



Purpose

Research shows that **medical students who train in rural and underserved communities are more likely to stay and practice in those areas**. The *Community TEAMS Act* (H.R. 3885) expands medical school clinical rotations in rural and underserved areas, strengthening the physician workforce pipeline and improving access to care in communities of greatest need.

Background

According to the Health Resources and Services Administration's (HRSA) Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a clear shift toward providing care in **community-based clinics rather than academic hospitals**. Yet while 80 percent of all hospital admissions occur outside academic hospitals, only 20 percent of physician training takes place in these settings. To address workforce shortages and meet community needs, more medical education must move beyond centralized hospitals and into lower-cost, community-based facilities where most patients actually receive care.

Osteopathic medical schools, along with many new allopathic schools, have embraced a **community-based distributed training model** that places students directly in the environments where they are most needed. Training in these settings exposes medical students to the healthcare challenges of rural and underserved populations and increases the likelihood they will remain in these communities after graduation. Still, **more than three-quarters of medical schools report ongoing concerns about the availability of clinical training sites**.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) represent critical venues for this training. **Serving over 31 million patients across more than 14,000 sites**, these facilities are well positioned to expand access to clinical education. However, despite their reach, 80 percent of physician training still occurs in academic medical centers. Colleges of Osteopathic Medicine (COMs) have made rural and underserved training a priority: 60 percent are located in health professional shortage areas, 64 percent require rural or underserved rotations, and 88 percent have a stated public commitment to rural health. Evidence shows that students who train in these settings are nearly **three times more likely to practice in underserved communities and four times more likely to practice primary care there**, underscoring the urgent need to expand community-based training opportunities.

Impact

The bipartisan *Community TEAMS Act* establishes a new HRSA grant program for osteopathic and allopathic medical schools to expand clinical rotations through partnerships with FQHCs, RHCs and other healthcare facilities in medically underserved communities.

Championed by Reps. Carol D. Miller (R-WV), Marc A. Veasey (D-TX), Sam Graves (R-MO), and Troy Carter (D-LA), the *Community TEAMS Act* expands healthcare access by increasing community-based training opportunities for medical students, helping ensure more physicians practice in the areas of greatest need.

AACOM Requests

- Representatives to cosponsor the *Community TEAMS Act*, H.R. 3885
- Senate to introduce a companion bill to the *Community TEAMS Act*

About AACOM

The American Association of Colleges of Osteopathic Medicine (AACOM) leads and advocates for osteopathic medical education to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, AACOM represents all 43 colleges of osteopathic medicine — educating more than 38,000 future physicians, nearly 30 percent of all US medical students — at 70 medical school campuses, as well as osteopathic graduate medical education professionals and trainees at US medical centers, hospitals, clinics and health systems. **For more information, please contact David Bergman, SVP of Government Relations and Health Affairs, dbergman@aacom.org (301) 968-4174.**