

**Written Testimony for the Record  
on behalf of the  
American Association of Colleges of Osteopathic Medicine**

**Senate Committee on Health, Education, Labor, and Pensions Field Roundtable to  
Consider:**

**“How Can We Improve Health Workforce Diversity and Address Shortages?  
A Conversation with Historically Black College and University Leaders and Students”**

**May 10, 2023**

Chairman Sanders, Ranking Member Cassidy and esteemed Committee members, as you examine our nation’s healthcare workforce shortages, especially in Black and other minority communities, the American Association of Colleges of Osteopathic Medicine (AACOM) believes that the physicians trained at our nation’s colleges of osteopathic medicine (COMs) are an important part of the solution. We commend you for holding today’s field roundtable and appreciate you permitting AACOM to offer this written testimony for the record. AACOM stands ready to work with you and your Senate colleagues to advance policies and programs that will help ensure our nation has the healthcare workforce we need for the patients of today and tomorrow.

**About AACOM and Osteopathic Medicine**

AACOM is the leading advocate for osteopathic medical education (OME) and its commitment to improving public health. Founded in 1898 to support and assist the nation’s osteopathic medical schools, AACOM represents 40 accredited COMs—educating more than 35,000 future physicians, 25% of all U.S. medical students—at 64 medical school campuses in 35 states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Osteopathic medicine encompasses all aspects of modern medicine, including prescription drugs, surgery and the use of technology to diagnose and treat disease and injury. Osteopathic medicine also confers the added benefit of hands-on diagnosis and treatment of conditions through a system known as osteopathic manipulative medicine. Doctors of Osteopathic Medicine (DOs) are trained in medical school to take a holistic approach when treating patients, focusing on the integrated nature of the various organ systems and the body’s incredible capacity for self-healing. DOs are licensed in all 50 states to practice medicine, perform surgery and prescribe medications. The osteopathic medical tradition holds that a strong foundation as a generalist makes one a better physician, regardless of one’s ultimate practice specialty—which is the reason why more than half of DOs currently practice in primary care.<sup>1</sup> In excess of 7,300 DOs were added to the U.S. physician workforce in 2022, adding to the 141,000 DOs already in practice.<sup>2</sup>

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<sup>1</sup> National Resident Matching Program, 2021 Main Residency Match, available at [https://www.nrmp.org/wp-content/uploads/2021/08/Advance-Data-Tables-2021\\_Final.pdf](https://www.nrmp.org/wp-content/uploads/2021/08/Advance-Data-Tables-2021_Final.pdf)

<sup>2</sup> American Osteopathic Association, 2022 report tracks increased growth in the osteopathic profession, available at <https://osteopathic.org/about/aoa-statistics/>

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AACOM and its member institutions have made a concerted effort to promote training in diverse healthcare settings, such as community hospitals and healthcare facilities located in underserved parts of the country. Sixty percent (60%) of osteopathic medical schools are located in a federally designated Health Professional Shortage Area (HPSA), and 64% require clinical rotations in rural and underserved communities. Our research shows that the location of medical education and residency training directly impacts practice location, so the osteopathic community training model leads to more physicians in underserved areas.

**AACOM and our Colleges of Osteopathic Medicine Are Committed to Increasing Medical Student Diversity and Ensuring Medical Education Is Accessible to All**

It is AACOM’s goal to enhance the diversity of osteopathic medical students to contribute to the development of a culturally competent healthcare workforce. Underrepresented minority students currently account for 12.1% of matriculants across the nation’s COMs. AACOM is committed to positively impacting these rates while increasing the number of qualified applicants pursuing osteopathic medicine.

In 2021, AACOM member institutions unanimously released a *Consensus Statement on Diversity, Equity and Inclusion* acknowledging that the American education system is affected by systemic inequities that impact the diversity of the applicant pool to osteopathic medical schools.<sup>3</sup> The statement also outlines model strategies to improve and support diversity, equity and inclusion across osteopathic medical education, as well as opportunities to reframe and expand diversity, equity and inclusion efforts.

