AACOM
American Association of Colleges of Osteopathic Medicine

2025 Osteopathic Medical Education Impact Report

DECEMBER 2025

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The accompanying analyses were prepared for the use of AACOM. The analyses conducted in this report constitute neither an examination nor a compilation of prospective financial statements nor the application of agreed-upon procedures thereto in accordance with the attestation standards established by the American Institute of Certified Public Accountants (AICPA). Accordingly, Ernst & Young LLP (EY) does not express an opinion on or offer any other assurances as to whether the analyses are presented in conformity with AICPA presentation guidelines or as to whether the underlying assumptions provide a reasonable basis for the analyses. The analyses were based on assumptions which will usually differ from actual results because events and circumstances frequently do not occur as expected, and these differences may be material. EY has no responsibility to update or otherwise revise the analyses for events and circumstances occurring after the date of our report unless subsequently engaged to do so.

01 EXECUTIVE SUMMARY

The American Association of Colleges of Osteopathic Medicine (AACOM) is the leading institutional membership organization representing and supporting U.S. colleges of osteopathic medicine (COMs). Graduates of these institutions make up one of the fastest growing segments of the healthcare workforce — representing nearly 30 percent[a] of medical students and 11 percent[b] of all physicians in the United States.

Osteopathic medicine is grounded in a holistic, whole-person approach to healthcare which recognizes the interconnectedness of the body, mind and spirit. This philosophy emphasizes how factors such as lifestyle, emotional well-being, environment and structural health interact to shape a patient's condition, and focuses on the use of touch to diagnose and treat. At the center of this approach is a commitment to patient-centered care which values an individual's unique experiences, encourages open communication and compassion and prioritizes a personalized understanding of health.

Today, COMs are an important part of communities across the country, through their operations, workforce contributions and investment in the communities they serve – in education, healthcare, community programming, jobs, economic development and more. To better understand the impact of osteopathic medical education, AACOM commissioned this study to examine the economic and workforce contributions of its member institutions. By educating thousands of new physicians each year, COMs play a vital role in meeting the nation's growing demand for healthcare professionals, particularly in essential fields, such as primary and preventive care. The analysis assesses how AACOM member institutions contribute to the U.S. physician workforce, focusing on the geographic distribution and medical specialties of alumni.[1] It also evaluates the extent to which these graduates serve areas with documented healthcare shortages, such as rural areas and Medically Underserved Areas (MUAs), and fill critical specialty needs.

Finally, this study quantifies the broader economic contributions of AACOM member institutions through instruction, research and other related functions. Economic contributions stem from three sources: AACOM colleges (direct), suppliers who provide goods and services to the colleges (indirect) and consumer expenditures (induced). Results are presented for each member COM institution as well as aggregated across states and congressional districts where AACOM institutions operate.

Quick facts

44
ACCREDITED COMs IN THE UNITED STATES
(as of September 2025)

71
TEACHING LOCATIONS ACROSS 36 STATES
(as of September 2025)

8,428
DO DEGREES WERE CONFERRED BY 36 AACOM MEMBERS IN 2024

39,000+
OSTEOPATHIC MEDICAL STUDENTS ENROLLED IN THE FALL OF 2024

DIRECT
AACOM member institutions

+

INDIRECT
Due to AACOM member institutions' purchases from suppliers

INDUCED
Consumer expenditures

=

TOTAL
All impacts supported by AACOM member institutions

The analysis was conducted by the EY Quantitative Economics and Statistics (QUEST) practice based on data provided by AACOM, supplemented by data from the National Center for Education Statistics' Integrated Postsecondary Education Data System (IPEDS), using the IMPLAN input-output economic model of the respective geographies covered in this study. The AMA (American Medical Association) is the source for the raw physician data; statistics, tables or tabulations were prepared by AACOM and EY using AMA Physician Professional Data. The analysis applies industry-standard estimation methodologies to quantify the indirect and induced economic effects. Additional details on the data, methodology and assumptions can be found in the appendix.

[1] Data on alumni with known practice locations and specialties provided by AACOM. See notes in section 3 and appendix.

KEY FINDINGS: AACOM MEMBER INSTITUTIONS' CONTRIBUTIONS TO THE PHYSICIAN WORKFORCE

DOs add to the physician workforce nationwide.

ALUMNI OF AACOM MEMBER INSTITUTIONS PRACTICE IN **ALL 50 STATES** WITH THE MOST IN CA, PA, FL, MI AND TX.

38% OF ALUMNI PRACTICE IN THE SAME STATE WHERE THEY EARNED THEIR DO DEGREES.

STATES WITH THE MOST ALUMNI PER CAPITA:

- #1 MICHIGAN
- #2 MAINE
- #3 PENNSYLVANIA
- #4 WEST VIRGINIA
- #5 OKLAHOMA

Among all specialties, alumni from colleges of osteopathic medicine contribute the most to the primary care workforce:

71,000+

56% of alumni physicians practice **primary care**, including at least 47% of each member institutions alumni

31,170

An additional 25% of alumni physicians practice in "**peri-primary care**" (specialties that commonly supplement or support primary care)

Workforce contributions to rural and MUAs:

14,300+

12%

ALUMNI PRACTICING IN RURAL AREAS

18,700+

16%

ALUMNI PRACTICING IN MUAs

KEY FINDINGS: ECONOMIC CONTRIBUTIONS OF AACOM MEMBER INSTITUTIONS IN THE UNITED STATES

AACOM MEMBER INSTITUTIONS SUPPORT JOBS, INCOMES AND ECONOMIC ACTIVITY THROUGHOUT THE UNITED STATES THROUGH SPENDING ON INSTRUCTION, RESEARCH, AND ADMINISTRATIVE ACTIVITIES:

DIRECT IMPACT

20,770
JOBS SUPPORTED

$1.3B
WAGES, SALARIES AND BENEFITS

TOTAL IMPACT

38,155
JOBS SUPPORTED

$2.4B
LABOR INCOME

$6.2B
TOTAL ECONOMIC OUTPUT SUPPORTED BY AACOM MEMBER INSTITUTIONS IN THE UNITED STATES
(direct, indirect and induced)

FOR EVERY 100 JOBS
DIRECTLY SUPPORTED BY AACOM ...

... 84 ADDITIONAL JOBS
ARE INDIRECTLY SUPPORTED AND INDUCED IN OTHER INDUSTRIES

Economic contributions of AACOM member institutions, FY23, U.S. totals:

	Direct (AACOM members)	Indirect & Induced	Total
Employment	20,770	17,385	**38,155**
Labor income	$1.3B	$1.1B	**$2.4B**
GDP	$1.3B	$2.0B	**$3.3B**
Economic output	$2.6B	$3.6B	**$6.2B**

Source: EY analysis of data on AACOM member institutions using the IMPLAN 2023 economic impact model.

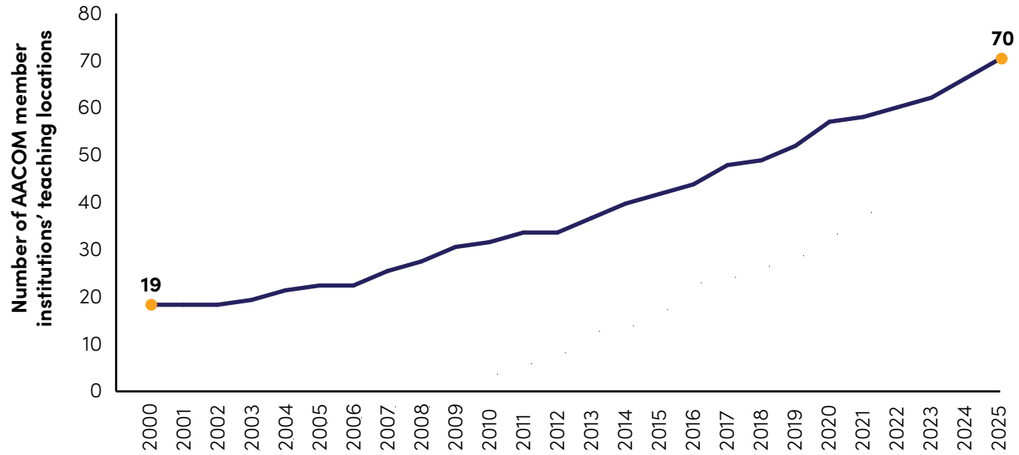
02 ABOUT AACOM AND COLLEGES OF OSTEOPATHIC MEDICINE

Established in 1898 to support a small group of colleges of osteopathic medicine, AACOM's membership has expanded to currently include all 44 accredited colleges of osteopathic medicine, teaching in 71 campuses across 36 states (as of September 2025 and pictured below in Figure 1). Over the last 25 years, the number of teaching locations has increased from 19 locations in 2000 to 70 locations in 2025, as shown in Figure 2. In the last three years alone, AACOM has added six institutions and 11 teaching locations to its membership.[2]

Figure 1: AACOM member institutions' locations

[2] See Table A1 in the appendix for a full list of AACOM member institutions and teaching locations.

