

**Testimony of Robert A. Cain, DO, FACOI, FAODME  
President and Chief Executive Officer  
American Association of Colleges of Osteopathic Medicine**

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

*Concerning the Department of Health and Human Services  
Appropriations for Fiscal Year 2021*

May 21, 2020

The American Association of Colleges of Osteopathic Medicine (AACOM) leads and advocates for the full continuum of osteopathic medical education to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 36 accredited colleges of osteopathic medicine—educating nearly 31,000 future physicians, 25 percent of all U.S. medical students—at 57 teaching locations in 33 U.S. states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems.

**AACOM strongly supports restoring funding for discretionary Health Resources and Services Administration (HRSA) programs to \$8.8 billion; total funding of \$790 million for key priorities in HRSA's Title VII and Title VIII programs under the *Public Health Service Act*, including adequate funding for the Centers for Excellence (COE), Health Careers Opportunity Program (HCOP), Scholarships for Disadvantaged Students (SDS) Program, Geriatrics Education Centers (GECs); \$67 million for the Area Health Education Centers (AHECs) Program; \$60 million for the Primary Care Training and Enhancement (PCTE) Program; \$15 million for the Rural Residency Planning and Development Program; long-term sustainable funding for the Teaching Health Center Graduate Medical Education (THCGME) Program; at least \$120 million in level funding for the National Health Service Corps (NHSC) and extension of the trust fund; a minimum of \$44.7 billion for the National Institutes of Health (NIH); and \$471 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ).**

**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 programs are the only federal programs designed to train primary care professionals in interdisciplinary settings to meet the needs of medically underserved populations, as well as increase minority representation in the health care workforce. AACOM supports total funding of \$790 million for Title VII and Title VIII programs.**

As the demand for health professionals increases in the face of impending shortages and the anticipated demand for access to care increases, 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 for inclusion and/or continued support for the following programs: **the COE, the HCOP, the SDS Program, the GECs, the AHECs, the PCTE Program, and the Rural Residency Planning and Development Program.**

The **COE Program** is integral to increasing the number of minority youth who pursue careers in the health professions.

The **HCOP** provides students from disadvantaged backgrounds with the opportunity to develop the skills needed to successfully compete, enter, and graduate from health professions schools.

The **SDS Program** provides scholarships to health professions students from disadvantaged backgrounds with financial need, many of whom are underrepresented minorities.

**GECs** are collaborative arrangements between health professions schools and health care facilities that provide training between health professions schools and health care facilities that provide the training of health professions students, faculty, and practitioners in the diagnosis, treatment, and prevention of disease, disability, and other health issues.

The **AHEC Program** provides funding for interdisciplinary, community-based, primary care training programs. Through a collaboration of medical schools and academic centers, a network of community-based leaders works to improve the distribution, diversity, supply, and quality of health personnel, particularly primary care personnel in the health care services delivery system, specifically in rural and underserved areas. **AACOM supports a request of \$67 million for the AHEC Program and strongly opposes any effort to eliminate this critical program.**

The **PCTE Program** provides funding to support awards to primary care professionals through grants to hospitals, medical schools, and **other entities. AACOM supports a request of \$60 million for this important program.**

The **Rural Residency Planning and Development Program** supports the development of new rural residency programs or Rural Training Tracks in family medicine, internal medicine, and psychiatry to help expand the physician workforce in rural areas across the country. Health professions workforce shortages are exacerbated in rural areas, where communities struggle to attract and maintain well-trained providers. **AACOM supports the inclusion of \$15 million for the Rural Residency Planning and Development Program.**

AACOM continues to strongly support the long-term sustainment of the **THCGME Program**, which provides funding to support primary care medical and dental residents training in community-based settings. The majority of currently-funded medical residency programs are osteopathic or dually-accredited (DO/MD). Currently, there are more than 728 residents being trained in 56 HRSA-supported THC residencies in 23 states. According to HRSA, physicians who train in teaching health centers (THCs) are three times more likely to work in such centers and more than twice as likely to work in underserved areas. The continuation of this program is critical to addressing primary care physician workforce shortages and delivering health care services to underserved communities most in need. **AACOM is pleased that Congress supported this highly successful bipartisan program by providing a short-term funding extension in the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*. However, funding for this program will expire after November 30. Stable funding is necessary for the**

**THCGME Program to continue to expand and increase the number of physicians that work in communities of need. AACOM strongly supports the continuation of and permanent funding for the THCGME Program and will continue to work with Congress to support a sustainable and viable funding mechanism for its continuation. Furthermore, we strongly support that the program's funding continues as mandatory funding.**

The NHSC supports physicians and other health professionals who practice in health professional shortage areas across the U.S. The NHSC notes that a field strength of more than 13,000 primary care clinicians are providing services nationwide in health professional shortage areas in FY20. **While we were pleased to see a short-term funding extension in the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*, stable funding is necessary for the continuation of this critically effective program. Therefore, AACOM supports the stability of the NHSC by requesting at least \$120 million in level funding for the NHSC and extension of the NHSC trust fund, which expires after November 30.**

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 supports a funding level of at least \$44.7 billion for the NIH.**

**AHRQ** plays an important role in producing the evidence base research 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 \$471 million in budget authority for AHRQ.** This investment will preserve AHRQ's current programs while helping to restore its critical health care safety, quality, and efficiency initiatives. **Additionally, AACOM opposes the consolidation of AHRQ into the NIH.**

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