



AMERICAN OSTEOPATHIC ASSOCIATION



AMERICAN ASSOCIATION OF  
COLLEGES OF OSTEOPATHIC MEDICINE

January 17, 2018

The Honorable Paul Ryan  
Speaker  
United States House of Representatives  
H-232, The Capitol  
Washington, D.C. 20515

The Honorable Nancy Pelosi  
Minority Leader  
United States House of Representatives  
H-204, The Capitol  
Washington, D.C. 20515

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
S-230, The Capitol  
Washington, D.C. 20510

The Honorable Charles E. Schumer  
Minority Leader  
United States Senate  
S-221, The Capitol  
Washington, D.C. 20510

Dear Speaker Ryan, Minority Leader Pelosi, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the American Osteopathic Association (AOA), which represents the nearly 138,000 osteopathic physicians and osteopathic medical students, and the American Association of Colleges of Osteopathic Medicine (AACOM), which represents the 34 accredited colleges of osteopathic medicine across 32 states in the U.S. educating nearly 29,000 future physicians, we write to urge you to immediately reauthorize the Teaching Health Center Graduate Medical Education (THCGME) program, along with the National Health Service Corps (NHSC) and other important public health programs, as part of a reauthorization of the Children's Health Insurance Program (CHIP). We are concerned by reports that the House is expected to vote on a bill that only reauthorizes CHIP, leaving the THCGME and NHSC programs in limbo. Already, teaching health centers (THCs) across the country have been forced to close down. Continued failure to reauthorize the THCGME program could force additional THCs to shut down. Consequently, these closures are already adversely impacting patients' access to care in underserved communities nationwide, disrupting the training of resident physicians, and impeding a successful effort to address primary care shortages.

The chances of our nation's rural and underserved communities losing out on potentially more than one million physician visits and more than 730 medical residents currently training in THCs losing their positions at these training sites is becoming more of a reality by the day due to inaction from Congress. As you may know, bipartisan legislation was recently passed by the House of Representatives that included vital provisions extending the THCGME program for fiscal years 2018 and 2019. In addition, the House-passed legislation included a per-resident amount that better reflects the cost of training<sup>1</sup> – providing much-needed stability to the program.

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<sup>1</sup> <https://bhw.hrsa.gov/sites/default/files/bhw/grants/thc-costing-fact-sheet.pdf>

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A short-term funding extension for the THCGME program was included in the continuing resolution (CR) passed by Congress and signed into law by President Trump on December 21, 2017. The CR extended the THCGME program until March 31, 2018. However, this uncertainty is also a source of critical concern for osteopathic medical students considering careers in primary care.

Right now, osteopathic medical students across the country are determining where to apply for their medical residency programs. Many of these students are seeking to apply to THC programs located in rural and medically underserved areas. Without immediate action from Congress, this could lead to a significant loss of primary care residents serving in crucial areas around the country. The THCGME program is a vital source of training for primary care residents to help expand access to care in rural and underserved communities throughout the country, with the vast majority of physicians practicing in the communities where they train.

As osteopathic physicians, we are trained in a patient-centered, hands-on approach to care that focuses on the whole person, including the physical, mental, and psychosocial aspects of health. Furthermore, osteopathic medical education has a long history of establishing educational programs for medical students and residents that target the health care needs of rural and underserved populations. Colleges of osteopathic medicine — many of which are located in rural areas — have a standing commitment to and focus on training primary care physicians, which mirrors the special commitment osteopathic physicians have in providing primary care, particularly to the nation's medically underserved populations. Given this strong presence in primary care, osteopathic medicine aligns naturally with the mission and goals of the THCGME program, which has proven successful in helping address the existing gaps in our nation's primary care workforce.

True to the intent of the THCGME program, residents who train in THC programs are far more likely to practice primary care and remain in the communities in which they have trained. Data shows that, when compared to traditional postgraduate trainees, residents who train at THCs are more likely to practice primary care (82% vs. 23%) and remain in underserved (55% vs. 26%) or rural (20% vs. 5%) communities.<sup>2</sup> It is clear that the well-designed THCGME program not only plays a vital role in training our next generation of primary care physicians, but helps to bridge our nation's physician shortfall. The program also tackles the issue of physician maldistribution and helps address the need to attract and retain physicians in rural areas and medically underserved communities. In the 2015-2016 academic year, nearly all residents received training in primary care settings and 77% of residents trained in Medically Underserved Communities.<sup>3</sup>

The NHSC currently includes more than 10,000 providers. They provide primary medical, dental, and mental health services in urban, rural, and frontier areas in all fifty states.

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<sup>2</sup> <http://aathc.org/know-the-facts/>

<sup>3</sup> <https://bhw.hrsa.gov/grants/medicine/thcgme>

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Without immediate reauthorization and approved funding by Congress, the existing primary care physician shortage in rural and underserved communities, in particular, will rapidly worsen, and our nation's most vulnerable patients will stand to lose access to much-needed health care. Reauthorization of the THCGME program in concert with CHIP will ensure primary care physicians are trained and continue to provide care in communities most in need. It is also important that this reauthorization include the NHSC and other vital health care programs. Please direct any questions or concerns to David Pugach, AOA Senior Vice President of Public Policy, at [dpugach@osteopathic.org](mailto:dpugach@osteopathic.org) and Pamela Murphy, AACOM Senior Vice President of Government Relations, at [pmurphy@aacom.org](mailto:pmurphy@aacom.org).

Sincerely,



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American Osteopathic Association



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