Figure 2: Number of AACOM member institutions' teaching locations since 2000



Note: The 71st AACOM member institution's teaching location is not displayed as its inaugural class enters in 2026.

The training of DOs begins at one of the nation's accredited colleges of osteopathic medicine, where students complete four years of medical education. As part of the support AACOM provides to its member institutions, it manages the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS), the centralized online application service that prospective osteopathic medical students use to apply to colleges of osteopathic medicine. Each year, more than 22,000 applicants apply to colleges of osteopathic medicine through AACOMAS, representing an increase of more than 20% in applicants over the last ten years.[c]

DO students receive a comprehensive medical, surgical and obstetrical education strengthened by integrating specialized training in osteopathic manipulative medicine, which focuses on the interconnectedness of the body's systems and uses physical manipulation and touch to diagnosis and treat structural and functional issues in the bones, joints, tissues and muscles of the body.[d]

Following the conferral of their DO degrees, graduates transition into medical residencies to continue their training on the path to licensure as a physician. With a residency placement rate of more than 99 percent in each year between 2021 and 2025, almost all DO graduates seeking graduate medical education (GME) have successfully secured residency placements each year.[e]

In the United States, doctors of osteopathic medicine are fully licensed physicians who participate in a broad spectrum of specialties and whose rigorous training offers recognition in several countries outside of the United States as well.

NEIGHBORS IN ACTION:
KCU Students Bridge Health and Hope

When Lejla Hodzic's family arrived in New Hampshire from Bosnia, their local refugee resettlement program helped them find their place in their new neighborhood. As she started her medical training at Kansas City University College of Osteopathic Medicine (KCU-COM), Lejla knew she wanted to provide the same support for others and engage with her new community.

During her first year at KCU-COM, Lejla helped form a new effort called the Refugee Health Navigators Pilot, created by a local social services program, Della Lamb Community Services, the KCU Center for Population Health and Equity (CPHE) and other student leaders to help refugee families understand and navigate the U.S. healthcare system.

"These partnerships reflect KCU's belief that medical education must go beyond the classroom and that immersing students in real-world situations develops cultural competence and empathy," shared Catherine Satterwhite, PhD, MSPH, MPH, executive director of the CPHE.

The pilot places students into the real scenarios patients confront when seeking care, allowing them to focus on practical support which helps refugees understand how to reach their health goals. Weekly in-person check-ins help students address cultural differences and model behaviors to empower refugees to confidently and independently navigate the U.S. healthcare system.

"It showed me just how deeply non-medical barriers, like language, housing [and] access to resources, can influence a patient's overall health.

KCU students participating in the Refugee Health Navigation Pilot pose together. Lejla Hodzic, OMS III, is pictured second from left, and Mason Tuttle, OMS III, is pictured second from right.

"Our partnership with KCU is allowing our clients to get better care and encouraging them in their journey towards self-sufficiency."

The lessons I've learned will stay with me throughout my career, and I hope to continue providing care for underserved populations," shared Lejla.

For student leader Mason Tuttle, this experience offered a direct opportunity to address barriers his future patients may face in achieving their health goals. "The real job is figuring out, 'How am I going to help them solve this problem?' As I move forward in life, I want to be continually involved in either refugee or immigration health in some way or another," said Mason.

KCU-COM's Mason Tuttle pictured with his clients at Della Lamb. Mason Tuttle, OMS III, is pictured on right.

The relationships forged through this pilot extend beyond medicine: they offer companionship and a tangible reminder that someone in the community cares.

"[This work was] always intended to be a public-private partnership. Our partnership with KCU is an extension of that belief, and it's allowing our clients to get better care and encouraging them in their own journey towards self-sufficiency," says Refugee Services Director of Della Lamb, Sarah Kolsto.

As the Refugee Health Navigators Pilot transitions into a dedicated program, all those involved are eager to strengthen the bridges between student physicians and their neighbors to improve health.

03 GROWING THE PHYSICIAN WORKFORCE IN THE UNITED STATES

AACOM member institutions educate future physicians who will enter the medical workforce. As of 2025, the more than 160,000 actively practicing DOs in the United States represented more than 11 percent of the physician workforce.[f] The number of practicing DOs in the United States has grown, more than quintupling from roughly 30,000 in 1990.[g] Currently, nearly 30 percent of all medical students in the United States are enrolled in osteopathic medical programs.[h]

The U.S. healthcare system is currently facing a significant physician shortage, which is expected to intensify in the coming years. According to the Health Resources and Services Administration (HRSA), the United States could see a shortage of more than 124,00 physicians, with the deficit expected to grow to more than 187,000 by 2037.[i] There are particularly acute shortages in specific specialties and in certain geographies:

- Primary care is among the medical specialties with the most acute shortages, with estimates forecasting a shortage of more than 87,000 primary care physicians by 2037.[j] Across the United States, geographic areas have been designated as MUAs by the U.S. Department of Health and Human Services' HRSA for having a lack of access to primary care services.[3]
- Only 10 percent of physicians practice in rural areas despite 20 percent of the U.S. population living in rural communities.[k] Rural areas have been noted to have shortages in primary care physicians including those practicing internal medicine and pediatrics, as well as psychiatrists, cardiologists and anesthesiologists.[l]
- Emergency care is an important backstop in areas with a shortage of primary care, particularly in rural areas.[m] Rural areas have seen a decrease in the concentration of emergency physicians relative to the population, despite the total number of emergency physicians increasing between 2008 and 2020.[n]

[3] For more information, see https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation.

Colleges of osteopathic medicine have played a critical role in meeting the demand for healthcare providers, including in key specialties like primary and preventative care, in MUAs and in rural areas. DOs are practicing in every medical field and specialty available today, with 38 percent of military physicians being DOs.[o] Colleges of osteopathic medicine account for 22 percent of accredited medical schools in the United States and make up 16 of the top 20 medical schools producing the most graduates practicing in primary care.[p] As the analysis below finds, 56 percent of alumni physicians from AACOM member institutions practice in primary care. Additionally, graduates of colleges of osteopathic medicine are notable for their prevalence in practicing in rural or MUAs. In 2025, colleges of osteopathic medicine represented six of the top 10 medical schools for producing graduates practicing in rural areas,[q] and four of the top 10 for those practicing in MUAs.[r] This noted prevalence may relate to the locations and teaching requirements of the colleges of osteopathic medicine themselves: 56 percent of colleges of osteopathic medicine are located in Health Professional Shortage Areas, 64 percent of colleges require their students to do clinical rotations in rural and underserved areas and 88 percent of colleges have a stated public commitment to rural health.[s]

During the 2024-2025 academic year, more than 39,000 osteopathic medical students were enrolled across 41 AACOM member institutions, as detailed in Table 1. Instruction and training of future DOs among the 41 member institutions spanned 35 states and 66 teaching locations in the United States. LECOM, VCOM, PCOM, NYITCOM and LMU-DCOM had the largest enrollment of students in the 2024-2025 academic year.

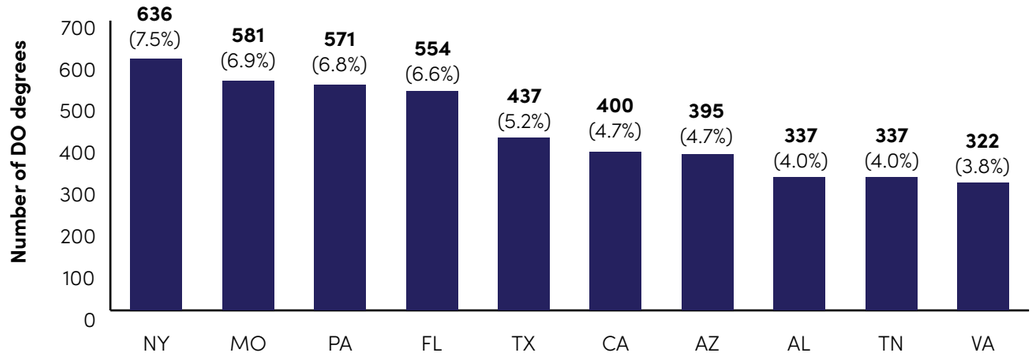
In 2024, 8,428 DO degrees were conferred by 36 AACOM member institutions across 33 states. As illustrated in Figure 3, New York, Missouri, Pennsylvania, Florida, Texas, California, Arizona, Alabama, Tennessee and Virginia conferred the most DO degrees in 2024 among U.S. states.

