AACOM ADVOCACY DAY 2026: SOCIAL MEDIA TOOLKIT

Make your voice heard this AACOM Advocacy Day. Join **#AACOMAdvocates** on X, Facebook, Instagram and LinkedIn to call on Congress to advance policies that strengthen osteopathic medical education. Share or personalize the sample posts below to amplify the OME community's voice and build support for these priorities.

Not sure who your Representatives or Senators are? Use our "Find Officials" tool in AACOM's **Action Center**.

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- Today, osteopathic medical students, educators and physicians are raising their voices for policies that strengthen medical education and expand access to care. Join us for AACOM #AdvocacyDay 2026. #AACOMAdvocates https://www.aacom.org/advocacy/resources/advocacy-day
- Advocacy turns the experiences of our osteopathic medical education community into action. This #AdvocacyDay, we're asking Congress to support future physicians and the communities they will serve. #AACOMAdvocates https://www.aacom.org/advocacy/resources/advocacy-day

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- Today, the osteopathic medical education community is taking action to shape federal policy and make their voices heard on Capitol Hill.

  At AACOM Advocacy Day 2026, medical students, educators and physicians are urging Congress to remove barriers to residency training, expand community-based clinical education and strengthen the physician workforce.

  Follow the conversation and add your voice with #AACOMAdvocates. Learn more: https://www.aacom.org/advocacy/resources/advocacy-day

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- Today, the osteopathic medical education community is calling on Congress to act on key policy priorities during AACOM Advocacy Day 2026.

  Osteopathic medical students, educators and physicians are advocating for bipartisan policies that would:

  - Remove barriers for DO applicants in residency selection
  - Expand clinical rotations in rural and underserved communities
  - Strengthen the physician workforce pipeline
  - Improve access to care nationwide

  Effective advocacy begins with the people who experience these challenges firsthand. Follow #AACOMAdvocates as they share their stories and urge Congress to act.

  Learn more: https://www.aacom.org/advocacy/resources/advocacy-day

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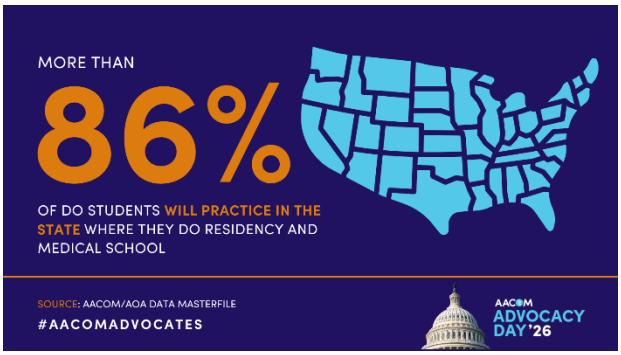

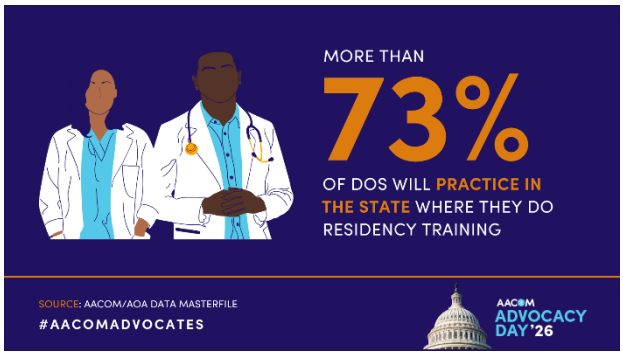

Promote DO Graduate Medical Education Parity through the FAIR Act

Learn more about *GME Parity*

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- DO students should not be excluded from programs or have to take an additional licensing exam to be considered for federally funded residency training. Tell Congress to cosponsor the bipartisan #FAIRAct, H.R. 2314/S. 2715. #AACOMAdvocates
- 63% of DO seniors entering the Match reported experiencing bias, and 45% said at least one residency program required a USMLE score for an interview. Congress can help remove these barriers by passing the #FAIRAct.
- Taking USMLE in addition to COMLEX-USA can cost a DO student up to $2,335 and require 32 additional testing hours. The bipartisan #FAIRAct would promote transparency and equitable consideration in residency selection. #AACOMAdvocates

- The #FAIRAct does not create quotas or direct residency admissions decisions. It brings transparency and accountability to Medicare-funded residency selection. Ask Congress to cosponsor H.R. 2314/S. 2715. #AACOMAdvocates

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- DOs and MDs follow parallel paths to becoming fully licensed physicians—but many DO students continue to encounter unnecessary barriers when applying for residency.

