

**Written Testimony for the Record  
on behalf of the  
American Association of Colleges of Osteopathic Medicine**

**House Committee on Appropriations Oversight Hearing Entitled:  
“Addressing the Challenges of Rural America”**

**March 29, 2023**

Chairwoman Granger, Ranking Member DeLauro and esteemed Committee members, as you examine our nation’s healthcare workforce shortages, especially in underserved and rural communities, the American Association of Colleges of Osteopathic Medicine (AACOM) believes that the physicians trained at our nation’s colleges of osteopathic medicine (COMs) are an important part of the solution. We commend you for holding today’s hearing and appreciate you permitting AACOM to offer this written testimony for the record. AACOM stands ready to work with you and your House colleagues to advance policies and programs that will help ensure our nation has the healthcare workforce we need for the patients of today and tomorrow.

**About AACOM and Osteopathic Medicine**

AACOM is the leading advocate for the full continuum of osteopathic medical education (OME) to improve public health. Founded in 1898 to support and assist the nation’s osteopathic medical schools, AACOM represents 38 accredited COMs—educating more than 35,000 future physicians, 25% of all U.S. medical students—at 62 teaching locations in 35 states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Osteopathic medicine confers all the benefits of modern medicine, including prescription drugs, surgery and the use of technology to diagnose and treat disease and injury. Osteopathic medicine also offers the added benefit of hands-on diagnosis and treatment of conditions through a system known as osteopathic manipulative medicine. Doctors of Osteopathic Medicine (DOs) are trained in medical school to take a holistic approach when treating patients, focusing on the integrated nature of the various organ systems and the body’s incredible capacity for self-healing. DOs are licensed in all 50 U.S. states to practice medicine, perform surgery and prescribe medications. The osteopathic medical tradition holds that a strong foundation as a generalist makes one a better physician, regardless of one’s ultimate practice specialty—which is the reason why more than half of DOs currently practice in primary care.<sup>1</sup> More than 7,300 DOs were added to the U.S. physician workforce in 2022, adding to the 141,000 DOs currently in practice.<sup>2</sup>

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<sup>1</sup> National Resident Matching Program, 2021 Main Residency Match, available at [https://www.nrmp.org/wp-content/uploads/2021/08/Advance-Data-Tables-2021\\_Final.pdf](https://www.nrmp.org/wp-content/uploads/2021/08/Advance-Data-Tables-2021_Final.pdf)

<sup>2</sup> American Osteopathic Association, 2022 report tracks increased growth in the osteopathic profession, available at <https://osteopathic.org/about/aoa-statistics/>

### **Osteopathic Physicians Play a Significant Role in Addressing Shortages and Expanding Access to Care**

**The osteopathic profession is growing at a rapid pace, with more than 11% of all physicians in the U.S. holding a DO degree.<sup>3</sup> Indeed, the Bureau of Labor Statistics cites osteopathic medicine as being the fastest growing medical field.** Over the past decade in the U.S., the total number of DOs and osteopathic medical students has grown more than 81%.<sup>4</sup> More than 25% of U.S. medical students are enrolled in colleges of osteopathic medicine (COMs)—an amount that is expected to grow to 30% by 2030.<sup>5</sup>

**Furthermore, osteopathic physicians comprise one of the youngest segments of the healthcare workforce. Two-thirds of actively practicing DOs, more than 82,000 physicians, are under the age of 45, and 35% of DOs are under the age of 35.<sup>6</sup>** The COVID-19 pandemic has left a devastating impact on the medical field. Many physicians opted to retire early or left the practice of medicine temporarily or permanently due to stress and burnout. The field of osteopathic medicine is working to address the gaps in the physician workforce created by the pandemic. Osteopathic medicine is building a young, dynamic and resilient workforce that is helping to meet health system challenges.

Shortages of healthcare professionals and physicians have impacted virtually every community across the nation; however, some communities have felt the effects of the shortages much more acutely than others. For people living in rural areas of the U.S., staff shortages do not just lead to longer wait times for appointments, they can lead to the closing of doctors’ offices and clinics, which for many people offer the only healthcare providers for miles. During medical emergencies, residents of rural communities may have to wait hours for ambulances or travel hundreds of miles just to see a doctor. These long wait times can be the difference between life and death. Shortages of healthcare professionals are not new for rural communities, and they been significantly exacerbated by the pandemic and its aftermath.

Rural towns and counties traditionally have fewer physicians, nurses, specialists and other healthcare workers, and the loss of even a single healthcare provider can have a devastating effect.<sup>7</sup> Twenty percent (20%) of our country’s population resides in rural areas, and they tend to have worse health outcomes than their urban or suburban counterparts.<sup>8</sup> Rural Americans are

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<sup>3</sup> American Osteopathic Association, What is a DO?, available at [https://osteopathic.org/what-is-osteopathic-medicine/what-is-a-](https://osteopathic.org/what-is-osteopathic-medicine/what-is-a-do/#:~:text=Accounting%20for%20approximately%2011%25%20of,get%20healthy%20and%20stay%20well.)