AACOM created a new program for its member colleges to advance diversity by supplementing instruction around health equity and health disparities — AACOM’s Academic Recognition Program.<sup>4</sup> Launched in 2022, this program is available to second- and third-year medical students at every COM in the United States. The program’s initial course is focused on inequities and disparities, while subsequent courses enhance the student’s ability to recognize and understand circumstances that may contribute to inequities.

Moreover, AACOM’s Council on Diversity and Equity (CDE) promotes evidence-based practices and programs to foster a culture of diversity and inclusion at our COMs.<sup>5</sup> CDE initiatives have included the creation of a free online course focused on unconscious bias for healthcare and medical research professionals, medical students and medical educators and a collaboration with the Council of Osteopathic Medical Admissions Officers to increase DEI

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<sup>3</sup> AACOM, Consensus Statement on Diversity, Equity and Inclusion, available at

<https://www.aacom.org/docs/default-source/old-documents/old-to-sort/consensus-statement-final.pdf>

<sup>4</sup> AACOM, Academic Recognition Program, available at <https://www.aacom.org/programs-events/programs-initiatives/academic-recognition-program>

<sup>5</sup> AACOM, Council on Diversity and Equity, available at <https://www.aacom.org/medical-education/councils-committees/council-on-diversity-and-equity>

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outcomes in recruitment by creating a more inclusive environment for applicants and matriculants.

Last month, AACOM joined the Federation of Associations of Schools of the Health Professions in a statement encouraging academic freedom around diversity, equity and inclusion in schools of health professions.<sup>6</sup> Creating a diverse, equitable, and inclusive academic health community is essential to patient care and a core competency of health professions education.

COMs are leading the effort to increase diversity in the physician workforce:

- In 2020, the Oklahoma State University Center for Health Sciences College of Medicine (OSU-COM) at the Cherokee Nation became the nation’s only tribally affiliated medical school. Currently, 11 federally recognized tribes are represented in OSU-COM’s student body and the school’s Tribal Medical Track prepares students to serve as primary care physicians in tribal, rural, and underserved areas throughout Oklahoma.
- The Maryland College of Osteopathic Medicine at Morgan State University (MDCOM) is on track to become the first new medical school at a Historically Black College and University (HBCU) in 40 years. As one of only five medical schools at an HBCU, MDCOM will strengthen and diversify the physician workforce and improve healthcare access for the underserved populations served by its students and graduates.
- The Cleveland Clinic Physician Diversity Scholars Program is a partnership with the Ohio University Heritage College of Osteopathic Medicine (OUHCOM). The program takes a proactive approach to building diversity by giving first-year URM students a unique opportunity for growth and engagement. Those selected to participate in the four-year program are matched with a Cleveland Clinic health system physician with whom they will have an opportunity to develop a mentor/scholar relationship. The program is designed to complement each scholar’s curriculum at OUHCOM while offering purposeful and meaningful interaction with underrepresented minority community populations in a healthcare context. The Physician Diversity Scholars program is open to all underrepresented minority medical students at OUHCOM, Cleveland.
- The University of the Incarnate Word School of Osteopathic Medicine’s Anti-Racist Transformation in Medical Education (ART in Med Ed) project is a three-year project funded by the Josiah Macy, Jr. Foundation to replicate the Icahn School of Medicine and Mount Sinai’s change-management strategy at 11 partner medical schools in the United States and Canada. The project aims to develop the capacity of medical schools to dismantle systemic racism and bias in their work and learning environments and promote shared learning on how to dismantle racism within and across medical schools.