Table 1: DO enrollment and degrees conferred by AACOM member institutions

AACOM member institution	Osteopathic medical student enrollment (Fall 2024)	DO degrees conferred (2024)
ACOM	793	188
ARCOM	632	145
ATSU-KCOM	671	156
ATSU-SOMA	525	151
AZCOM	994	244
BUCOM	41	**
Burrell COM	841	147
CCOM	812	192
CHSU-COM	582	66
CUSOM	638	147
D'Youville COM	**	**
DMU-COM	891	211
DUQCOM	91	**
ICOM	640	147
IllinoisCOM	**	**
KCU-Kansas	1,746	425
KHSU-KansasCOM	399	**
LECOM	2,754	646
LMU-DCOM	1,748	337
LUCOM	639	145
MSOM	**	**
MSUCOM	1,203	306
MU-WCOM	624	142
Noorda COM	577	**
NSU-KPCOM	1,645	367
NYITCOM Long Island	1,757	391
OCOM	97	**
OSU-COM	674	155
OU-HCOM	1,005	231
PCOM	1,907	380
PNWU-COM	551	144
Rowan-Virtua SOM	933	202
RVUCOM	1,706	250
SHSU-COM	574	69
TouroCOM	1,314	244
TUCOM-CA	1,332	273
UIWSOM	622	140
UNE COM	703	165
UNTHSC/TCOM	944	228
UP-KYCOM	581	120
VCOM-Virginia	2,613	612
WCUCOM	741	151
WesternU/COMP	931*	322
WVSOM	808	189
Total	**39,279**	**8,428**

*Data on enrollment for some AACOM member institutions (or for teaching locations) was not available for this analysis.
**AACOM member institutions who are recently established do not have data on enrollment or degrees conferred displayed.
See appendix table A-1 for the full name and additional information about each member institution.

Figure 3: DO Top 10 states for DO degrees conferred among AACOM member institutions in 2024 (share of DO degrees awarded)



03 GROWING THE PHYSICIAN WORKFORCE IN THE UNITED STATES

The pipeline of DOs enrolled and graduating from AACOM member institutions adds to the existing physician alumni workforce these institutions have produced. This report shows known alumni physicians of AACOM member institutions who are currently practicing, detailed further by each school where they earned their DO degree (Table 2) and by location of current practice (Table 3).[4] In total, there are more than 143,800 DO alumni of AACOM member institutions included in this analysis.

Alumni from member institutions practice across a wide geographic distribution in the United States. Alumni are currently practicing in all 50 states, with 31 percent located in the South, 26 percent in the Midwest, 22 percent in the Northeast and 21 percent in the Western region of the country. While larger states such as California, Pennsylvania, Florida, Michigan and Texas have the largest number of alumni physicians currently practicing in their states, smaller states including Maine, West Virginia and Oklahoma join Michigan and Pennsylvania among the top five states in terms of concentration of practicing alumni relative to state population, as illustrated in Figure 4 below. In addition, states with colleges of osteopathic medicine have the opportunity to retain graduates in state, potentially serving as an asset to a state's pipeline of its physician workforce. In fact, 38 percent of alumni from AACOM member institutions practice in the state they received their training. Several states have retention rates among DO graduates of more than 50 percent, including Michigan, Ohio, Texas and Oklahoma, as illustrated in Figure 5 below.

56% OF ALUMNI PRACTICE PRIMARY CARE

Residents in rural areas and MUAs have relative difficulty accessing healthcare, as noted previously. Among the alumni in this analysis, 12 percent practice in rural areas. Additionally, 16 percent of alumni physicians practice in MUAs. Among AACOM member institutions, the share of alumni practicing in rural and MUAs are as high as 43 percent and 39 percent, respectively. The reach of alumni serving in MUAs is across all 50 states, detailed in Table 3, with alumni practicing in Mississippi, Alabama and Montana having the highest rates of serving in MUAs in their state of practice.

For reference, Table A2 in the appendix shows the number of alumni of AACOM member institutions practicing in the 67 congressional districts in which AACOM member institutions' campuses are located.

Table 2: Alumni of AACOM member institutions and practice characteristics

AACOM member institution	Alumni DO physicians	% practicing in rural areas	% practicing in MUAs	% practicing primary care	% practicing in same state as school graduated from
ACOM	738	7%	31%	64%	26%
ARCOM	145	14%	21%	75%	34%
ATSU-KCOM	10,252	22%	19%	58%	14%
ATSU-SOMA	1,526	9%	15%	68%	14%
AZCOM	3,999	7%	12%	51%	30%
Burrell COM	292	7%	25%	64%	16%
CCOM	7,902	9%	13%	54%	31%
CUSOM	769	20%	29%	62%	43%
DMU-COM	10,589	16%	16%	56%	15%
KCU-Kansas	11,050	16%	19%	55%	15%
LECOM	8,262	9%	16%	53%	39%
LMU-DCOM	2,077	22%	26%	65%	26%
LUCOM	556	7%	15%	70%	35%
MSUCOM	7,128	12%	14%	47%	65%
MU-COM	747	8%	13%	64%	56%
NSU-KPCOM	6,063	5%	19%	56%	53%
NYITCOM Long Island	8,610	4%	11%	53%	49%
OSU-COM	3,481	21%	16%	54%	59%
OU-HCOM	4,317	18%	13%	53%	64%
PCOM	13,747	9%	14%	57%	45%
PNWU-COM	1,942	24%	32%	61%	23%
Rowan-Virtua SOM	3,393	5%	12%	51%	52%
RVUCOM	1,594	10%	14%	50%	38%
TouroCOM	3,514	4%	13%	58%	24%
TUCOM-CA	2,748	7%	11%	57%	32%
UIWSOM	137	1%	11%	50%	82%
UNE COM	3,982	16%	13%	57%	21%
UNTHSC/TCOM	5,404	10%	16%	59%	66%
UP-KYCOM	834	43%	39%	72%	46%
VCOM-Virginia	4,118	11%	25%	60%	36%
WCUCOM	760	16%	33%	68%	33%
WesternU/COMP	6,692	8%	11%	60%	55%
WVSOM	4,150	29%	26%	59%	29%
Among identified member institutions	141,518	12%	16%	56%	38%
Unidentified member institutions	2,283				

Note: Rural areas and MUAs can overlap; summing the two percentages can overstate the geographic coverage. Only AACOM member institutions with available data on alumni are included.

[4] Known alumni physicians, also referred to more simply as "alumni", included in this analysis include those identified who received their DO degree from AACOM member institutions and teaching locations which had inaugural classes matriculate in 2017 or earlier. Alumni from member institutions with inaugural classes entering after 2017 as well as additional campus locations of preestablished member institutions with inaugural classes entering after 2017 are not captured in the analysis of alumni.

03 GROWING THE PHYSICIAN WORKFORCE IN THE UNITED STATES

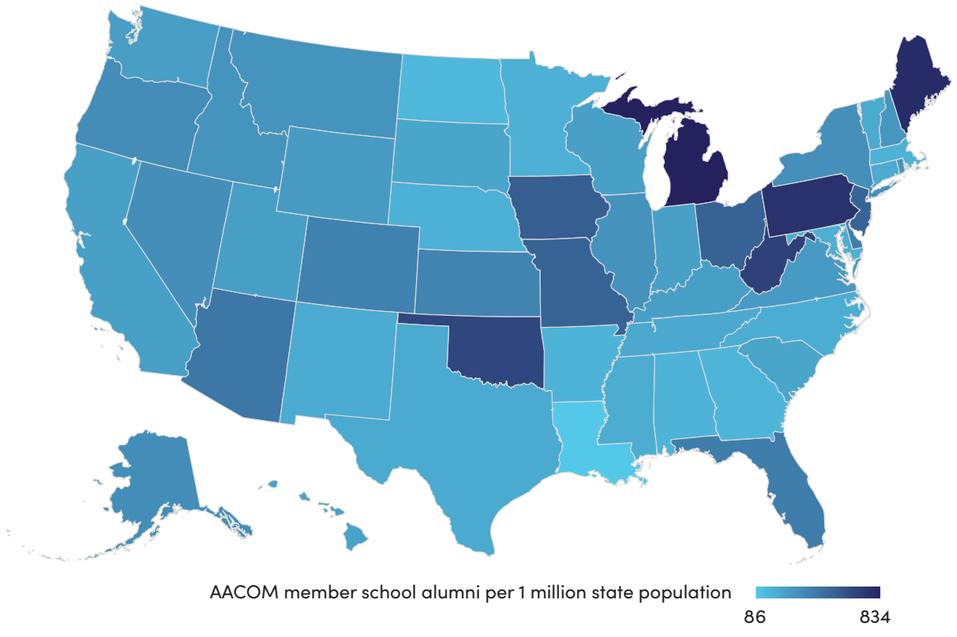
Table 3: Known alumni of AACOM member institutions by practicing locations