  Many residency programs that receive Medicare funding do not consider DO applicants or require them to take the USMLE. AACOM's 2025 Graduating Seniors Survey found that 63% of DO seniors entering the Match experienced bias, while 45% reported that at least one residency program required a USMLE score for an interview.

  The bipartisan Fair Access In Residency Act, H.R. 2314/S. 2715, would bring greater transparency and accountability to Medicare-funded residency selection. It would require these programs to affirm that DO applications and COMLEX-USA are accepted for consideration. Tell Congress to cosponsor the #FAIRAct #AACOMAdvocates

- DO students already take COMLEX-USA for medical licensure. When residency programs also require USMLE, students can face as much as $2,335 in additional expenses and 32 more hours of testing—costs their MD peers do not have to bear.

  The bipartisan #FAIRAct would help ensure that DO applicants and COMLEX-USA receive equitable consideration from Medicare-funded residency programs. The legislation would not establish quotas or direct admissions decisions.

  Ask Congress to cosponsor and pass H.R. 2314/S. 2715. #AACOMAdvocates

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- Medicare provides $21 billion—73% of all GME funding. Programs receiving federal funding should fairly consider qualified DO applicants.

  Yet AACOM's 2025 Graduating Seniors Survey found:

  - 63% of DO seniors entering the Match experienced bias
  - 64% said they feel compelled to take USMLE to be competitive in residency selection

  Taking USMLE in addition to COMLEX-USA can cost students up to $2,335 and require 32 additional testing hours.

  The bipartisan #FAIRAct would require Medicare-funded residency programs to affirm that DO applications and COMLEX-USA are accepted for consideration.

Ask Congress to cosponsor H.R. 2314/S. 2715. #AACOMAdvocates

- Osteopathic medical students should not encounter added barriers when applying for federally funded residency training.

  DO students take COMLEX-USA for medical licensure, yet many residency programs either do not consider DO applicants or require them to take USMLE in addition to COMLEX-USA. According to AACOM's 2025 Graduating Seniors Survey, 63% of DO seniors entering the Match reported experiencing bias, and 45% said at least one program required a USMLE score for an interview.

  Taking a second licensing examination can cost a student as much as $2,335 and require 32 additional hours of testing.

  The bipartisan Fair Access In Residency Act, H.R. 2314/S. 2715, would require Medicare-funded graduate medical education programs to:

  - Report the number of DO and MD applicants and accepted residents
  - Affirm that DO applications and COMLEX-USA are accepted for consideration

  The legislation would not impose quotas or direct residency admissions decisions. It would provide needed transparency and accountability for programs supported by federal funding.

  Ask Congress to cosponsor the #FAIRAct #AACOMAdvocates

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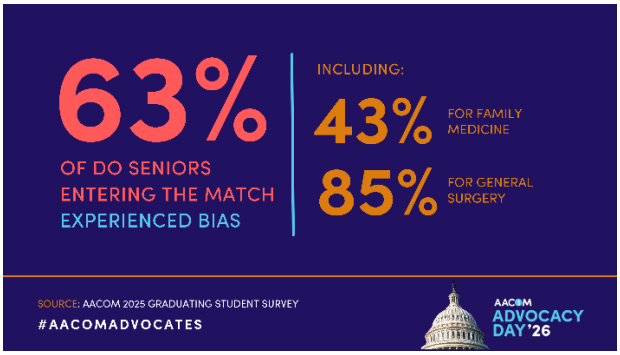

