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President and Chief Executive Officer
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Concerning the Department of Health and Human Services
Submitted for the Record to the Senate Committee on Appropriations
Subcommittee on Labor, Health & Human Services, Education, and Related Agencies
May 24, 2024

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) 2025 U.S. Department of Health and Human Services (HHS) budget. AACOM supports FY25 funding levels for the following priority programs:

- $51.303 billion for the National Institutes of Health (NIH)
- $11.581 billion for the Centers for Disease Control and Prevention
- $10.5 billion in discretionary funding for the Health Resources and Services Administration (HRSA)
- $1.51 billion for the *Public Health Service Act* Title VII and Title VIII Health Professions Workforce Programs
- $500 million for the Agency for Healthcare Research and Quality
- $385 million for the Children's Hospital Graduate Medical Education Program
- $320 million and a 5-year reauthorization for the Teaching Health Center Graduate Medical Education Program
- $915.6 million for National Health Service Corps Scholarship and Loan Programs
- $50.5 million for the Medical Student Education Program
- $59 million for the Primary Care Training and Enhancement Program
- $47 million for the Area Health Education Center Program
- $10 million for the Health Care Workforce Innovation Program
- Permanent funding for the Rural Residency Planning and Development Program

The AACOM leads and advocates for osteopathic medical education 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 (COMs) — educating more than 36,500 future physicians, 25 percent of all US medical students — at 66 medical school campuses, as well as osteopathic graduate medical education professionals and trainees at US medical centers, hospitals, clinics and health systems.

<u>Community-based Training for Medical Students</u>

AACOM urges the LHHSE Subcommittee to increase training sites for medical students in rural and medically underserved communities to strengthen the physician workforce for disadvantaged populations. We recommend the LHHSE Subcommittee include $10 million to establish a grant program within HRSA for medical schools to partner with Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs)

or other healthcare facilities located in underserved communities to increase medical school clinical rotations in rural and underserved areas.

The proposed $10 million would providing funding for grants created in the recently introduced Community Training, Education, and Access for Medical Students (Community TEAMS) Act of 2024 (S. 3968/H.R. 7258). The Community TEAMS Act would establish much needed clinical rotation opportunities for medical students to train in rural and underserved community-based facilities where most healthcare is delivered.

According to the HRSA's Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a growing trend toward providing care in community-based clinics instead of academic hospitals. Eighty percent (80%) of all hospital admissions occur outside academic hospitals, but only 20% of physician training happens in community-based clinics. To address workforce shortages and community needs, the provision of healthcare is shifting away from centralized hospitals to encompass more lower-cost, community-based settings.

As the provision of care has shifted to community-based settings, so has the training of medical students. The community-based distributed model of education is used by the vast majority of osteopathic (DO) and new allopathic (MD) medical schools. Clinical training in these community-based settings exposes medical students to the unique medical needs of rural and underserved populations and prepares them to serve those communities after graduation. Research suggests that medical education in a rural location increases the number of medical graduates that will work in a rural community.

However, more than 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. FQHCs and RHCs provide necessary training opportunities for medical students, as they are community-based facilities that serve more than 31 million patients at more than 14,000 locations.

COMs prioritize training future physicians in rural and underserved areas served by FQHCs and RHCs. Fifty-six percent (56%) 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. Training in these communities directly contributes to the state's healthcare workforce as 86% of DOs who attend a 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 physician practice in rural and underserved areas.

By funding this grant program, Congress will address the need for medical school clinical rotations in rural and underserved areas and strengthen the physician workforce pipeline, leading to greater healthcare access and improved health outcomes in these communities.

<u>NIH Funding and Representation for Osteopathic Medicine</u>

AACOM urges the LHHSE Subcommittee to direct NIH to establish a plan that increases research funding at COMs and expands representation from osteopathic medicine on National Advisory Councils and study sections.

AACOM is concerned that scientists at osteopathic medical schools continue to be underutilized in NIH research and underrepresented on NIH Advisory Councils and study

sections. These concerns were highlighted in report language in the FY24, FY23, and FY22 omnibus appropriations bills (PLs 118-47, 117-328 and 117-103). A July 2022 congressional letter sent to acting NIH Director Dr. Lawrence A. Tabak by a bipartisan, bicameral group of 26 lawmakers led by Senator Martin Heinrich (D-NM), Senator Roger Wicker (R-MS) and Representative Susie Lee (D-NV) also urged NIH to take the following steps to address these disparities:

1. Establish a structured partnership with the osteopathic medical education community, including the American Association of Colleges of Osteopathic Medicine (AACOM), which creates and executes a plan to increase NIH funding for COMs.
2. Establish a program to incentivize principal investigators from COMs.
3. Consider opportunities to fund research projects that incorporate the osteopathic philosophy and OMT.
4. Increase representation for the osteopathic profession on NIH National Advisory Councils and study selection reviewers.

AACOM thanks the LHHSE Subcommittee for acknowledging this disparity and including language to address it in past reports. Yet, to date, the NIH has taken no overt action to address the concerns raised by Congress regarding COM underfunding and underrepresentation. Despite educating a quarter of all medical students, COMs currently receive only 0.1 percent ($59.5 million) of NIH funding compared to 42 percent ($23.7 billion) for MD institutions. Additionally, there are only 19 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). In fact, the NIH responses have repeatedly linked osteopathic medicine to the National Center for Complementary and Integrative Health (NCCIH), including in the FY24 Congressional Justification, despite multiple clarifications that osteopathic research runs the gamut of NIH Institutes and Centers.

NIH has repeatedly ignored congressional requests for progress on this issue. By neglecting osteopathic research, NIH is missing opportunities to bolster its capacity to address some of the Nation's most pressing healthcare needs, particularly in primary care and rural health. As NIH aims to expand access to clinical trials in rural communities and primary care settings, COMs are prepared and well-suited to participate in this important effort. With 56% of COMs located in health professional shortage areas and the majority of DOs practicing in primary care, the osteopathic profession is ideally situated to contribute to these priority areas through cutting-edge biomedical research.

A structured partnership between NIH and the osteopathic community will leverage the osteopathic principles and practice that lead to physicians serving as primary care clinicians in rural and underserved areas. It will also expand NIH's research into hands-on treatment of musculoskeletal disorders through osteopathic manipulative medicine (OMM), which has demonstrated effectiveness as a drug-free treatment for pain. The experiences of the osteopathic community would be invaluable to NIH not only

through their future contributions in biomedical research, but their philosophy and training orientation as part of the NIH's National Advisory Councils.

More congressional engagement is needed for NIH to expand funding opportunities and representation for COMs across NIH Institutes and Centers. AACOM urges the LHHSE Subcommittee to include language in the FY25 report that increases pressure on NIH to expand funding and representation from osteopathic medicine.

AACOM appreciates the opportunity to share our LHHSE FY25 funding priorities and looks forward to continuing to work with the Subcommittee on these important matters. For questions or further information, please contact David Bergman, JD, Senior Vice President of Government Relations and Health Affairs, at dbergman@aacom.org.