

**Written Testimony for the Record**  
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**Senate Finance Subcommittee on Health Care Hearing Entitled:**  
**“Improving Health Care Access in Rural Communities:**  
**Obstacles and Opportunities”**

**May 17, 2023**

Chairman Cardin, Ranking Member Daines and esteemed Committee members, as you examine opportunities to improve access to healthcare in rural 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 hearing 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 the full continuum of osteopathic medical education (OME) to improve 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 teaching locations 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>

**Osteopathic Physicians Play a Significant Role in Addressing Workforce Shortages and Expanding Access to Care**

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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/>

**According to the Bureau of Health Professions, osteopathic medicine is the fastest growing medical field in the United States.** Over the past decade in the U.S., the total number of DOs and osteopathic medical students has grown more than 81%.<sup>3</sup> Moreover, greater than 25% of U.S. medical students are enrolled in colleges of osteopathic medicine (COMs)—a proportion that is expected to grow to 30% by 2030.<sup>4</sup>

**Osteopathic physicians comprise one of the youngest segments of the healthcare workforce. More than 82,000 actively practicing DOs are under the age of 45, and 35% of DOs are under the age of 35.**<sup>5</sup> The medical field continues to face devastating impacts left by the COVID-19 pandemic. The level of stress and burnout during the pandemic caused several physicians to retire early, take temporary leave, or permanently leave the practice of medicine. The field of osteopathic medicine is working to address the gaps in the physician workforce created by the pandemic. Osteopathic medicine is building a young, dynamic and resilient workforce that is helping to meet health system challenges.

While workforce shortages persist across the nation, some areas are impacted more heavily than others. This is especially true for rural and underserved communities. For individuals living in rural areas of the United States, staff shortages do not just lead to longer wait times for appointments, but can also lead to hospital and clinic closures, eliminating access to the only accessible healthcare providers. Rural residents often must wait hours for ambulances or travel hundreds of miles just to see a doctor. These long wait times can be the difference between life and death, where serious health conditions are exacerbated.

Rural areas often lack access to quality health care. Of the roughly 2,000 U.S. counties classified as rural, more than 170 lacked an in-county critical access hospital, federally qualified health center, or rural health clinic—facilities collectively referred to as safety-net providers.<sup>6</sup> Twenty percent (20%) of our country’s population resides in rural areas, and they tend to have worse health outcomes than their urban or suburban counterparts.<sup>7</sup>

Additionally, rural communities are routinely situated in remote areas with little to no economic infrastructure, making it difficult to attract and retain medical talent.<sup>8</sup> These vulnerable communities have a dire need for healthcare providers, yet only 11% of

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<sup>3</sup> American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

<sup>4</sup> American Association of Colleges of Osteopathic Medicine <https://www.aacom.org/become-a-doctor/about-osteopathic-medicine/quick-facts#:~:text=Today%2C%20more%20than%2025%20percent,training%20to%20be%20osteopathic%20physicians>

<sup>5</sup> American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

<sup>6</sup> Kaufman, B.G., et al., The Rising Rate of Rural Hospital Closures. *J Rural Health*, 2016. 32(1): p. 35-43.

<sup>7</sup> American Hospital Association, Rural Report: Challenges Facing Rural Communities and the Roadmap to Ensure Local Access to High-quality, Affordable Care, available at <https://www.aha.org/system/files/2019-02/rural-report-2019.pdf>

<sup>8</sup> National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at <https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>

physicians choose to practice in rural areas.<sup>9</sup> Often times, even where rural facilities exist, they are frequently understaffed and experience burden from workforce shortages. In fact, according to the Health Resources and Services Administration (HRSA), in March 2023 almost 70% of areas designated as primary medical health professional shortage areas were considered rural or partially rural.<sup>10</sup>

The physicians who do practice in rural areas tend to be older, work longer hours, see a greater number of patients and perform a greater variety of procedures than their counterparts who practice in urban settings.<sup>11</sup> This strain on rural physicians increases the likelihood they will experience provider burnout and abandon the practice of medicine. Of note, from 2000 to 2017, the number of physicians under age 50 living in rural areas decreased by 25%. By 2017, more than half of rural physicians were at least 50 years old, and more than a quarter were at least 60.<sup>12</sup> This highlights the need to recruit more younger physicians into the rural workforce.

**Serving rural and underserved populations is a priority for AACOM and our member schools.** While large academic medical centers represent only five percent of all hospitals in the U.S.<sup>13</sup> and only 20% of all hospital admissions, surgical operations and outpatient visits, community-based hospitals and facilities provide the overwhelming majority of healthcare.<sup>14</sup> That is why AACOM and its member institutions promote training in diverse healthcare settings, such as community hospitals and health centers located in rural 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. Moreover, 88% of COMs have a stated public commitment to rural health.** Research shows that the location of medical education and residency training impacts practice location, so the osteopathic rural training model leads to more physicians in these underserved areas.