State or Region	Alumni DO physicians	% in rural areas	% in MUAs
AL	925	16%	58%
AK	254	31%	40%
AZ	3,374	6%	8%
AR	539	23%	25%
CA	10,339	3%	6%
CO	2,357	11%	19%
CT	779	6%	3%
DE	435	25%	45%
DC	171	0%	5%
FL	9,775	2%	32%
GA	1,865	11%	23%
HI	368	23%	19%
ID	633	32%	14%
IL	4,071	7%	10%
IN	1,808	15%	17%
IA	1,812	31%	17%
KS	1,148	22%	9%
KY	1,236	51%	42%
LA	395	9%	34%
ME	1,105	36%	6%
MD	1,236	7%	13%
MA	1,308	2%	10%
MI	8,456	13%	12%
MN	1,117	19%	7%
MS	608	36%	66%
MO	3,355	25%	19%
MT	361	57%	52%
NE	374	22%	16%
NV	1,114	3%	9%
NH	434	44%	16%
NJ	5,058	1%	8%
NM	458	18%	49%
NY	6,634	4%	10%
NC	2,250	23%	36%
ND	122	25%	7%
OH	6,426	16%	9%
OK	2,720	22%	13%
OR	1,484	21%	21%
PA	9,871	11%	8%
RI	344	0%	17%
SC	1,326	10%	29%
SD	224	32%	24%
TN	1,605	24%	24%
TX	6,789	9%	14%
UT	935	15%	27%
VT	142	49%	13%
VA	2,533	11%	20%
WA	2,168	10%	30%
WV	1,216	49%	34%
WI	1,554	21%	6%
WY	168	64%	10%
Midwest	30,467	8%	9%
Northeast	25,675	17%	12%
South	35,624	14%	27%
West	24,013	10%	14%
Unidentified state/region	28,022		
Total	**143,801**		

Note: Percentages calculated as the share of alumni with identified practicing locations. Rural areas and MUAs can overlap; summing the two percentages can overstate the geographic coverage.

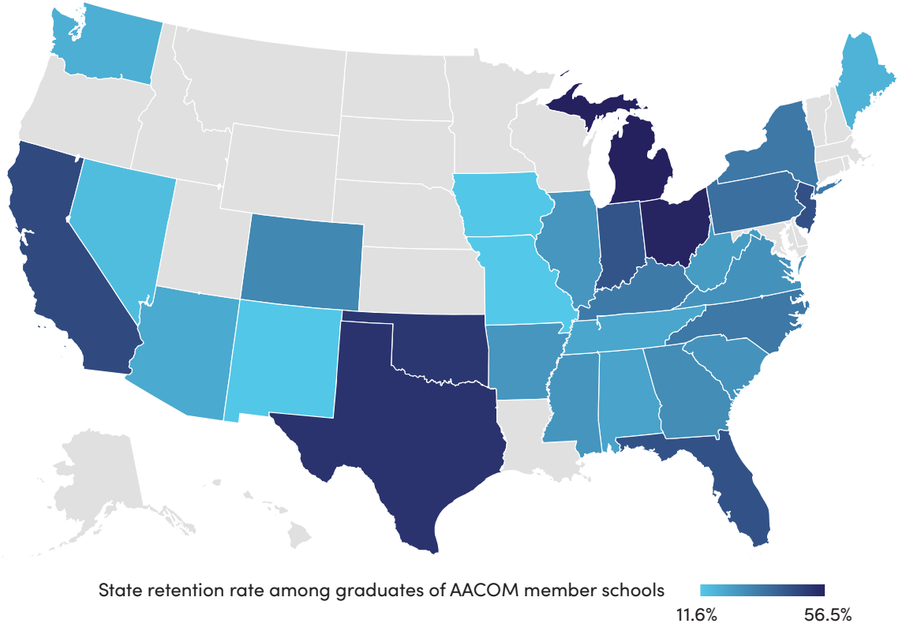
03 GROWING THE PHYSICIAN WORKFORCE IN THE UNITED STATES

Figure 4: Number of alumni from AACOM member institutions by state of current practice, per one million of state population



Note: Data on alumni locations for five AACOM member institutions which have campuses in multiple states is not broken out by specific campuses. For these institutions, the state from which the alumni earned their DO degrees are attributed to the institutions' main campus states.

Figure 5: Percent of alumni from AACOM member institutions practicing in the same state where they earned DO degree



Within medical specialties of practice, alumni from AACOM member institutions have a high prevalence of practicing in areas with documented shortages. Shortages in primary care are of particular concern in the United States. AACOM member institution alumni have a notably large share practicing in primary care, with more than 71,000 alumni in this field, including family physicians, internal medicine physicians, pediatricians and other primary care fields. These 71,000 DO alumni practicing primary care represent 56 percent of known DO alumni with reported specialties. In comparison, as noted by the American Medical Association, historically approximately a quarter of graduates from MD-granting medical institutions work in primary care fields.[t] Additionally, at least 47% of alumni from each member institution practice primary care.

Alumni also have representation in several other specialties AACOM considers "peri-primary care," meaning they commonly supplement or support traditional primary care specialties, including emergency medicine, surgery, obstetrics & gynecology (OB/GYN), psychiatry and physical medicine & rehabilitation (see Table 4 below). Alumni physicians in these peri-primary care specialties total more than 31,170 (or 25%); 5,400 alumni specialize in OB/GYN and 5,000 specialize in psychiatry, with both specialties experiencing physician shortages in the United States.[5, u] Some of the other top specialties alumni physicians practice in include anesthesiology, orthopedic surgery, radiology, ophthalmology & otolaryngology, neurology and neuromusculoskeletal medicine.

Several of these top specialties AACOM member institutions' alumni practice in, including primary care, psychiatry, surgery, anesthesiology and OB/GYN, have documented shortages within rural areas.[v] For example, according to one study, 55 percent of rural counties studied had no surgeons and 81 percent of counties had no anesthesiologist.[w] Table A-3 in the appendix provides a more complete breakdown of other medical specialties among alumni.

[5] The National Center for Health Workforce Analysis projects a full-time equivalent shortage by 2037 of 87,150 primary care physicians, 50,440 psychiatrists, and 9,890 OB/GYNs, among other physician shortages.

Table 4: Number of alumni of AACOM member institutions practicing primary care, peri-primary care and other top specialties

Top specialties	Alumni DO physicians	% in rural areas	% in MUAs
Primary care	**71,056**	**14%**	**17%**
Family Physicians	41,946	17%	19%
Internal Medicine	19,353	9%	15%
Pediatrics	7,794	9%	14%
Other primary care (incl. geriatric care)	1,963	15%	15%
Peri-primary care	**31,176**	**11%**	**16%**
Emergency Medicine	12,278	11%	16%
Surgery	5,922	14%	17%
Obstetrics & Gynecology	5,418	13%	16%
Psychiatry	5,009	8%	15%
Physical Medicine & Rehabilitation	2,549	6%	12%
Other top specialties			
Anesthesiology	5,876	9%	14%
Orthopedic Surgery	3,213	16%	16%
Radiology	2,900	10%	14%
Ophthalmology & Otolaryngology	1,719	14%	16%
Neurology	1,715	7%	13%
Neuromusculoskeletal Medicine	1,491	17%	14%
Total with identified specialty	**127,287**	**12%**	**15%**

Note: Percentages calculated as the share of alumni with identified practicing locations. Rural areas and MUAs can overlap; summing the two percentages can overstate the geographic coverage.

03 GROWING THE PHYSICIAN WORKFORCE IN THE UNITED STATES

SHAPING HEALTH OUTCOMES:
Building Healthier Communities Through Policy and Compassion

Lucas Mclaughlin, OMS III, and Alaina Mitchell, OMS II, at DPHI's annual health fair.

Jake speaking with prospective students about NYITCOM-Arkansas's Delta-Care-a-Vans.

Third-year New York Institute of Technology College of Osteopathic Medicine at Arkansas State (NYITCOM-Arkansas) medical student Jacob "Jake" Mickelberg is participating in a unique program looking to shape health outcomes outside of traditional healthcare settings through policy.

Through NYITCOM-Arkansas's Delta Population Health Institute (DPHI), Jake and his peers have the opportunity to work directly with local, state and federal leaders to address barriers to health in their Arkansas community.

"I became interested in policy early in my adult life. My combat experiences required me to pay attention because it affected my job, my livelihood, my family, everything," Jake shared. "There's a sense of duty to the community and to the people that I serve. That's kind of pulled me in the direction of the military and medicine," said Jake.

Currently, Jake is serving on the Advisory Committee of the North Jonesboro Community Development Corporation (NJCDC), a local organization which elevates the voices of community members on important issues and serves as a bridge between the community and institutions.