[do/#:~:text=Accounting%20for%20approximately%2011%25%20of,get%20healthy%20and%20stay%20well.](https://osteopathic.org/what-is-osteopathic-medicine/what-is-a-do/#:~:text=Accounting%20for%20approximately%2011%25%20of,get%20healthy%20and%20stay%20well.)

<sup>4</sup> American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

<sup>5</sup> American Association of Colleges of Osteopathic Medicine [https://www.aacom.org/become-a-doctor/about-osteopathic-medicine/quick-](https://www.aacom.org/become-a-doctor/about-osteopathic-medicine/quick-facts#:~:text=Today%2C%20more%20than%2025%20percent,training%20to%20be%20osteopathic%20physicians)

[facts#:~:text=Today%2C%20more%20than%2025%20percent,training%20to%20be%20osteopathic%20physicians](https://www.aacom.org/become-a-doctor/about-osteopathic-medicine/quick-facts#:~:text=Today%2C%20more%20than%2025%20percent,training%20to%20be%20osteopathic%20physicians)

<sup>6</sup> American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

<sup>7</sup> National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at [https://www.ruralhealth.us/getattachment/Advocate/Policy-](https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US)

[Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US](https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US)

<sup>8</sup> American Hospital Association, Rural Report: Challenges Facing Rural Communities and the Roadmap to Ensure Local Access to High-quality, Affordable Care, available at <https://www.aha.org/system/files/2019-02/rural-report->

often poorer, have a higher uninsured rate and suffer from more chronic health conditions than their suburban counterparts. Additionally, rural communities are routinely situated in remote areas with little to no economic infrastructure, making it difficult to attract and retain medical talent.<sup>9</sup> These vulnerable communities have a dire need for healthcare providers, yet only 11% of physicians choose to practice in rural areas.<sup>10</sup>

The physicians who do practice in rural areas tend to be older, work longer hours, see a greater number of patients and perform a greater variety of procedures than their counterparts who practice in urban settings.<sup>11</sup> This strain on rural physicians increases the likelihood they will experience burnout and leave the practice of medicine. Of note, 28.9% of physicians practicing in remote rural communities are over the age of 56, which illustrates the need to generate a significant number of younger practitioners to take their place when they retire.<sup>12</sup>

**Serving rural and underserved populations is a key pillar of AACOM and our member schools.** While large academic medical centers represent only five percent of all hospitals in the U.S.<sup>13</sup> and only 20% of all hospital admissions, surgical operations and outpatient visits, community-based hospitals and facilities provide the overwhelming majority of health care.<sup>14</sup> That is why AACOM and its member institutions have made a concerted effort to promote training in diverse healthcare settings, such as community hospitals and healthcare facilities located in rural parts of the country.

**Sixty percent (60%) of osteopathic medical schools are located in a federally designated Health Professional Shortage Area (HPSA), and 64% require clinical rotations in rural and underserved communities. Moreover, 88% of COMs have a stated public commitment to rural health.** Our research shows that the location of medical education and residency training directly impacts practice location, so the osteopathic rural training model leads to more physicians in these underserved areas.

Training medical students in rural communities has been shown to mitigate chronic and acute shortages in these areas. Nearly half of graduating 2020-2021 osteopathic medical students plan

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[2019.pdf](#)

<sup>9</sup> National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at <https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>

<sup>10</sup> The Association of American Medical Colleges, Attracting the next generation of physicians to rural medicine, available at <https://www.aamc.org/news-insights/attracting-next-generation-physicians-rural-medicine>

<sup>11</sup> <sup>10</sup> National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at <https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>

<sup>12</sup> University of Washington, The Aging of the Primary Care Workforce: Are Rural Locations Vulnerable?, available at [https://depts.washington.edu/uwrhrc/uploads/Aging\\_MDs\\_PB.pdf](https://depts.washington.edu/uwrhrc/uploads/Aging_MDs_PB.pdf)

<sup>13</sup> Association of American Medical Colleges, Letter to Senators Patty Murray and Richard Burr, June 30, 2021, available at <https://www.aamc.org/media/55191/download?attachment>

<sup>14</sup> Burke LG, Frakt AB, Khullar D, Orav EJ, Jha AK. Association Between Teaching Status and Mortality in US Hospitals. *JAMA*. 2017;317(20):2105–2113. doi:10.1001/jama.2017.5702

to practice in a medically underserved or health shortage area; of those, 49% plan to practice in a rural community.<sup>15</sup> Significantly, more than 73% of DOs practice in the state where they do their residency training, and that number rises to 86% when they attend both medical school and have their residency in the state.