Training medical students in rural communities has been shown to mitigate chronic and acute shortages in these areas. **Nearly half of graduating 2020-2021 osteopathic medical students plan to practice in a medically underserved or health shortage area; of those,**

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<sup>9</sup> The Association of American Medical Colleges, Attracting the next generation of physicians to rural medicine, available at <https://www.aamc.org/news-insights/attracting-next-generation-physicians-rural-medicine>

<sup>10</sup> Bureau of Health Workforce, Health Resources and Services Administration (HRSA), *U.S. Department of Health & Human Services Second Quarter of Fiscal Year 2023 Designated HPSA Quarterly Summary*

<sup>11</sup> National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at <https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>

<sup>12</sup> Skinner, Lucy, et al. "Implications of an aging rural physician workforce." *N Engl J Med* 381.4 (2019): 299-301.

<sup>13</sup> Association of American Medical Colleges, Letter to Senators Patty Murray and Richard Burr, June 30, 2021, available at <https://www.aamc.org/media/55191/download?attachment>

<sup>14</sup> Burke LG, Frakt AB, Khullar D, Orav EJ, Jha AK. Association Between Teaching Status and Mortality in US Hospitals. *JAMA*. 2017;317(20):2105–2113. doi:10.1001/jama.2017.5702

**49% plan to practice in a rural community.<sup>15</sup> Significantly, more than 73% of DOs practice in the state where they do their residency training, and that percentage increases to 86% when they attend both medical school and have their residency in the state.**

**Moreover, most medical students graduating with a DO degree are opting to practice primary care. In 2023, 55.9% of senior DO medical students in the U.S. went into primary care, compared to only 36.2% of MD seniors.<sup>16</sup> Nationwide, 57% of DOs practice in primary care, including family medicine, internal medicine and pediatrics.<sup>17</sup> DOs have increased access to many underserved populations by providing primary care to rural populations.**

### **AACOM Policy Recommendations**

Osteopathic medicine has a blueprint for success in combatting the physician workforce shortages that plague our country’s healthcare system. We respectfully offer several recommendations for the 118<sup>th</sup> Congress to ensure an adequate healthcare workforce for the nation:

- **Increase the funding for and number of graduate medical education (GME) positions, prioritizing development in rural and underserved areas.** GME is the pathway for DOs and MDs to gain experience and hone their clinical skills. Current federal funding levels for GME are insufficient in addressing the shortages faced by hospitals, doctors’ offices and clinics throughout the nation, especially in rural communities. Congress needs to boost the number of residency positions and modify policies to allow GME funding to flow to rural and underserved areas. Doing so allows for these areas to have more access to the care they need.
- **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>18</sup> The demands of medical school are arduous, and osteopathic medical students should not be subjected to the 33 hours and \$2235 (as well as prep costs and time) that are required to take the USMLE. Moreover, these burdensome and unnecessary practices thwart the development of osteopathic physicians, which in turn contribute to the nation’s doctor shortage, especially in rural

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<sup>15</sup> American Association of Colleges of Osteopathic Medicine, 2020-2021 Academic Year Graduating Seniors Survey Summary Report, available at <https://www.aacom.org/searches/reports/report/2020-2021-academic-year-graduating-seniors-survey-summary-report>

<sup>16</sup> National Residency Matching Program. Advanced Data Tables 2023 Main Residency Match, available at [https://www.nrmp.org/wp-content/uploads/2023/04/Advance-Data-Tables-2023\\_FINAL-2.pdf](https://www.nrmp.org/wp-content/uploads/2023/04/Advance-Data-Tables-2023_FINAL-2.pdf)

<sup>17</sup> American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

<sup>18</sup> National Residency Matching Program, 2022 Program Director Survey, available at <https://www.nrmp.org/match-data-analytics/residency-data-reports/>

and underserved areas. **AACOM recommends that Congress pass the bipartisan *Fair Access In Residency Act (H.R. 751)* to ensure that all federally funded GME programs are open to DOs and equally accept the COMLEX-USA and USMLE, if an examination is required for acceptance.**

- **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 (RHCs), Federally Qualified Health Centers (FQHCs) 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. The program is important to the osteopathic community: In 2021, there were 460 DO residents training in a THC—60% of all THCGME residents. Due to their reliance on variable annual discretionary funding, THCs face operational and planning struggles, which frustrate the growth and development of new and existing programs. Permanent robust funding is needed to strengthen the THCGME Program and establish a healthy, stable infrastructure for physician training in outpatient settings. **AACOM recommends that Congress pass the *Promoting Access to Treatments and Increasing Extremely Needed Transparency (PATIENT) Act of 2023*, which would increase THCGME Program funding by \$50 million every two years and extend the program through fiscal year 2029.**
- **Expand funding and support for community-based training models, including clinical rotations in rural and 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 settings expose medical students to the unique healthcare needs of rural and underserved populations and prepare them to serve those areas after graduation. Research suggests that medical education in a rural location increases the likelihood of rural practice. 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 rural, community- based training. With rural 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 rural community-based facilities.
- **Increase funding for Title VII programs.** Currently, Title VII is the only source of federal dollars that promotes the practice of primary care in rural and underserved communities. Its vital programs offer a lifeline to medical students facing financial barriers and underserved communities afflicted by physician shortages. The Title VIII Nursing Workforce Development Programs play an essential role in Boosting annual appropriations for Title VII programs will strengthen our healthcare workforce nationwide, and especially in underserved communities.

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**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@aacom.org](mailto:dbergman@aacom.org).