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<sup>6</sup> FASHP, Statement on Ensuring Academic Freedom and Diversity, Equity, and Inclusion in Associations and Schools of Health Professions, available at [https://www.aacom.org/docs/default-source/advocacy/public-statements/fashp-academic-freedom-and-inclusion-statement.pdf?sfvrsn=f2fc996f\\_3](https://www.aacom.org/docs/default-source/advocacy/public-statements/fashp-academic-freedom-and-inclusion-statement.pdf?sfvrsn=f2fc996f_3)

### **AACOM Policy Recommendations**

Osteopathic medicine has a blueprint for success to address the crisis in our nation’s health care workforce, raise the number of Black Americans in the medical field, increase access to primary care and improve health outcomes for underrepresented Americans. We respectfully offer several recommendations for the 118<sup>th</sup> Congress to ensure a well trained and culturally diverse healthcare workforce for the nation:

- **Implement policies that leverage all available physicians by ensuring that DOs and MDs have equal access to federally-funded GME programs.** At least 32% of residency program directors never or seldom interview DO candidates, and of those that do, at least 56% require them to take the USMLE (the MD licensing exam), in addition to the osteopathic medical exam, COMLEX-USA.<sup>7</sup> The demands of medical school are arduous, and osteopathic students should not be subjected to the additional 33 hours and \$2,235 (as well as prep costs and time) that is required to take the USMLE. Increased financial and academic demands disproportionately impact underfinanced and underrepresented populations and frustrates efforts to diversify the healthcare workforce. Congress should pass legislation that ensures all federally funded GME programs accepts DOs and the COMLEX-USA.
- **Provide permanent funding for the Teaching Health Center Graduate Medical Education (THCGME) Program.** This vital program trains students in outpatient settings, such as Rural Health Clinics, Federally Qualified Health Centers and tribal health centers. THCGME Program training sites prioritize care for high-need communities and vulnerable populations, with more than half located in medically underserved communities. Permanent robust funding is needed to strengthen the THCGME Program and establish a healthy, stable infrastructure for physician training in outpatient settings.
- **Increase funding for the Title VII and Title VIII programs.** These programs support the training and education of health practitioners to enhance the supply, diversity, and distribution of the health care workforce. Title VII and VIII programs offer a lifeline to medical students facing financial barriers and underserved communities afflicted by physician shortages. Specifically, the Health Careers Opportunity Program (HCOP) helps develop a diverse health workforce by investing in K-16 health outreach, pipeline, and education programs through partnerships between health professions schools and community-based organizations. Studies show that pipeline programs, such as HCOP, increase the number of underrepresented students enrolling in health professions schools, lead to heightened awareness of factors contributing to health disparities, and attract health professionals more likely to treat underrepresented patients.
- **Provide sustained funding for loan repayment and forgiveness programs, such as the Public Service Loan Forgiveness (PSLF) Program and National Health Service Corps (NHSC), which incentivize physicians to practice in rural and medically underserved areas and help alleviate student debt obligations.** Medical students take on significant

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<sup>7</sup> National Residency Matching Program, 2022 Program Director Survey, available at <https://www.nrmp.org/match-data-analytics/residency-data-reports/>

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education debt, which can be a financial burden after graduation, during training, or in medical residency. Robust loan repayment and forgiveness programs decreases financial barriers for URM students and increases health equity.

- **Expand funding and support for community-based training models, including clinical rotations in underserved communities.** According to the Health Resources and Services Administration’s (HRSA) Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a growing trend toward providing care in smaller community-based clinics instead of academic hospitals. As the provision of care has shifted to community-based settings, so has the training of medical students. Clinical training in these community-based settings expose medical students to the unique healthcare needs of rural and underserved populations and prepare them to serve those communities after graduation. However, over three-quarters of all medical schools report concerns with the number of clinical training sites and the quality and supply of preceptors, especially in primary care. To support this trend toward less expensive and less centralized care, Congress must modify existing funding streams and establish new programs to support community-based training. With underserved communities suffering the most from physician shortages, Congress should fund a new program within HRSA that creates a consortium of osteopathic medical schools, rural health clinics and federally qualified health centers to increase medical school clinical rotations in underserved community-based facilities.

**Conclusion**

On behalf of the 64 osteopathic medical school campuses and the 35,000 medical students they serve, thank you for your consideration of our views and recommendations. Again, we are eager to be a resource as you examine and consider solutions to the nation’s healthcare challenges. For questions or further information, please contact David Bergman, JD, Vice President of Government Relations, at [dbergman@acom.org](mailto:dbergman@acom.org).