AACOM
American Association of Colleges of Osteopathic Medicine

Written Testimony for the Record
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House Ways and Means Committee Member Day Hearing

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Chairman Smith, Ranking Member Neal and esteemed Committee members, as you examine opportunities to improve access to healthcare across the country, 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 leads and advocates for osteopathic medical education (OME) to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, AACOM represents all 41 colleges of osteopathic medicine — educating more than 35,000 future physicians, 25 percent of all US medical students — at 65 medical school campuses, as well as osteopathic graduate medical education professionals and trainees at US medical centers, hospitals, clinics and health systems.

Osteopathic medicine is at the forefront of healthcare delivery, encompassing all aspects of modern medicine and therapeutic innovation. Osteopathic medicine also confers 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 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.[1] More than 7,300 DOs were added to the U.S. physician workforce in 2022, joining the 141,000 DOs already in practice.[2]

[1] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/
[2] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/

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

Osteopathic medicine is one of the fastest growing medical fields in the United States. Over the past decade in the U.S., the total number of DOs and osteopathic medical students has grown by 81%.[3] More than 25% of U.S. medical students are enrolled in colleges of osteopathic medicine (COMs) — a proportion that is expected to grow to 30% by 2030.[4]

Osteopathic physicians comprise one of the youngest segments of the healthcare workforce. More than 86,000 actively practicing DOs are under the age of 45, and 34% of DOs are under the age of 35.[5] These young physicians are critical as the medical field ages and deals with the devastating impact of the COVID-19 pandemic. The stress and burnout from the pandemic caused many physicians to retire early, take temporary leave, or withdraw from the practice of medicine. The field of osteopathic medicine is working to address the gaps in the physician workforce by building a young, dynamic and resilient workforce that is helping to meet health system challenges.

While workforce shortages persist across the nation, rural and underserved communities are disproportionately impacted. For individuals living in rural areas of the United States, staff shortages do not just lead to longer wait times for appointments, but can also lead to hospital and clinic closures, eliminating access to the only accessible healthcare providers.

Rural residents often must 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, where serious health conditions are exacerbated. Rural areas often lack access to quality health care. Of the roughly 2,000 U.S. counties classified as rural, more than 170 lacked an in-county critical access hospital, federally qualified health center, or rural health clinic—facilities collectively referred to as safety-net providers.[6] 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.[7]

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[3] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/
[4] American Association of Colleges of Osteopathic Medicine https://www.aacom.org/become-a-doctor/aboutosteopathic-medicine/quickfacts#:~:text=Today%2C%20more%20than%2025%20percent,training%20to%20be%20osteopathic%20physicians
[5] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/
[6] Kaufman, B.G., et al., The Rising Rate of Rural Hospital Closures. J Rural Health, 2016. 32(1): p. 35-43.
[7] 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-report2019.pdf

Additionally, rural communities are routinely situated in remote areas with little to no economic infrastructure, making it difficult to attract and retain medical talent.[8] These vulnerable communities have a dire need for healthcare providers, yet only 11% of physicians choose to practice in rural areas.[9] Often times, even where rural facilities exist, they are frequently understaffed and under-resourced. In fact, according to the Health Resources and Services Administration (HRSA), in March 2023 almost 70% of areas designated as primary medical health professional shortage areas were considered rural or partially rural.[10]

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.[11] This strain on rural physicians increases the likelihood they will experience provider burnout and abandon the practice of medicine. Of note, from 2000 to 2017, the number of physicians under age 50 living in rural areas decreased by 25%. By 2017, more than half of rural physicians were at least 50 years old, and more than a quarter were at least 60.[12] This highlights the need to recruit more younger physicians into the rural workforce.

Serving rural and underserved populations is a priority for AACOM and our member schools. While large academic medical centers represent only five percent of all hospitals in the U.S.[13] and only 20% of all hospital admissions, surgical operations and outpatient visits, community-based hospitals and facilities provide the overwhelming majority of healthcare.[14] That is why AACOM and its member institutions promote training in diverse healthcare settings, such as community hospitals and health centers located in rural parts of the country.

