

**American Association of Colleges of Osteopathic Medicine  
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President and Chief Executive Officer**

*Submitted for the Record to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies*

**Concerning the Department of  
Health and Human Services Appropriations for Fiscal Year 2016**

April 3, 2015

**The American Association of Colleges of Osteopathic Medicine (AACOM) strongly supports restoring funding for discretionary Health Resources and Services Administration (HRSA) programs to \$7.48 billion; funding for key priorities in HRSA's Title VII programs under the Public Health Service Act; long-term sustainable funding for the Teaching Health Center Graduate Medical Education (GME) Program; sustainment of the National Health Service Corps (NHSC) and other scholarship and loan repayment programs; \$4 million for the Rural Physician Training Grants; \$32 billion for the National Institutes of Health (NIH); and \$375 million in base discretionary funding for the Agency for Healthcare Research and Quality (AHRQ).**

AACOM represents the 30 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 42 teaching locations in 28 states. In the 2014-15 academic year, these colleges are educating over 24,600 future physicians – more than 25 percent of new U.S. medical students. Six of the colleges are publicly controlled; 24 are private institutions.

**The Title VII health professions education programs**, authorized under the Public Health Service Act and administered through HRSA, support the training and education of health practitioners to enhance the supply, diversity, and distribution of the health care workforce, acting as an essential part of the health care safety net and filling the gaps in the supply of health professionals not met by traditional market forces. Title VII programs are the only federal programs designed to train primary care professionals in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.

As the demand for health professionals increases in the face of impending shortages, combined with faculty shortages across health professions disciplines, racial and ethnic disparities in health care, a growing, aging population, and the anticipated demand for increased access to care, these

needs strain an already fragile health care system. AACOM appreciates the investments that have been made in these programs, and we urge the Subcommittee to include support for the following programs: **the Primary Care Training and Enhancement (PCTE) Program, the Rural Physician Training Grants, the Centers of Excellence (COE), the Health Careers Opportunity Program (HCOP), the Scholarships for Disadvantaged Students (SDS) Program, the Geriatric Education Centers (GECs), and the Area Health Education Centers (AHECs).**

The **PCTE Program** provides funding to support awards to primary care professionals through grants to hospitals, medical schools, and other entities. **AACOM supports a minimum of \$71 million, a \$20 million increase above the \$51 million in the President's FY13 budget and a necessary increase over the FY15 budget request of \$37 million, to allow for a competitive grant cycle for the PCTE Program's physician training and development.**

The **Rural Physician Training Grants** will help rural-focused training programs recruit and graduate students most likely to practice medicine in underserved rural communities. Health professions workforce shortages are exacerbated in rural areas, where communities struggle to attract and maintain well-trained providers. According to HRSA, approximately 65 percent of primary care health professional shortage areas are rural. **AACOM supports the President's FY16 budget request of \$4 million for the Rural Physician Training Grants.**

The **COE Program** is integral to increasing the number of minority youth who pursue careers in the health professions. **AACOM supports the President's FY16 budget request of \$25 million for the COE Program.**

The **HCOP** provides students from disadvantaged backgrounds with the opportunity to develop the skills needed to successfully compete, enter, and graduate from health professions schools. **AACOM supports an appropriation of \$14.2 million for HCOP, which would continue the FY15 enacted level.**

The **SDS Program** provides scholarships to health professions students from disadvantaged backgrounds with financial need, many of whom are underrepresented minorities. **AACOM supports level funding of \$46 million for the SDS Program.**

**GECs** are collaborative arrangements between health professions schools and health care facilities that provide the training of health professions students, faculty, and practitioners in the diagnosis, treatment, prevention of disease, disability, and other health issues. **AACOM supports the President's FY16 budget request of \$34.2 million for the GECs.**

The **AHEC Program** provides funding for interdisciplinary, community-based, primary care training programs. Through a collaboration of medical schools and academic centers, a network of community-based leaders work to improve the distribution, diversity, supply, and quality of health personnel, particularly primary care personnel in the health care services delivery system, specifically in rural and underserved areas. **AACOM supports an appropriation of \$75 million for the AHEC Program in FY16 and strongly opposes the elimination of this vital program in the President's FY16 budget.**

AACOM has concerns with the Administration's budget request that would cut nearly \$16 billion from Medicare GME. Because GME funding is critical to medical residency training across the country, an imperative juncture of the development of the future health care workforce, AACOM believes that current GME funding should not be eliminated and simply shifted into other relevant health care workforce programs. Instead, additional investments in GME are critical to an already insufficiently-funded system.

AACOM strongly supports the continuation of the **THCGME Program**, which provides funding to support primary care medical and dental residents training in community-based settings. THCs currently train more than 550 medical and dental residents and are providing more than 700,000 primary care visits in underserved rural and urban communities. This program will also provide long-term benefits. According to the HRSA, physicians who train in THCs are three times more likely to work in such centers and more than twice as likely to work in underserved areas as physicians who train in other settings. **We are pleased to see a two-year extension of this program in H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, and look forward to its passage in the Senate. We will continue to work with Congress to support a sustainable and viable funding mechanism for the continuation of this successful program. In addition, we support an investment of \$10 million minimally in FY16 for THC development grants.**

The NHSC supports physicians and other health professionals who practice in health professional shortage areas across the U.S. In FY14, the NHSC had a total of 9,242 primary care clinicians providing health care services. The NHSC projects that a field strength of 15,000 primary care clinicians will be in health professional shortage areas in FY16. In addition, more than 1,100 students, residents, and health providers receive scholarships or participate in the Student to Service Loan Repayment Program to prepare to practice. Of the new NHSC scholarships and loan repayment awarded to students (D.O. and M.D.) in FY14, 30 percent were awarded to D.O.s. **We are pleased to see a two-year extension of this program in H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, and look forward to its passage in the Senate. AACOM supports the continuation and sustainability of this critical program.**

Research funded by the NIH leads to important medical discoveries regarding the causes, treatments, and cures for common and rare diseases, as well as disease prevention. These efforts improve our nation's health and save lives. To maintain a robust research agenda, further investment will be needed. **AACOM recommends \$32 billion for the NIH.**

**AHRQ** supports research to improve health care quality, reduce costs, advance patient safety, decrease medical errors, and broaden access to essential services. AHRQ plays an important role in producing the evidence base needed to improve our nation's health and health care. The incremental increases for AHRQ's Patient Centered Health Research Program in recent years will help AHRQ generate more of this research and expand the infrastructure needed to increase capacity to produce this evidence; however, more investment is needed. **AACOM recommends \$375 million in base discretionary funding, restoring the base to FY 2011 levels for the AHRQ.** This investment will preserve AHRQ's current programs while helping to restore its critical health care safety, quality, and efficiency initiatives.

AACOM is grateful for the opportunity to submit its views and looks forward to continuing to work with the Subcommittee on these important matters.