

The Honorable Carol Miller
U.S. House of Representatives
465 Cannon House Office Building
Washington, DC 20515

The Honorable Marc Veasey
U.S. House of Representatives
2186 Rayburn House Office Building
Washington, DC 20515

The Honorable Sam Graves
U.S. House of Representatives
1135 Longworth House Office Building
Washington, DC 20515

The Honorable Troy Carter
U.S. House of Representatives
442 Cannon House Office Building
Washington, DC 20515

The Honorable John Curtis
U.S. Senate
502 Hart Senate Office Building
Washington, DC 20510

The Honorable Angus King
U.S. Senate
133 Hart Senate Office Building
Washington, DC 20510

Dear Representatives Miller, Veasey, Graves and Carter and Senators Curtis and King:

Thank you for your efforts to expand clinical training opportunities for medical students through the introduction of the *Community Training, Education, and Access for Medical Students (TEAMS) Act*, H.R. 3885 / S. 3989. This legislation will increase medical school clinical rotations in rural and underserved areas, strengthen the physician pipeline and lead to greater healthcare access in disadvantaged communities. The undersigned organizations strongly support the *Community TEAMS Act*.

To address workforce shortages and community needs, the provision of healthcare is shifting away from centralized hospitals to encompass more lower-cost, community-based settings. As the provision of care has shifted to community facilities, so has the training of medical students. The community-based distributed training model of education is used by the vast majority of osteopathic (DO) and new allopathic (MD) medical schools. However, [more than 75 percent](#) 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 over 14,000 locations. These facilities provide training opportunities for medical students but [80 percent of physician training](#) still occurs in academic medical centers. Providing more clinical training at FQHCs and RHCs will result in greater healthcare access as medical students who train in these settings are [more likely to practice](#) in them.

The *Community TEAMS Act* addresses the need for more clinical training sites by establishing a new HRSA grant program for osteopathic and allopathic medical schools to partner with FQHCs, RHCs or other healthcare facilities located in medically underserved communities. Clinical training in community-based settings exposes medical students to the unique healthcare needs of disadvantaged populations and prepares them to serve these communities after graduation.

Thank you for your leadership on this critical issue. The undersigned organizations stand ready to work with you to advance the *Community TEAMS Act*. For any questions, please contact Dave Bergman, JD, AACOM Senior Vice President of Government Relations and Health Affairs, at dbergman@aacom.org.

Signatories as of March 26, 2026

NATIONAL ORGANIZATIONS

American Association of Colleges of Osteopathic Medicine

Advocates for Community Health

American Association of Teaching Health Centers

American Academy of Family Physicians

American Academy of Osteopathy

American Board of Medical Specialties

American College of Osteopathic Family Physicians

American College of Osteopathic Internists

American College of Osteopathic Obstetricians and Gynecologists

American College of Osteopathic Pediatricians

American Osteopathic Academy of Addiction Medicine

American Osteopathic Academy of Orthopedics

American Osteopathic Association

American Osteopathic College of Anesthesiologists

American Osteopathic College of Occupational and Preventive Medicine

American Osteopathic College of Physical Medicine & Rehabilitation

American Osteopathic College of Proctology

American Osteopathic College of Radiology

American Osteopathic Colleges of Ophthalmology & Otolaryngology-Head and Neck Surgery

Council of Academic Family Medicine

National Association of Rural Health Clinics

National Rural Health Association

STATE ORGANIZATIONS

Alabama Osteopathic Medical Association

Colorado Society of Osteopathic Medicine

Delaware State Osteopathic Medical Society

Florida Osteopathic Medical Association

Georgia Osteopathic Medical Association

Idaho Osteopathic Physicians Association

Illinois Osteopathic Medical Society

Indiana Osteopathic Association

Iowa Osteopathic Medical Association

Louisiana Osteopathic Medical Association
Louisiana Rural Health Association
Maine Osteopathic Association
Michigan Osteopathic Association
Minnesota Rural Health Association
Mississippi Osteopathic Medical Association
Missouri Association of Osteopathic Physicians and Surgeons
Montana Osteopathic Medical Association
Nebraska Osteopathic Medical Association
Nevada Osteopathic Medical Association
New Hampshire Osteopathic Association
New Jersey Association of Osteopathic Physicians and Surgeons
New Mexico Osteopathic Medical Association
New York State Association for Rural Health
North Carolina Osteopathic Medical Association
Ohio Osteopathic Association
Pennsylvania Rural Health Association
Rhode Island Society of Osteopathic Physicians and Surgeons
Rural Health Association of Tennessee
Tennessee Osteopathic Medical Association
Virginia Osteopathic Medical Association
Washington Osteopathic Medical Association
Washington State Medical Association
West Virginia Osteopathic Medical Association
West Virginia Rural Health Association
Wisconsin Association of Osteopathic Physicians & Surgeons