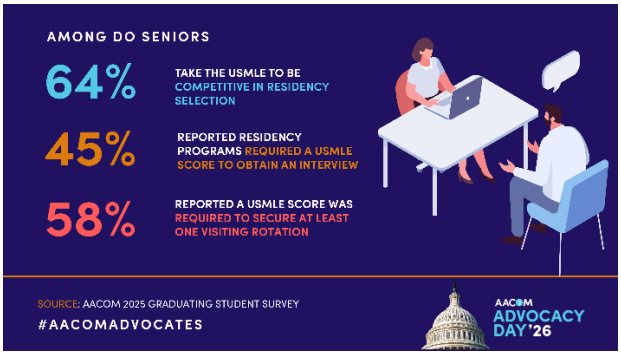

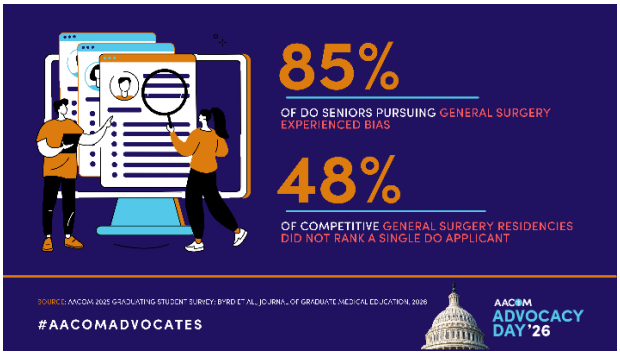

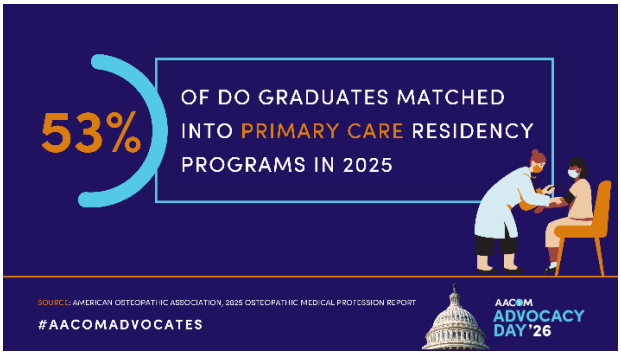

Expand Community-Based Clinical Rotations with the Community TEAMs Act

Learn more about the *Community TEAMS Act*

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- Where physicians train influences where they practice. The bipartisan #CommunityTEAMSAct, H.R. 3885/S. 3989, would expand medical student rotations in rural and underserved communities. Ask Congress to cosponsor. #AACOMAdvocates
- Medical students who train in underserved areas are nearly 3X more likely to practice in underserved communities. Support the #CommunityTEAMSAct and help strengthen the physician workforce where it is needed most. #AACOMAdvocates
- More than 75% of medical schools are concerned about the availability of clinical training sites. The #CommunityTEAMSAct would create new community-based medical school rotations and strengthen the physician workforce pipeline. #AACOMAdvocates
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics serve more than 32 million patients at over 16,000 locations. The #CommunityTEAMSAct would support partnerships that bring more medical students—and future physicians—into these facilities. #AACOMAdvocates

Facebook/Instagram

- Physicians are more likely to practice where they train. However, more than 75% of medical schools are concerned about the availability of clinical training sites for their students.

  The bipartisan Community Training, Education, and Access for Medical Students (TEAMS) Act, H.R. 3885/S. 3989, would establish a federal grant program to expand medical student clinical rotations in rural and underserved communities.

  By supporting partnerships among medical schools, Federally Qualified Health Centers, Rural Health Clinics and other community facilities, the #CommunityTEAMSAct would strengthen the physician workforce pipeline and improve access to care.

  Urge Congress to cosponsor this important legislation. #AACOMAdvocates

- Medical schools need more clinical training sites—and rural and underserved communities need more physicians.

  The bipartisan #CommunityTEAMSAct would establish a federal grant program to support partnerships among medical schools, Federally Qualified Health Centers, Rural Health Clinics and other facilities in medically underserved communities.

  Expanding training in these settings can help build a stronger, more representative physician workforce.

  Learn more and ask Congress to cosponsor this important legislation. #AACOMAdvocates

LinkedIn

- The location of medical training can shape the future of the physician workforce.

  Medical students who train in underserved areas are almost three times more likely to practice in underserved communities and four times more likely to provide primary care in those areas. Yet more than three-quarters of medical schools report concerns about the availability of clinical training sites.

  The bipartisan Community Training, Education, and Access for Medical Students (TEAMS) Act, H.R. 3885/S. 3989, would establish a new Health Resources and Services Administration grant program to expand community-based medical student clinical rotations.

