds for these programs. The hospital-based GME program has been so successful because it has predictable funding each year. H.R. 1216 would remove this consistent funding for new community-based programs at a time it is most needed and would serve as a disincentive for future applicants. The THC program was expected to grow in future years as community-based sites invested in the infrastructure needed to run a training program. To participate, potential THC's would have to first secure commitments from future faculty, seek and secure accreditation, secure the support of key community stakeholders and recruit medical students for future residency positions. Without predictable funding, there would be no incentive to make these investments.

We urge the Committee to consider the necessity for community-based training programs like the THC's. H.R. 1216 has the potential to move our health system backward at a time when we must innovate to meet the health care needs of our growing and aging population.

Thank you for your time and consideration of this issue. Please do not hesitate to contact me at (301) 968-4142 or president@aacom.org if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "SC Shannon". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Stephen C. Shannon, D.O., M.P.H.
President and CEO