



Purpose

Research shows that **medical students receiving education and training in rural and underserved communities are more likely to stay and practice in those areas.** The *Community TEAMS Act*, H.R. 3885, will increase medical school clinical rotations in rural and underserved areas, strengthening the physician workforce pipeline and leading to greater healthcare access in disadvantaged communities.

Background

According to the Health Resources and Services Administration's (HRSA) Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a growing trend toward providing care in community-based clinics instead of academic hospitals. **Regrettably, only 20% of physician training is currently occurring in these settings despite the fact that 80% of all hospital admissions occur outside academic hospitals.** To address workforce shortages and community needs, more healthcare training needs to shift away from centralized hospitals to encompass more lower-cost, community-based facilities.

As the provision of care shifts to community settings, so is the training of medical students. The community-based distributed training model of education is used by most osteopathic (DO) and new allopathic (MD) medical schools. Training in community-based settings exposes medical students to the unique healthcare needs of rural and underserved populations and leads them to practice in these communities after graduation. However, **more than three-quarters of all medical schools report concerns about the number of clinical training sites.**

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are community-based facilities that serve more than 31 million patients at more than 14,000 locations. These facilities provide training opportunities for medical students but 80% of physician training still occurs in academic medical centers. **Colleges of osteopathic medicine (COMs) prioritize training future physicians in rural and underserved areas served by FQHCs and RHCs.** Fifty-six percent (56%) of COMs are located in health professional shortage areas, 64% require their students to go on clinical rotations in rural and underserved areas and 88% have a stated public commitment to rural health. Community training increases access to healthcare as **medical students who train in underserved areas are almost three times more likely to practice in underserved areas and four times more likely to practice primary care** in those areas.

Impact

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

Championed in the House by Reps. Miller (R-WV), Veasey (D-TX), Graves (R-MO) and Carter (D-LA) and in the Senate by Sens. Curtis (R-UT) and King (I-ME), the legislation will increase healthcare access for disadvantaged populations by providing community-based medical student training opportunities that lead to physician practice.

AACOM Requests

- Representatives to cosponsor the *Community TEAMS Act*, H.R. 3885
- Senators to cosponsor the *Community TEAMS Act*, S. 3989

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 46 colleges of osteopathic medicine — educating more than 38,000 future physicians, nearly 30 percent of all US medical students — at 73 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.**