Through their programming, the group is working to address hunger through multiple angles. As North Jonesboro has no food pantry available to its citizens, Jake and his team are looking to establish the first food pantry in their community to reduce food insecurity. They also partner with the Arkansas Hunger Relief Alliance to offer a popular weekly Cooking Matters program, which provides budget-friendly meal ideas and groceries through an interactive cooking class, and host an annual Men Who Cook Competition, which brings together local celebrity chefs and live music to raise funds to bridge health divides in the community.

"It's about the people; where we live, learn, work, play and pray."

"We've built a really tight knit community, and not just in osteopathic medicine but [also] in policy at the local, state and federal level. It's about the people; where we live, learn, work, play and pray, it makes a difference in not just our health outcomes, but also for those of our children as well. It's been really rewarding and helped me [pursue] my vision. [This] is what I want to do."

After graduation, Jake looks forward to a career in emergency medicine. He believes that by providing young physicians with opportunities to engage with policy they can better understand their role in supporting health in their community, provide empathetic care for their patients and add a valuable tool in their belt to address complex patient health needs.

STUDENT-LED MASS CASUALTY SIMULATION:
Transforming Crisis Response Training at ICOM

Mohammad (front row, third from left) with the ICOM Emergency Medicine Club.

ICOM students treating a patient on a gurney.

Mohammad Abuakar, DO, witnessed the power of medicine as a child, when his younger brother survived cardiac arrest shortly after birth. This life-changing experience led him to pursue a career in emergency medicine at the Idaho College of Osteopathic Medicine (ICOM).

"Real applications, working with people in the field and creating those connections, help you become a better physician."

Through his real-world experiences as a paramedic, Mohammad recognized a gap in the training for mass casualty incidents (MCIs) and decided to address it by launching a comprehensive MCI simulation training program. "Real applications, working with people in the field and creating those connections, help you become a better physician who is mentally and physically prepared," he shared.

Mohammad detailed an exhaustive proposal, outlining the logistics, costs and value of the simulation, garnering overwhelming support from students and faculty. The inaugural event brought together more than 200 participants, including emergency medical technicians, military students and even local cosmetology students, who created realistic injuries for the simulation. This hands-on experience bridged the gap between theoretical knowledge and practical application, preparing students to adapt as emergencies unfold.

Now going on its third year, the program has continued to grow, incorporating new groups like the fire department and expanding its scope to include incident command training and vehicle extrication exercises. Beyond student learning, the program also helped local fire and EMT departments complete their national training requirements and provided a foundational experience for students looking to serve their community in emergency medicine after graduation.

"Our ability to participate in events like our simulation is strengthening the growing healthcare community. It's all revolving around ICOM being here," Mohammad shared. He is set to start emergency medicine residency at Advocate Christ Medical Center in Chicago, where his journey into medicine began and leaves behind a flourishing community of healthcare professionals in Idaho.

04 ECONOMIC IMPACT OF AACOM MEMBER INSTITUTIONS

Colleges of osteopathic medicine and teaching campuses support economic activity in their communities through employment and spending on instruction, research and other supporting functions. This section analyzes the economic contributions of AACOM member institutions in FY23 generated from employment, labor income in the form of salary, wages and benefits and spending on suppliers. This analysis includes 35 member institutions spanning 56 locations which had active instruction activities in the 2022-2023 academic year.[6] AACOM member institutions in the analysis had total spending of $2.6 billion in FY23, with spending on instruction activities, research and other functions equaling $943 million, $178 million and $1.5 billion, respectively, as noted in Table 5. In FY23, member institutions directly supported 20,770 jobs, paying more than $1.3 billion in wages, salaries and benefits, summarized in Table 6.[7]

Table 5: Expenditures of AACOM member institutions, FY23

Total expenditures ($M)	**$2,598**
Instruction ($M)	$943
Research ($M)	$178
Other functions ($M)	$1,477.5

[6] Three AACOM member institutions which had active instruction activity in 2022-2023, ICOM, Noorda COM, and RVUCOM, are excluded from the analysis due to a lack of available data.

[7] The number of jobs reflect paid jobs reported in the AACOM annual survey. Some member institutions have large numbers of paid part-time preceptors, which are included in the total employment figures, while others have unpaid preceptors who do not add to this total.

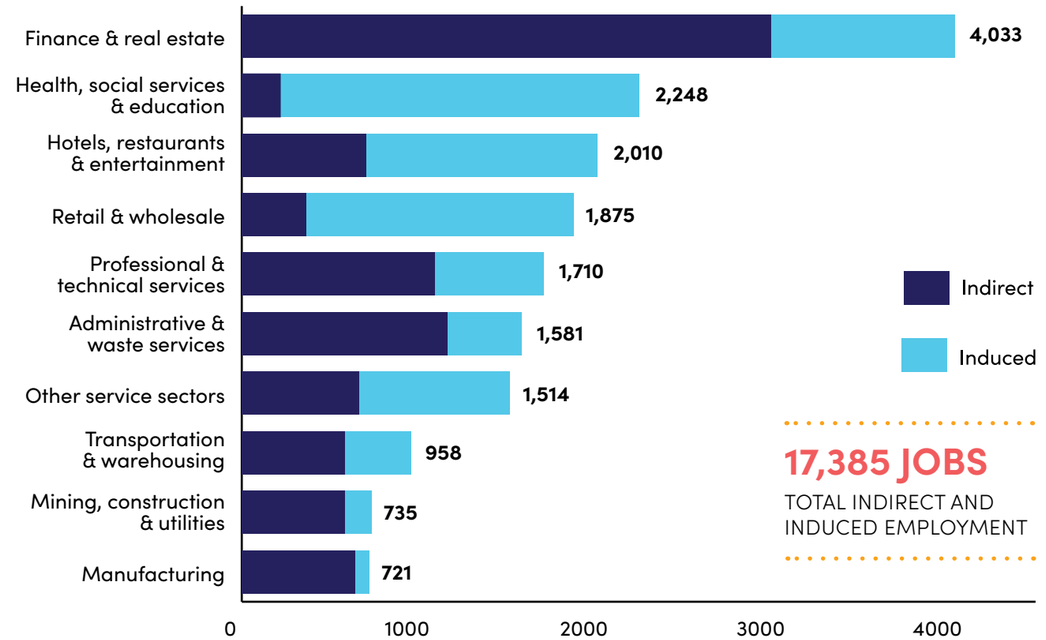
Table 6: Economic contributions of AACOM member institutions, FY23, US totals

	Direct (AACOM members)	Indirect & induced	Total	Median AACOM member institution (Total)
Employment	20,770	17,385	38,155	745
Labor income ($M)	$1,318	$1,068	$2,386	$39
GDP ($M)	$1,318	$1,988	$3,306	$54
Economic output ($M)	$2,598	$3,631	$6,229	$101

Source: EY analysis of data on AACOM member institutions using the IMPLAN 2023 economic impact model.

The economic impact of AACOM member institutions extends beyond the direct workforce and activities. Including the impact from purchases from each member institution's regional suppliers and household purchases from related employment income, the member institutions supported a total of 38,155 jobs, $3.3 billion in GDP and $6.2 billion in economic output across the United States, summarized in Table 6. While there is variation in the level of economic contributions across the member institutions (see Table 7), Table 6 shows that the median level of impact among the member institutions is 745 jobs, generating $39 million in labor income and $54 million in GDP. For every 100 jobs directly supported by member institutions, 84 additional jobs are indirectly supported and induced. Figure 6 below breaks out these indirectly supported and induced jobs across industry sectors. The finance and real estate industry is the most impacted, with more than 4,000 jobs supported, followed by the health, social services & education and the hotels, restaurants & entertainment industries.

Figure 6: Indirect and induced jobs supported across industries by AACOM member institutions



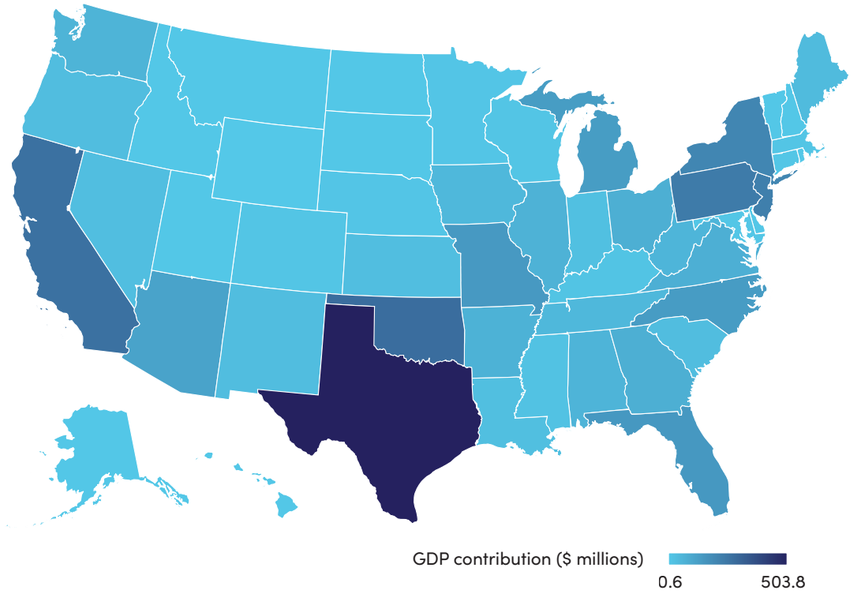
Source: EY analysis of data on AACOM member institutions using the IMPLAN 2023 economic impact model.