**Moreover, most medical students graduating with a DO degree are opting to practice primary care.** In 2022, 55.1% of senior DO medical students in the U.S. went into primary care, compared to only 40.6% of MD seniors. Nationwide, 57% of DOs practice in primary care, including family medicine, internal medicine and pediatrics.<sup>16</sup> DOs have increased access to many underserved populations by providing primary care to rural populations.

### **AACOM Policy Recommendations**

Osteopathic medicine has a blueprint for success in combatting the physician workforce shortages that plague our country’s healthcare system. We respectfully offer several recommendations for the 118<sup>th</sup> Congress to ensure an adequate healthcare workforce for the nation:

- **Increase the funding for and number of graduate medical education (GME) positions, prioritizing development in rural and underserved areas.** GME is the pathway for DOs and MDs to gain experience and hone their clinical skills. Current federal funding levels for GME are not sufficient to address the shortages faced by hospitals, doctors’ offices and clinics throughout the nation, especially in rural communities. Congress needs to boost the number of residency positions and modify policies to allow GME funding to flow to rural and underserved areas.
- **Implement policies that leverage all available physicians by ensuring that DOs and MDs have equal access to federally-funded GME programs.** At least 32% of residency program directors never or seldom interview DO candidates, and of those that do, at least 56% require them to take the USMLE (the MD licensing exam), in addition to the osteopathic medical exam, COMLEX-USA.<sup>17</sup> The demands of medical school are arduous, and osteopathic students should not be subjected to 33 hours and \$2235 (as well as prep costs and time) that is required to take the USMLE. Moreover, these burdensome and unnecessary practices thwart the development of osteopathic physicians, which in turn contribute to the nation’s doctor shortage, especially in rural and underserved areas. Congress should pass legislation that ensures all federally funded GME programs are open to DOs and equally accept the COMLEX-USA and USMLE, if an examination is requested for acceptance.
- **Provide permanent funding for the Teaching Health Center Graduate Medical**

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<sup>15</sup> American Association of Colleges of Osteopathic Medicine, 2020-2021 Academic Year Graduating Seniors Survey Summary Report, available at <https://www.aacom.org/searches/reports/report/2020-2021-academic-year-graduating-seniors-survey-summary-report>

<sup>16</sup> American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

<sup>17</sup> National Residency Matching Program, 2022 Program Director Survey, available at <https://www.nrmp.org/match-data-analytics/residency-data-reports/>

**Education (THCGME) Program.** This vital program trains students in outpatient settings, such as Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and tribal health centers. THCGME Program training sites prioritize care for high-need communities and vulnerable populations, with more than half located in medically underserved communities. The program is important to the osteopathic community: In 2021, there were 460 DO residents training in a THC—60% of all THCGME residents. Due to their reliance on variable annual discretionary funding, THCs face operational and planning struggles, which frustrate the growth and development of new and existing programs. Permanent robust funding is needed to strengthen the THCGME Program and establish a healthy, stable infrastructure for physician training in outpatient settings.

- **Expand funding and support for community-based training models, including clinical rotations in rural and underserved communities.** 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 smaller community-based clinics instead of academic hospitals. As the provision of care has shifted to community-based settings, so has the training of medical students. Clinical training in these community-based settings expose medical students to the unique healthcare needs of rural and underserved populations and prepare them to serve those communities after graduation. Research suggests that medical education in a rural location increases the likelihood of rural practice. However, over three-quarters of all medical schools report concerns with the number of clinical training sites and the quality and supply of preceptors, especially in primary care. To support this trend toward less expensive and less centralized care, Congress must modify existing funding streams and establish new programs to support community-based training. With rural communities suffering the most from physician shortages, Congress should fund a new program within HRSA that creates a consortium of osteopathic medical schools, rural health clinics and federally qualified health centers to increase medical school clinical rotations in rural community-based facilities.
- **Increase funding for the Title VII and Title VIII programs.** Currently, Title VII is the only source of federal dollars that promotes the practice of primary care in rural and underserved communities. Its vital programs offer a lifeline to medical students facing financial barriers and underserved communities afflicted by physician shortages. The Title VIII Nursing Workforce Development Programs play an essential role in expanding the nation’s pipeline of nurses, including for rural communities. The delivery of healthcare involves a team, and DOs and nurses collaborate in inpatient and outpatient settings to deliver quality care to their patients. Boosting annual appropriations for both Titles VII and Title VIII will strengthen our healthcare workforce nationwide.

### **Conclusion**

On behalf of the 62 osteopathic medical school campuses and the 35,000 medical students they serve, thank you for your consideration of our views and recommendations. Again, we are eager to be a resource as you examine and consider solutions to the nation’s healthcare challenges. For questions or further information, please contact David Bergman, JD, Vice President of Government Relations, at [dbergman@acom.org](mailto:dbergman@acom.org).