

**American Association of Colleges of Osteopathic Medicine
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President and Chief Executive Officer**

Submitted for the Record to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

**Concerning the Department of
Health and Human Services Appropriations for Fiscal Year 2015**

May 22, 2014

The American Association of Colleges of Osteopathic Medicine (AACOM) strongly supports restoring funding for discretionary Health Resources and Services Administration (HRSA) programs to the FY 2010 level of \$7.48 billion; funding of \$520 million for HRSA's Title VII and VIII programs under the Public Health Service Act; \$10 million minimally for the Teaching Health Center Graduate Medical Education (THCGME) Development Grants; sustainment of student scholarship and loan repayment programs; \$4 million for the Rural Physician Training grants; \$3 million for the National Health Care Workforce Commission; \$32 billion for the National Institutes of Health (NIH); and \$375 million in base discretionary funding, restoring the base to FY 2011 levels for the Agency for Healthcare Research and Quality (AHRQ).

AACOM represents the 30 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 42 teaching locations in 28 states. In the 2013-14 academic year these colleges are educating over 23,000 future physicians – more than 20% of US medical students. Six of the colleges are publicly controlled; 24 are private institutions.

The Title VII health professions education programs, authorized under the Public Health Service Act and administered through HRSA, support the training and education of health practitioners to enhance the supply, diversity, and distribution of the health care workforce, acting as an essential part of the health care safety net and filling the gaps in the supply of health professionals not met by traditional market forces. Title VII and Title VIII nurse education programs are the only federal programs designed to train clinicians in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.

As demand for health professionals increase in the face of impending shortages combined with faculty shortages across health professions disciplines, racial and ethnic disparities in health care, a growing, aging population, and the anticipated demand for increased access to care, these needs strain an already fragile health care system. AACOM appreciates the investments that have been made in these programs, and **we urge the Subcommittee to fund \$520 million for the Title VII and VIII programs to include support for the following programs in order to include: the Primary Care Training and Enhancement (PCTE) Program, the Health Careers Opportunity Program (HCOP), the Centers of Excellence (COE), the Geriatric Education**

Centers (GECs) and the Area Health Education Centers (AHECs). We strongly oppose the Administration's proposals to eliminate funding for AHECs and the HCOP.

AACOM has serious concerns with the Administration's budget request that would cut nearly \$15 billion from **Medicare graduate medical education (GME)**. Because GME funding is critical to addressing the existing physician workforce shortage and ensuring patient access to our nation's health care, AACOM believes that current GME funding should not be sacrificed and simply shifted to other health care workforce programs of importance. Instead, additional investments in GME are critical to an already insufficiently-funded system.

AACOM strongly supports the continuation of the **THCGME Program**, which provides funding to support primary care medical and dental residents training in community-based settings. THCs currently train more than 350 medical and dental residents and are providing more than 700,000 primary care visits in underserved rural and urban communities. This program will also provide long-term benefits. According to the HRSA, physicians who train in THCs are three times more likely to work in such centers and more than twice as likely to work in underserved areas as physicians who train in other settings. The THCGME Program's five-year authorization expires in FY15, but the recruitment of new residents is being impacted now. **We support an investment of \$10 million in FY15 for development grants minimally.**

Through scholarships and loan repayment, **the National Health Service Corps (NHSC)** supports the recruitment and retention of primary care clinicians to practice in underserved communities. Approximately 50 million Americans live in communities with a shortage of health professionals, lacking adequate access to primary care. The self-reported average medical education debt of graduates of colleges of osteopathic medicine who borrowed to attend medical school has increased by almost \$85,000 in the last decade. Today, there are more than 23,000 students enrolled at osteopathic medical schools across the nation. Recent graduates report graduating with an average medical education debt of \$211,423.

Today, there are nearly 8,900 NHSC members providing culturally competent care to more than 9.3 million people. Care is provided at 5,100 NHSC-approved health care sites in urban, rural, and frontier areas. In addition to Corps providers currently providing care, nearly 1,100 students, residents, and health providers receive scholarships or participate in the Student to Service Loan Repayment program to prepare to practice, which provides loan repayment assistance to medical students in their last year of education in return for their commitment to practice. **AACOM appreciates the Administration's continued investment in the NHSC and strongly supports the preservation of student scholarship and loan repayment programs. Furthermore, we encourage congressional authorizers and appropriators to work together before current mandatory funding for the NHSC expires at the end of FY15.** This critical funding works to address the primary care workforce shortage and advances innovative models of service.

HRSA's **Rural Physician Training grants** will help rural-focused training programs recruit and graduate students most likely to practice medicine in underserved rural communities. HRSA's Office of Rural Health Policy analyzes potential effects of policy on residents of rural communities and administers grant programs designed to build health care capacity at both the local and state levels. Health professions workforce shortages are exacerbated in rural areas,

where communities struggle to attract and keep well-trained providers. According to HRSA, approximately 65 percent of primary care health professional shortage areas are rural. **AACOM supports the President's FY15 budget request of \$4 million for the Rural Physician Training grants.**

The **National Health Care Workforce Commission** was designed to develop and evaluate training activities to meet demand for health care workers. Without funding, the Commission cannot identify barriers that may create and exacerbate workforce shortages and improve coordination on the federal, state, and local levels. Having this type of coordinating body in place is becoming more critical as more Americans have insurance coverage and as the population ages, requiring access to care. As the United States struggles to address health care provider shortages in certain specialties and in rural and underserved areas, the country lacks a defined policy to address these critical. **For these reasons, AACOM recommends that \$3 million be appropriated to fund the Commission so it can begin its important work.**

Research funded by the **NIH** leads to important medical discoveries regarding the causes, treatments, and cures for common and rare diseases, as well as disease prevention. These efforts improve our nation's health and save lives. To maintain a robust research agenda, further investment will be needed. **AACOM recommends \$32 billion for the NIH.**

In today's increasingly demanding and evolving medical curriculum, there is a critical need for more research geared toward evidence-based osteopathic medicine. AACOM believes that it is vitally important to maintain and increase funding for biomedical and clinical research in a variety of areas related to osteopathic principles and practice, including osteopathic manipulative medicine and comparative effectiveness. In this regard, AACOM encourages support for the NIH's National Center for Complementary and Alternative Medicine (NCCAM) to continue fulfilling this essential research role.

AHRQ supports research to improve health care quality, reduce costs, advance patient safety, decrease medical errors, and broaden access to essential services. AHRQ plays an important role in producing the evidence base needed to improve our nation's health and health care. The incremental increases for AHRQ's Patient Centered Health Research Program in recent years will help AHRQ generate more of this research and expand the infrastructure needed to increase capacity to produce this evidence; however, more investment is needed. **AACOM recommends \$375 million in base discretionary funding, restoring the base to FY 2011 levels for the AHRQ.** This investment will preserve AHRQ's current programs while helping to restore its critical health care safety, quality, and efficiency initiatives.

AACOM is grateful for the opportunity to submit its views and looks forward to continuing to work with the Subcommittee on these important matters.