Table 7: Total economic impacts (direct, indirect, and induced) by AACOM member institution, FY23, US totals

AACOM member institution	Employment	Labor income ($ millions)	GDP ($ millions)	Economic output ($ millions)
ACOM	1,670	$30	$41	$80
ARCOM	340	$38	$52	$97
ATSU-KCOM	790	$31	$43	$82
ATSU-SOMA	310	$26	$36	$67
AZCOM	485	$56	$77	$143
Burrell COM	355	$30	$42	$84
CCOM	745	$37	$52	$95
CHSU-COM	370	$36	$50	$90
CUSOM	895	$105	$143	$268
DMU-COM	1,100	$39	$54	$101
KCU-Kansas	760	$85	$113	$196
KHSU-KansasCOM	270	$19	$26	$52
LECOM	3,155	$85	$117	$215
LMU-DCOM	2,170	$33	$44	$83
LUCOM	490	$19	$27	$49
MSUCOM	1,065	$105	$141	$261
MU-WCOM	245	$16	$21	$38
NSU-KPCOM	850	$79	$111	$208
NYITCOM Long Island	910	$91	$126	$229
OSU-COM	3,030	$241	$349	$747
OU-HCOM	710	$52	$72	$133
PCOM	1,525	$181	$243	$416
PNWU-COM	345	$38	$50	$81
Rowan-Virtua SOM	1,885	$168	$230	$421
SHSU-COM	255	$23	$31	$58
TouroCOM	415	$38	$52	$93
TUCOM-CA	775	$56	$77	$139
UIWSOM	480	$47	$66	$123
UNE COM	335	$33	$45	$84
UNTHSC/TCOM	3,305	$301	$429	$843
UP-KYCOM	105	$7	$10	$18
VCOM-Virginia	4,960	$100	$140	$270
WCUCOM	175	$14	$19	$37
WesternU/COMP	2,200	$77	$106	$191
WVSOM	670	$53	$73	$136
Total	**38,155**	**$2,386**	**$3,306**	**$6,229**

Note: Analysis sample includes AACOM member institutions which had active enrollment in the 2022-2023 academic year and for which FY23 expenditures data was available. This analysis excludes ICOM, Noorda COM, and RVUCOM due to data availability.
Source: EY analysis of data on AACOM member institutions using the IMPLAN 2023 economic impact model.

Figure 7: Total (direct, indirect and induced) GDP contributions of AACOM member institutions by state, FY23



Note: Figure corresponds to economic contributions of AACOM member institutions to each state, including the out-of-state economic contributions for states with no member institutions located in them.
Analysis sample includes AACOM member institutions which had active enrollment in the 2022-2023 academic year and for which FY23 expenditures data was available. This analysis excludes ICOM, Noorda COM, and RVUCOM due to data availability.
Source: EY analysis of data on AACOM member institutions using the IMPLAN 2023 economic impact model.

Table 8: Total (direct, indirect, and induced) economic contributions of AACOM member institutions by state, FY23

State	Employment	Labor income ($ millions)	GDP ($ millions)	Economic output ($ millions)	Teaching campuses located in state in FY23**
AL	2,745	$44	$58	$116	2
AK	15	$1	$2	$5	
AZ	800	$80	$110	$204	2
AR	490	$49	$65	$124	2
CA	2,730	$170	$260	$451	3
CO	80	$5	$9	$19	
CT	35	$3	$5	$9	
DE	15	$2	$3	$5	
DC	15	$2	$3	$4	
FL	1,810	$101	$143	$269	3
GA	555	$54	$75	$129	2
HI	15	$1	$2	$3	
ID	20	$1	$2	$5	
IL	840	$45	$65	$120	1
IN	280	$18	$25	$49	1

TABLE CONTINUED ON NEXT PAGE →

State	Employment	Labor income ($ millions)	GDP ($ millions)	Economic output ($ millions)	Teaching campuses located in state in FY23**
IA	1,060	$36	$47	$94	1
KS	305	$20	$29	$62	1
KY	130	$8	$12	$24	1
LA	1,160	$20	$28	$57	1
ME	295	$29	$39	$72	1
MD	55	$4	$7	$12	
MA	60	$5	$8	$15	
MI	995	$99	$129	$242	3
MN	55	$5	$7	$15	
MS	165	$13	$17	$35	1
MO	1,435	$108	$139	$249	3
MT	10	$0*	$1	$2	
NE	40	$3	$7	$15	
NV	410	$20	$28	$52	1
NH	10	$1	$2	$3	
NJ	1,825	$163	$219	$397	2
NM	290	$25	$33	$68	1
NY	1,750	$135	$198	$340	4
NC	825	$99	$132	$247	1
ND	10	$1	$1	$2	
OH	730	$53	$75	$141	3
OK	2,470	$199	$272	$602	2
OR	720	$24	$32	$60	1
PA	2,655	$177	$231	$403	3
RI	5	$0*	$1	$1	
SC	1,220	$22	$31	$62	1
SD	15	$1	$2	$4	
TN	2,205	$35	$48	$90	2
TX	3,895	$359	$504	$987	3
UT	20	$1	$3	$5	
VT	5	$0*	$1	$2	
VA	1,885	$54	$74	$137	2
WA	390	$43	$60	$98	1
WV	530	$44	$55	$104	1
WI	70	$5	$8	$21	
WY	5	$0*	$1	$1	
Total	**38,155**	**$2,386**	**$3,306**	**$6,229**	**56**

Note: Figures correspond to economic contributions of AACOM member institutions to each state, including the out-of-state economic contributions for states with no member institutions located in them.
*Represents a figure less than $500,000.
**Analysis sample includes AACOM member institutions which had active enrollment in the 2022-2023 academic year and for which FY23 expenditures data was available. This analysis excludes ICOM, Noorda COM, and RVUCOM due to data availability.
Source: EY analysis of data on AACOM member institutions using the IMPLAN 2023 economic impact model.

Table A2 in the appendix shows the total impacts in FY23 of AACOM member institutions in congressional districts for which AACOM member institutions are located. While the economic contributions in congressional districts will generally be smaller than the statewide impacts due to reduced indirect and induced impacts in a smaller area, the economic contributions shown at the congressional district level reflect highly localized effects of having a member institution in the congressional district.

05 APPENDIX

ADDITIONAL TABLES

Table A1: AACOM member institutions and teaching locations (as of September 2025)

AACOM member institution	Acronym	State	Congressional District	Inaugural class
A.T. Still University - Kirksville College of Osteopathic Medicine	ATSU-KCOM	MO	MO-6	1892
A.T. Still University - School of Osteopathic Medicine in Arizona	ATSU-SOMA	AZ	AZ-4	2007
Alabama College of Osteopathic Medicine	ACOM	AL	AL-1	2013
Arizona College of Osteopathic Medicine of Midwestern University	AZCOM	AZ	AZ-8	1996
Arkansas College of Osteopathic Medicine	ARCOM	AR	AR-3	2017
Baptist Health Sciences University College of Osteopathic Medicine	BUCOM	TN	TN-9	2024
Burrell College of Osteopathic Medicine	Burrell COM	NM	NM-2	2016
Burrell University College of Osteopathic Medicine at the Florida Institute of Technology	BCOM - FIT	FL	FL-8	2024
California Health Sciences University College of Osteopathic Medicine	CHSU-COM	CA	CA-20	2020
Campbell University Jerry M. Wallace School of Osteopathic Medicine	CUSOM	NC	NC-13	2013
Chicago College of Osteopathic Medicine of Midwestern University	CCOM	IL	IL-6	1900
Des Moines University College of Osteopathic Medicine	DMU-COM	IA	IA-3	1898
Duquesne University College of Osteopathic Medicine	DUQCOM	PA	PA-12	2024
D'Youville University College of Osteopathic Medicine	D'Youville COM	NY	NY-26	2026
Edward Via College of Osteopathic Medicine - Virginia Campus	VCOM-Virginia	VA	VA-9	2003
Edward Via College of Osteopathic Medicine - Auburn Campus	VCOM-Auburn	AL	AL-3	2015
Edward Via College of Osteopathic Medicine - Carolinas Campus	VCOM-Carolinas	SC	SC-4	2011
Edward Via College of Osteopathic Medicine - Louisiana Campus	VCOM-Louisiana	LA	LA-5	2020
Idaho College of Osteopathic Medicine	ICOM	ID	ID-1	2018
Illinois College of Osteopathic Medicine	IllinoisCOM	IL	IL-7	2025
Kansas City University College of Osteopathic Medicine	KCU-Kansas	MO	MO-5	1916
Kansas City University College of Osteopathic Medicine - Joplin	KCU-Joplin	MO	MO-7	2017