  The program would support partnerships among DO and MD medical schools, Federally Qualified Health Centers, Rural Health Clinics and other healthcare facilities in medically underserved communities.

  By aligning clinical education with community needs, the #CommunityTEAMSAct would help strengthen the physician workforce and improve access to care.

  Ask Congress to cosponsor this important legislation. #AACOMAdvocates

- Approximately 80% of physician training takes place in academic hospitals, although only 20% of hospital admissions occur in those settings. Expanding training into community-based facilities can provide students with experiences that more closely reflect where and how patients receive care.

  Federally Qualified Health Centers and Rural Health Clinics serve more than 32 million patients across more than 16,000 locations. These facilities are well positioned to provide meaningful clinical training while introducing future physicians to the needs of rural and underserved communities.

  The bipartisan #CommunityTEAMSAct would create a dedicated federal program to develop and support these rotations—filling a critical gap in the physician workforce pipeline.

Tell Congress to support H.R. 3885/S. 3989. #AACOMAdvocates

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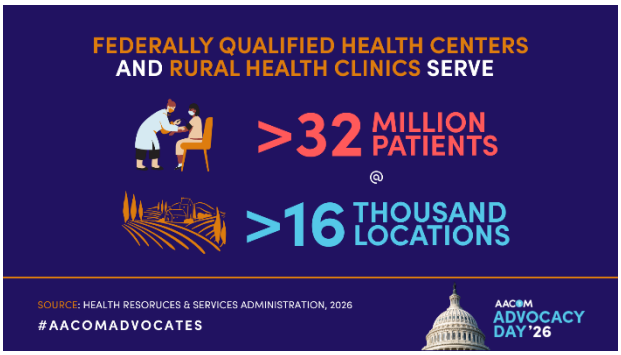

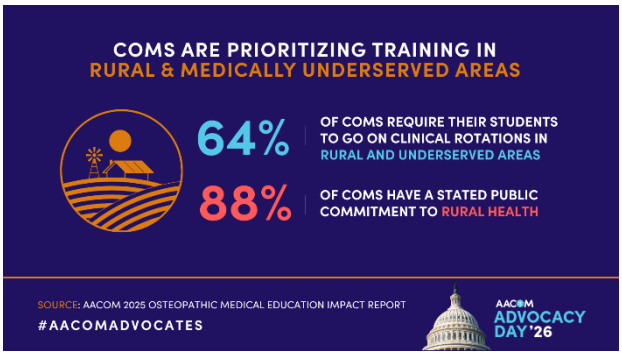

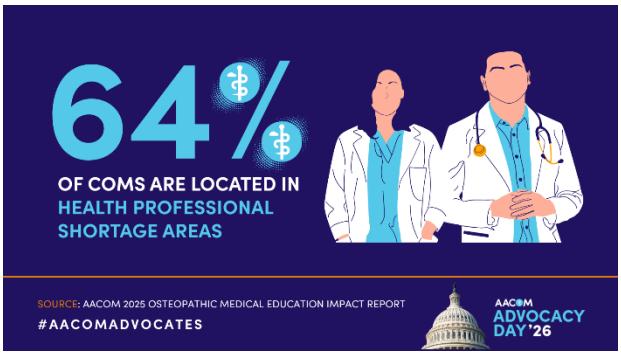

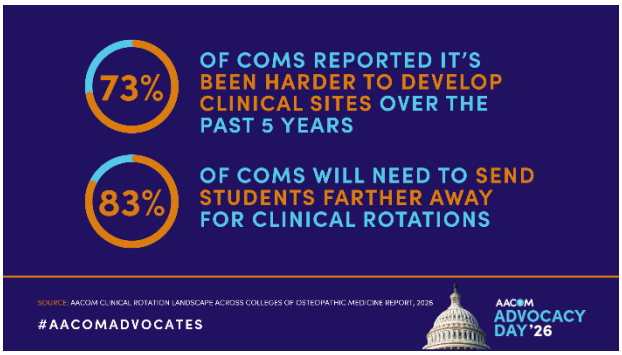

For questions about AACOM's Advocacy Day, please visit our event web page or email AACOM Government Relations at aacomgr@aacom.org.