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

[9] 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

[10] Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services Second Quarter of Fiscal Year 2023 Designated HPSA Quarterly Summary, available at https://data.hrsa.gov/default/generatehpsaquarterlyreport

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

[12] Skinner, Lucy, et al. "Implications of an aging rural physician workforce." N Engl J Med 381.4 (2019): 299-301.

[13] 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

[14] 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

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. Research shows that the location of medical education and residency training 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. Forty-three percent (43%) of graduating 2021-2022 osteopathic medical students plan to practice in a medically underserved or health shortage area; of those, 40% plan to practice in a rural community.[15] **Significantly, more than 73% of DOs practice in the state where they do their residency training, and that percentage increases to 86% when they attend both medical school and residency in the state.**

Most medical students graduating with a DO degree are opting to practice primary care. In 2023, 55.9% of senior DO medical students in the U.S. went into primary care, compared to only 36.2% of MD seniors.[16] Nationwide, 57% of DOs practice in primary care, including family medicine, internal medicine and pediatrics.[17] 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 to ensure an adequate healthcare workforce for the nation:

- **Establish a program that includes 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.** Many community health centers are located in rural and urban underserved areas that need more physicians. Clinical training in community-based settings exposes medical students to the unique healthcare needs of rural and underserved populations and prepares them to serve these communities after graduation. Research shows that training medical students in underserved areas leads to practice in those communities. Congress needs to authorize a program to provide grants to eligible entities to expand the availability of community-based training opportunities for medical students in rural areas to facilitate long-term, sustainable physician practice in high-need communities.

[15] American Association of Colleges of Osteopathic Medicine, 2021-2022 Academic Year Graduating Seniors Survey Summary Report.
[16] National Residency Matching Program. Advanced Data Tables 2023 Main Residency Match, available at https://www.nrmp.org/wp-content/uploads/2023/04/Advance-Data-Tables-2023_FINAL-2.pdf
[17] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/

- **Provide a refundable tax credit to uncompensated medical school preceptors to help increase the supply of primary care physicians providing community-based training, especially in rural areas.** Preceptors train medical students in clinical rotations during their third- and fourth-year of medical school. More preceptors are needed to train future physicians, particularly in community-based settings. Congress should pass legislation creating a refundable tax credit for uncompensated preceptors to incentivize more physicians to train medical students and support high-quality care, especially in primary care.
- **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.[18] Medical school is arduous, and osteopathic medical students should not be excluded from one third of residency programs and subjected to the 32 hours and $2235 (as well as prep costs and time) that are required to take the USMLE. Moreover, these unfair practices impact the distribution of osteopathic physicians, which exacerbates access to healthcare, especially in rural and underserved areas. **AACOM recommends that Congress pass the bipartisan *Fair Access In Residency Act (H.R. 751)* to ensure that all federally-funded GME programs are open to DOs and accept the COMLEX-USA.**
- **Provide permanent funding for the Teaching Health Center Graduate Medical Education (THCGME) program.** The THCGME program trains physicians in outpatient settings, such as Rural Health Clinics, Federally Qualified Health Centers 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. Permanent robust funding is needed to strengthen the THCGME program and establish a healthy, stable infrastructure for physician training in outpatient settings. **AACOM recommends that Congress reauthorize and increase THCGME funding through legislation such as the *Lower Costs, More Transparency Act* (H.R. 5378), which would extend THCGME program funding through fiscal year 2030.**

Conclusion

On behalf of the 65 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, Senior Vice President of Government Relations and Health Affairs, at dbergman@aacom.org.

[18] National Residency Matching Program, 2022 Program Director Survey, available at https://www.nrmp.org/match- data-analytics/residency-data-reports/