TABLE CONTINUED ON NEXT PAGE →

AACOM member institution	Acronym	State	Congressional District	Inaugural class
Kansas Health Science University-Kansas College of Osteopathic Medicine	KHSU-KansasCOM	KS	KS-4	2022
Lake Erie College of Osteopathic Medicine	LECOM	PA	PA-16	1993
Lake Erie College of Osteopathic Medicine - Elmira	LECOM Elmira	NY	NY-23	2020
Lake Erie College of Osteopathic Medicine - Seton Hill	LECOM Seton Hill	PA	PA-14	2009
Lake Erie College of Osteopathic Medicine Bradenton Campus	LECOM Bradenton	FL	FL-16	2004
LECOM at Jacksonville University	LECOM at JU	FL	FL-4	2025
Liberty University College of Osteopathic Medicine	LUCOM	VA	VA-5	2014
Lincoln Memorial University - DeBusk College of Osteopathic Medicine	LMU-DCOM	TN	TN-2	2007
Lincoln Memorial University - DeBusk College of Osteopathic Medicine - Knoxville	DCOM at LMU-Knoxville	TN	TN-2	2019
Lincoln Memorial University - DeBusk College of Osteopathic Medicine at Orange Park	LMU-DCOM at Orange Park	FL	FL-4	2025
Marian University Tom and Julie Wood College of Osteopathic Medicine	MU-COM	IN	IN-7	2013
Meritus Health School of Osteopathic Medicine	MSOM	MD	MD-6	2025
Michigan State University College of Osteopathic Medicine	MSUCOM	MI	MI-7	1969
Michigan State University College of Osteopathic Medicine - Clinton Township	MSUCOM Clinton Township	MI	MI-10	2009
Michigan State University College of Osteopathic Medicine - Detroit	MSUCOM Detroit	MI	MI-13	2009
New York Institute of Technology College of Osteopathic Medicine	NYITCOM Long Island	NY	NY-3	1977
New York Institute of Technology College of Osteopathic Medicine at Arkansas State University	NYITCOM at Arkansas State	AR	AR-1	2016
Noorda College of Osteopathic Medicine	Noorda COM	UT	UT-3	2021
Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine	NSU-KPCOM	FL	FL-25	1981
Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine - Clearwater	NSU-KPCOM Clearwater	FL	FL-13	2019
Ohio University Heritage College of Osteopathic Medicine	OU-HCOM	OH	OH-12	1976
Ohio University Heritage College of Osteopathic Medicine - Cleveland	OU-HCOM Cleveland	OH	OH-11	2015
Ohio University Heritage College of Osteopathic Medicine - Dublin	OU-HCOM Dublin	OH	OH-15	2014
Oklahoma State University Center for Health Sciences College of Osteopathic Medicine	OSU-COM	OK	OK-1	1974
Oklahoma State University Center for Health Sciences College of Osteopathic Medicine - Tahlequah	OSUCOM Tahlequah	OK	OK-2	2020

AACOM member institution	Acronym	State	Congressional District	Inaugural class
Orlando College of Osteopathic Medicine	OCOM	FL	FL-11	2024
Pacific Northwest University of Health Sciences College of Osteopathic Medicine	PNWU-COM	WA	WA-4	2008
Philadelphia College of Osteopathic Medicine	PCOM	PA	PA-3	1899
Philadelphia College of Osteopathic Medicine Georgia Campus	PCOM Georgia	GA	GA-9	2005
Philadelphia College of Osteopathic Medicine South Georgia	PCOM South Georgia	GA	GA-8	2019
Rocky Vista University College of Osteopathic Medicine	RVUCOM	CO	CO-4	2008
Montana College of Osteopathic Medicine	MCOM	MT	MT-2	2023
Rocky Vista University College of Osteopathic Medicine - Southern Utah Campus	RVUCOM Southern Utah	UT	UT-2	2017
Rowan-Virtua School of Osteopathic Medicine	Rowan-Virtua SOM	NJ	NJ-1	1977
Rowan-Virtua School of Osteopathic Medicine Sewell Campus	Rowan-Virtua SOM Sewell	NJ	NJ-1	2022
Sam Houston State University College of Osteopathic Medicine	SHSU-COM	TX	TX-8	2020
Touro College of Osteopathic Medicine - Harlem	TouroCOM-Harlem	NY	NY-13	2007
Touro College of Osteopathic Medicine - Middletown	TouroCOM-Middletown	NY	NY-18	2014
Touro College of Osteopathic Medicine - Montana	TouroCOM-Montana	MT	MT-2	2023
Touro University College of Osteopathic Medicine - California	TUCOM-CA	CA	CA-8	1997
Touro University Nevada College of Osteopathic Medicine	TUNCOM	NV	NV-1	2004
University of New England College of Osteopathic Medicine	UNE COM	ME	ME-1	1978
University of North Texas Health Science Center at Fort Worth - Texas College of Osteopathic Medicine	UNTHSC/TCOM	TX	TX-12	1970
University of Pikeville - Kentucky College of Osteopathic Medicine	UP-KYCOM	KY	KY-5	1997
University of the Incarnate Word School of Osteopathic Medicine	UIWSOM	TX	TX-28	2017
West Virginia School of Osteopathic Medicine	WVSOM	WV	WV-1	1974
Western University of Health Sciences College of Osteopathic Medicine of the Pacific	WesternU/COMP	CA	CA-35	1978
Western University of Health Sciences College of Osteopathic Medicine of the Pacific - Northwest	WesternU/COMP-Northwest	OR	OR-5	2011
William Carey University College of Osteopathic Medicine	WCUCOM	MS	MS-4	2010

Table A2: Number of alumni physicians practicing in congressional districts and FY23 economic contributions to congressional districts where AACOM member institutions are located

Congressional District	Alumni DO physicians	Employment	Labor income ($ millions)	GDP ($ millions)	Economic output ($ millions)
AL-01	197	1,540	$22	$26	$52
AL-03	196	1,055	$14	$16	$33
AR-01	135	140	$12	$14	$28
AR-03	198	240	$32	$40	$74
AZ-04	339	135	$15	$15	$29
AZ-08	568	105	$31	$32	$61
CA-08	227	180	$21	$22	$42
CA-20	277	180	$22	$23	$44
CA-35	232	1,185	$30	$31	$60
CO-04	377	*	*	*	*
FL-04	513	*	*	*	*
FL-08	820	*	*	*	*
FL-11	222	*	*	*	*
FL-13	288	110	$5	$6	$11
FL-16	268	740	$13	$14	$27
FL-25	686	210	$43	$46	$89
GA-08	113	85	$5	$6	$10
GA-09	185	160	$30	$32	$54
IA-03	890	975	$31	$40	$73
ID-01	241	*	*	*	*
IL-06	581	500	$22	$22	$43
IL-07	430	*	*	*	*
IN-07	291	160	$11	$13	$22
KS-04	266	220	$14	$18	$38
KY-05	423	75	$5	$6	$12
LA-05	48	1,035	$13	$15	$30
MD-06	135	*	*	*	*
ME-01	753	250	$27	$35	$65
MI-07	331	385	$46	$54	$102
MI-10	1138	90	$12	$13	$25
MI-13	650	85	$13	$14	$26
MO-05	622	260	$41	$48	$80
MO-06	627	635	$21	$25	$48
MO-07	475	220	$26	$32	$55
MS-04	275	115	$11	$13	$25
MT-02	198	*	*	*	*
NC-13	191	265	$65	$70	$135
NJ-01	1018	1,340	$122	$147	$282
NM-02	120	180	$19	$21	$46
NV-01	325	280	$13	$14	$26
NY-03	253	320	$45	$49	$95
NY-13	968	75	$12	$13	$24
NY-18	175	160	$11	$13	$25
NY-23	261	485	$7	$7	$14
NY-26	309	*	*	*	*
OH-11	464	90	$4	$5	$9
OH-12	454	230	$26	$29	$56
OH-15	466	95	$3	$4	$7
OK-01	1241	1,460	$129	$170	$374
OK-02	382	500	$47	$57	$136
OR-05	323	585	$16	$17	$32
PA-03	1105	305	$86	$95	$157
PA-12	721	*	*	*	*
PA-14	378	405	$5	$5	$10
PA-16	434	1,130	$34	$40	$75
SC-04	367	1,135	$18	$22	$44
TN-02	377	2,065	$26	$32	$59
TN-09	72	*	*	*	*
TX-08	60	105	$13	$14	$26
TX-12	99	1,105	$158	$168	$373
TX-28	715	205	$29	$32	$62
UT-02	219	*	*	*	*
UT-03	297	*	*	*	*
VA-05	298	415	$14	$16	$32
VA-09	575	1,280	$25	$30	$61
WA-04	313	265	$29	$35	$57
WV-01	823	520	$44	$55	$101

Note: *No results are available for congressional districts in which there were no AACOM member institutions present in FY23 or the member institutions located in the congressional district did not have available data for the analysis in FY23.

