December 14, 2017

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
S-221, The Capitol  
Washington, D.C. 20510

The Honorable Chuck Schumer  
Minority Leader  
United States Senate  
S-230, The Capitol  
Washington, D.C. 20510

The Honorable Lamar Alexander  
Chairman  
U.S. Senate Committee on Health, Education  
Labor and Pensions  
United States Senate  
455 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Patty Murray  
Ranking Member  
U.S Senate Committee on Health, Education  
Labor and Pensions  
United States Senate  
428 Senate Dirksen Office Building  
Washington, D.C. 20510

Dear Majority Leader McConnell, Chairman Alexander, Minority Leader Schumer, and Ranking Member Murray:

On behalf of the American Osteopathic Association (AOA) which represents the nearly 130,000 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 at a funding level that would provide for a sustainable per resident amount by year’s end. Failure to reauthorize the program could force additional teaching health centers (THCs) across the country to continue to shut down. First and foremost, these closures would have an adverse and immediate impact on patients’ access to care in underserved communities nationwide, disrupt the training of resident physicians, and impede a successful effort to address primary care shortages.

Without immediate action from Congress, our nation’s rural and underserved communities may lose out on potentially more than one million physician visits, and more than 730 medical residents currently training in THCs may lose their positions at these training sites. 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 training1 – providing much-needed stability to the program.

The majority of THCGME programs are accredited by the AOA or are dually accredited (DO/MD) programs, supporting nearly 800 osteopathic resident physicians through their training since the program’s inception. Through this program, residents train in much-needed primary care fields that have the largest reported shortages nationally, including family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, geriatrics, and dentistry. It is a vital source of training for primary care residents to help expand access to care in rural and underserved communities throughout the country.

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. As our training and philosophy includes a strong emphasis on primary care, 33% of the most recent osteopathic medical school graduates reported plans to specialize in primary care, and approximately half of all osteopathic physicians practice in primary care specialties. Given this strong presence in primary care, osteopathic medicine aligns naturally with the mission and goals of the THCGME program that 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 show 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. 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.

Without reauthorization and approved funding by December 31st, 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. Re-enactment of the THCGME program will ensure primary care physicians are trained and continue to provide care in communities most in need. Please direct any questions or concerns to David Pugach, AOA Senior Vice President of Public Policy, at dpugach@osteoaphtic.org, and Pamela Murphy, AACOM Senior Vice President of Government Relations, at pmurphy@aacom.org.

Sincerely,

Mark A. Baker, DO
President
American Osteopathic Association

Stephen C. Shannon, DO, MPH
President & CEO
American Association of Colleges of Osteopathic Medicine

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2 http://aathc.org/know-the-facts/
3 https://bhw.hrsa.gov/grants/medicine/thcgme