Testimony of Robert A. Cain, DO, FACOI, FAODME

President and Chief Executive Officer

American Association of Colleges of Osteopathic Medicine

Concerning the Department of Health and Human Services

Submitted for the Record to the House Committee on Appropriations

Subcommittee on Labor, Health & Human Services, Education, and Related Agencies

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The American Association of Colleges of Osteopathic Medicine (AACOM) appreciates the opportunity to highlight priorities for the osteopathic medical education (OME) community in the Labor, Health and Human Services, Education, and Related Agencies (LHHSE) fiscal year (FY) 2024 U.S. Department of Health and Human Services (HHS) budget. AACOM supports FY24 funding levels for the following priority programs:

- **$50.9 billion for the National Institutes of Health (NIH)**
- **$11.5 billion for the Centers for Disease Control and Prevention**
- **$10.5 billion for discretionary Health Resources and Services Administration (HRSA)**
- $**1.51 billion for the *Public Health Service Act* Title VII and Title VIII Health Professions Workforce Programs**
- **$264 million for the Teaching Health Center Graduate Medical Education Program**
- **$564 million for the Agency for Healthcare Research and Quality**
- **$385 million for the Children's Hospital Graduate Medical Education Program**
- **$176 million for discretionary National Health Service Corps Scholarship and Loan Programs**

- **$60 million for the Medical Student Education Program**
- **$54 million for the Primary Care Training and Enhancement Program**
- **$47 million for the Area Health Education Center Program**
- **$28 million for the Healthcare Workforce Innovation Program**
- **Permanent funding for the Rural Residency Planning and Development Program**

AACOM leads and advocates for the full continuum of osteopathic medical education to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 38 accredited colleges of osteopathic medicine (COMs)—educating nearly 35,000 future physicians, 25 percent of all U.S. medical students—at 62 teaching locations in 35 U.S. states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Community-based Training for Medical Students

AACOM urges the LHHSE Subcommittee to increase training sites for medical students in rural communities to strengthen the physician workforce for underserved populations. We recommend the LHHSE Subcommittee include FY24 funding to establish a new program that increases clinical rotations for medical students in rural communities.

According to the HRSA's Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a growing trend toward providing care in smaller community-based clinics instead of academic hospitals. Large academic medical centers represent only 5% of all hospitals in the United States and only 20% of all hospital admissions, surgical operations and outpatient visits. The traditional site of clinical training for students in many health professions has been the teaching hospital, often affiliated with a university or other academic center. 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 medical needs of rural and underserved populations and prepare them to serve those communities after graduation.

Many community clinics are set in rural or other underserved locations that need more primary care providers, and trainees exposed to underserved populations are more likely to practice in similar settings upon graduation. Research suggests that medical education in a rural location increases the number of medical graduates that will work in a rural community. 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 address workforce shortages and expanding needs, the provision of health care is shifting away from expensive and centralized hospitals to encompass more lower-cost, community-based settings.

COMs are at the forefront of training future physicians in these rural and underserved areas. Sixty percent 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. Eighty-six percent of doctors of osteopathic medicine (DOs) who have their COM and residency in a state, stay to practice in that state. As experts in the distributed model of training, COMs are committed to community-based training and increased physician practice in rural and underserved areas. **AACOM urges LHHSE to provide funding for a program to support medical student clinical rotations in rural areas that will lead to increased access to healthcare for these communities.**

NIH Funding and Representation for Osteopathic Medicine

AACOM is concerned that scientists at osteopathic medical schools are underutilized in NIH research and underrepresented on NIH Advisory Councils and study sections.

Building on report language highlighting concerns in the FY22 and FY23 omnibus appropriations bills (PLs 117-103 and 117-328), a bipartisan, bicameral group of 23 lawmakers led by Senator Martin Heinrich (D-NM), Senator Roger Wicker (R-MS) and Representative Susie Lee (D-NV) submitted a July 2022 letter urging Acting NIH Director Dr. Lawrence A. Tabak to implement a plan to expand funding opportunities for research in osteopathic medicine.

AACOM thanks Congress for acknowledging this disparity. Yet, to date, the NIH has taken no overt action to address the concerns raised by Congress regarding COM underfunding and underrepresentation. **Therefore, AACOM requests that the LHHSE Subcommittee include report language directing NIH to take concrete steps to increase osteopathic research and representation.**

COMs receive only 0.1% ($64.2 million) of NIH funding compared to 43% ($23.9 billion) for MD institutions. Additionally, there are no DOs among the 3,233 study section reviewers (compared to 493 MDs) and only two DOs among the 462 National Advisory Council members (compared to 213 MDs). If this disparity in funding and representation continues, NIH will miss a key opportunity to bolster its capacity to address some of the Nation's most pressing health threats. A plan to increase funding for COMs and representation from COMs on National Advisory Councils and study sections is needed to strengthen research in the areas of primary care community-based services and health disparities of rural and underserved populations. AACOM urges LHHSE to direct NIH to create a plan to increase funding for COMs and representation from COMs on National Advisory Councils and study sections that includes a structured partnership with the osteopathic medical education community and incentives for principal investigators from COMs. AACOM appreciates the opportunity to share our LHHSE FY24 funding priorities and looks forward to continuing to work with the Subcommittee on these important matters.