Table A3: Alumni physicians of AACOM member institutions by medical specialty

Specialty	Alumni DO physicians
Family Physicians	41,946
Internal Medicine	19,353
Emergency Medicine	12,278
Pediatrics	7,794
Surgery	5,922
Anesthesiology	5,876
Obstetrics & Gynecology	5,418
Psychiatry	5,009
Orthopedic Surgery	3,213
Radiology	2,900
Physical Medicine & Rehabilitation	2,549
Ophthalmology & Otolaryngology	1,719
Neurology	1,715
Neuromusculoskeletal Medicine	1,491
Cardiology	1,250
Pathology	1,164
Dermatology	1,139
Preventive Medicine	984
Hospitalist	821
Gastroenterology	652
Pulmonology	603
Hematology & Oncology	405
Pediatric Subspecialty	387
Nephrology	385
Sports Medicine	306
Rheumatology	278
Infectious Diseases	268
Internal Med-Emergency Med	257
Proctology	252
Geriatrics	215
Endocrinology	209
Allergy and Immunology	157
Addiction Medicine	126
Other	246
Unidentified specialty	16,514

Table A4: Alumni physicians of AACOM member institutions by medical practices

Practice category	Alumni DO physicians
Primary care	71,056
Surgical	16,830
Nonsurgical procedural	22,403
Nonsurgical nonprocedural	16,752
Other	246
Total with identified specialty	127,287
Unidentified practice	16,514

TECHNICAL DETAILS ON STUDY METHODOLOGY

This report analyzes the economic contributions of AACOM member institutions in FY23 as well as the contributions to the supply of medical workforce from the alumni of member institutions. The following sections detail the data and methodology used in each of these two analyses.

Economic contributions and impact analysis

This report analyzes the economic contributions of AACOM member institutions in FY23 as well as the contributions to the supply of medical workforce from the alumni of member institutions. The following sections detail the data and methodology used in each of these two analyses.

Data used in the economic impact analysis

AACOM provided the following data which was used in the analysis:

- FY23 expenditures from the AACOM annual survey for each member institution broken out by categories, including instruction, research, academic services, maintenance and operations and others
- FY23 headcount estimates of faculty and staff from the AACOM annual survey for each member

To augment the data provided by AACOM with additional data on employee compensation, the analysis extracted data from IPEDS, an established data source provided by the National Center for Education Statistics. Among the available data from IPEDS are expenditures, employment and salary/wages plus benefits. For 10 AACOM member institutions (referred hereafter as "IPEDS-matching institutions"), there was a strong match in total expenditures between IPEDS and the AACOM data. The remaining AACOM member institutions are not single units in IPEDS and thus their expenditures reported in the AACOM data is not directly comparable to IPEDS.

To estimate direct contributions of the AACOM member institutions, a data set was constructed which included the FY23 expenditures by the member institutions on research, instruction and other operations; headcount of faculty and staff; and wages, salaries and benefits provided to employees.

Specifically, direct contributions were estimated for the member institutions using the following methods:

- Economic output is based on FY23 expenditures, excluding scholarships and fund transfers. For 25 member institutions, the analysis used expenditures data provided by the institutions to AACOM. For the 10 IPEDS-matching institutions, the analysis used expenditures data published in IPEDS.
- Labor income is estimated as wages, salaries and benefits for member institution employees. This information was available for the 10 IPEDS-matching institutions. For the remaining member institutions, labor income is estimated by multiplying the total expenditures data for each member institution by the average ratio of labor income-to-total expenditures in the IPEDS data (calculated among the set of IPEDS-matching institutions).
- Employment (headcount) information for paid faculty and staff comes from the AACOM annual survey data. This includes both full-time and part-time work.

The final data set for modeling economic contributions of AACOM member institutions includes 35 institutions in total encompassing 56 locations, including each member institution's main campus location and any applicable additional teaching locations and branch campuses. The analysis excludes recently established member institutions with inaugural classes entering after 2022 as well as additional campus locations of pre-established member institutions with inaugural classes entering after 2022. In addition, the analysis excludes ICOM, Noorda COM and RVUCOM because FY23 expenditures were not available from AACOM.

Below is a summary of the constructed data set used in the economic impact model:

	Employment	Labor income	Expenditures (Economic output)
IPEDS-matching institutions: ACOM, ARCOM, Burrell COM, KCU, KHSU-KansasCOM, OSU-COM, PCOM, PNWU-COM, UNTHSC/TCOM, VCOM	Employment data from AACOM annual survey	Obtained from IPEDS data	Obtained from IPEDS data
Remaining member institutions	Employment data from AACOM annual survey	Estimated using ratios of labor income to total expenditure from 10 member institutions available in IPEDS. This ratio is 51.8% of total expenditures.	Expenditure data from AACOM annual survey

Methodology used in the economic impact analysis

Economic impacts of AACOM member institutions were estimated using detailed economic models which incorporate industry-specific employee compensation, productivity and operating expense data for the states in which they operate. The economic model's database, constructed by IMPLAN, is widely used throughout the United States for impact analyses by state and local economic development agencies, private-sector companies and trade associations. The IMPLAN model was used in this analysis to estimate the impacts of AACOM member institutions' operations. The components of total economic impact are described below:

1. Direct impact (AACOM member institution operations). The economic impact of AACOM member institutions' operations is measured as the economic output, labor income and employment resulting directly from expenditures by institutions on instruction, research and other support functions.
2. Indirect impact (supplier-related). Indirect impacts results from in-state supply chains for AACOM member institutions. Purchases from businesses providing utilities, telecommunications, information services and other operating inputs support employment in these industries. Further, as these suppliers purchase inputs to fulfill AACOM member institutions' demand, additional jobs and income are supported in the region.
3. Induced impact (consumption-related). The induced economic impact reflects economic activity related to employee spending. AACOM member institution employees and employees at other businesses indirectly affected by AACOM member institutions' operations use a portion of their income to purchase goods and services from other businesses. These transactions support employment at businesses such as retailers, restaurants and service companies.

Economic impacts in this report are presented in terms of the following metrics:

- Economic output: Measures the total value of all goods and services produced in an economy and includes both GDP and intermediate input purchases (suppliers). For most industries, economic output is equivalent to total revenues.
- Gross domestic product (GDP): GDP, or value added, is the total value of all finished goods and services, less intermediate inputs. GDP is a component of economic output and includes personal income, payments to capital and indirect taxes.
- Labor income: Labor income derived from employment (e.g., wages and salaries) is a component of GDP and includes total employee compensation (combined value of wages and benefits).
- Employment: Employment is reported as the total number of full- and part-time jobs (headcount).

Workforce contribution analysis

Data used in the workforce contribution analysis

AACOM provided the following data which was used in the analysis:

- 2024-2025 enrollment figures and 2023-2024 graduation figures for each AACOM member institution.
- Current workplace locations of "known alumni," based on data from AMA Physician Professional Data prepared by AACOM. "Known alumni" are the alumni workforce for each AACOM member institution with known locations. This data is broken out by medical practices/specialties if known and geocoded to the Census Tract level by AACOM.

Methodology used in the workforce contribution analysis

The report analyzes these contributions at several geographic levels, including state and congressional district levels as well as designated rural and MUAs. In order to identify the geographic characteristics for each AACOM member institution's alumni in the data, the analysis applied various geospatial crosswalks between the Census Tract of each alumni's practice location to definitions of geographies designated as rural areas and MUAs from the Health Resources and Services Administration. In some instances, a Census Tract of an alumni's practice location can be directly linked to a geographic designation. In other cases where a direct link is not possible, the analysis used other intermediate geospatial crosswalks, including the crosswalks between 2010 and 2020 Census Tracts from the Census Bureau and United States Department of Housing and Urban Development (HUD) as well as geospatial crosswalks between different geographic concepts from the Missouri Census Data Center's Geocorr application.

Limitations of the analysis

EY is not able to independently verify data provided by AACOM which is not publicly available, such as data sourced from AACOM surveys of member institutions, or from proprietary databases accessed by AACOM.

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