



March 20, 2023

The Honorable Bernie Sanders  
Chairman  
Health, Education, Labor & Pensions  
Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Bill Cassidy  
Ranking Member  
Health, Education, Labor & Pensions  
Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

*Re: Request for Information Regarding Health Care Workforce Shortages*

Submitted via email: [HealthWorkforceComments@help.senate.gov](mailto:HealthWorkforceComments@help.senate.gov)

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for issuing a Request for Information (RFI) regarding the drivers of healthcare workforce shortages and ideas for potential solutions. We commend you for holding a hearing on this important subject and are grateful for the opportunity to submit our views and recommendations on this critical issue. AACOM believes physicians trained at our nation's colleges of osteopathic medicine (COMs) are an important part of the solution. We stand ready to work with you, the HELP Committee and your Senate 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 percent 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 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>

### Osteopathic Physicians Play a Significant Role in Addressing Shortages and Expanding Access to Care, Particularly in Rural Communities

The osteopathic profession is growing at a rapid pace, with more than 11 percent of all physicians in the U.S. holding a DO degree.<sup>3</sup> In fact, 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 percent.<sup>4</sup> More than 25 percent of U.S. medical students are enrolled in COMs—an amount that is expected to grow to 30 percent 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 percent of DOs are under the age of 35.<sup>6</sup> As we know too well, 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 meet the health system challenges we face today—and those that we will encounter tomorrow.

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. In the event of 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 are not just inconvenient, they can be the difference between life and death. Sadly, shortages of healthcare professionals are not new for rural communities; however, they have been significantly exacerbated by the pandemic and its aftermath.

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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/>

<sup>3</sup> American Osteopathic Association, What is a DO?, available at <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-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/>

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 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 often poorer, have a higher uninsured rate and suffer from more chronic health conditions than their suburban counterparts. Additionally, many rural communities are 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 percent of physicians choose to practice in rural areas.<sup>10</sup>

The physicians who 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 percent 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 percent of all hospital admissions, surgical operations and outpatient visits, community-based hospitals and facilities provide the overwhelming majority of healthcare.<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 of osteopathic medical schools are located in a federally designated Health Professional Shortage Area (HPSA), and 64 percent require clinical rotations in rural and

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<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-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-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> 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

underserved communities. Moreover, 88 percent 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 to practice in a medically underserved or health shortage area; of those, 49 percent plan to practice in a rural community.<sup>15</sup> Significantly, more than 73 percent of DOs practice in the state where they do their residency training, and that number rises to 86 percent when they attend 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 percent of senior DO medical students in the U.S. went into primary care, compared to only 40.6 percent of MD seniors. Nationwide, 57 percent 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 addressing the physician workforce shortage that threatens access to care across the country. While AACOM is working hard to solve this problem, we need partners in this important work. Public-private partnerships and the involvement of all stakeholders are essential to meeting the challenge. To that end, 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 percent of residency program directors never or seldom interview DO candidates, and of those that do, at least 56 percent 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 the emotional

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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/>

and financial strain of a second exam, which is in excess of physician licensure requirements. Moreover, these burdensome and unnecessary practices thwart the development of osteopathic physicians, which in turn contributes to the nation's physician workforce 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 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 percent 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 about 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 shortage of physicians and other healthcare professionals. COMs and their graduates have a long-standing commitment to meeting the needs of rural and underserved communities and training primary care physicians.

Please do not hesitate to call upon us if we can be of assistance as you seek to address this critically important access to care concern. For questions or further information, please contact David Bergman, JD, Vice President of Government Relations, at [dbergman@aacom.org](mailto:dbergman@aacom.org), or Julie Crockett, Director of Government Relations, at [jcrockett@aacom.org](mailto:jcrockett@aacom.org).

Sincerely,

A handwritten signature in black ink that reads "David A. Bergman". The signature is written in a cursive style with a long, sweeping horizontal line extending to the right.

David Bergman, JD  
Vice President of Government Relations  
AACOM