AMA AMERICAN MEDICAL ASSOCIATION

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

The Honorable Ann Kuster
U.S. House of Representatives
2201 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Miller and Kuster:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to offer our support for H.R. 7258, the "Community Training, Education, and Access for Medical Students (Community TEAMS) Act." The Community TEAMS Act would amend the Public Health Service Act to provide grants for training opportunities for medical students in rural health clinics, federally qualified health centers, and health care facilities located in medically underserved communities.

With a projected shortage of 124,000 physicians by 2034, including a projected primary care physician shortage of between 17,800 and 48,000, and with over 250 million individuals currently living in Health Professional Shortage Areas (HPSAs), it is important to ensure that medical students are provided with training opportunities that will help to fulfill these shortages and deliver patients within HPSAs the care they need.[1,2]

However, the physicians who are most likely to practice in some of these HPSAs, such as those graduating from medical schools in rural areas, declined by 28 percent between 2002 and 2017.[3] This decrease is compounded by the fact that, in 2017, only 4.3 percent of incoming medical students were from rural backgrounds.[4] Moreover, "over three-quarters [of medical schools] report concerns about the number of clinical training sites…"[5] Therefore, as the nation faces physician shortages, sustained, long-term investments in physician training programs are necessary to help ensure care for our nation's most vulnerable populations.

Medical schools are often broken into two parts: pre-clinical and clinical. "The clinical portion of the training, traditionally the last two years of medical school, involves clinical rotations, during which time [medical students] receive basic instruction and hands-on experience with patients in the major medical specialties."[6] This clinical training is extremely important and plays a significant role in helping medical students determine what specialty they would like to undertake and where they would like to do their

[1] https://www.aamc.org/media/54681/download.
[2] https://data.hrsa.gov/topics/health-workforce/shortage-areas.
[3] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00924.
[4] https://www.aamc.org/news/attracting-next-generation-physicians-rural-medicine.
[5] https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/sixteenth-2018.pdf.
[6] https://students-residents.aamc.org/choosing-medical-career/what-expect-medical-school#:~:text=Many%20medical%20schools%20organize%20their%20training%20into%20two,of%20the%20body%2C%20diseases%2C%20diagnoses%2C%20and%20treatment%20concepts.

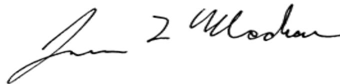
residency training. For example, "medical students with clinical training in underserved areas are almost three times as likely to practice in underserved areas than students who do not train in those areas. Furthermore, medical students training in underserved areas are about four times as likely to practice primary care in underserved areas as students who do not train in those locations."[7]

As such, exposure to diverse training sites in medical school is crucial to helping address the underlying workforce issues that these underserved communities face. A 2018 Health Resources and Service Administration report agrees with this assessment and notes that medical school clinical training in rural and underserved communities "can expose the student to new challenges and demands, while promoting creativity and independence. In addition, students often decide to work where they train, so increasing training in these locations may improve access to care in rural and other underserved communities."[8]

In alignment with these findings, a 2020 study found that 56 percent of the residents who completed their training between 2010 and 2019 were still practicing in the state in which they trained, and a 2015 study found that a similar portion of family medicine residents practiced within 100 miles of their training site after completing their training.[9] Consequently, increasing training opportunities in HPSAs via grants to medical schools, rural health clinics, federally qualified health centers, and health care facilities located in medically underserved communities, in alignment with the Community TEAMS Act, will likely increase physicians' willingness to serve in high need local communities for extended periods of their careers.

The AMA is committed to identifying long-term strategies to mitigate the physician shortage in community-based settings. As such, the AMA appreciates your leadership on this important issue, and we look forward to working with you to advance this legislation in the 118th Congress.

Sincerely,



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[7] https://pubmed.ncbi.nlm.nih.gov/28928345/.
[8] https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/sixteenth-2018.pdf.
[9] https://www.gao.gov/assets/gao-21-391.pdf.