

## AACOM and ACOI Policy Priorities

### **Community Training, Education, and Access for Medical Students Act (H.R. 7258/S. 3968)**

The *Community TEAMS Act* is a bipartisan measure that will increase medical school clinical rotations in rural and underserved areas to strengthen the physician workforce for disadvantaged populations. Research shows that medical students receiving education and training in rural and underserved communities are more likely to stay and practice there. Colleges of osteopathic medicine (COMs) are uniquely positioned to serve these populations as nearly 60% of COMs are located in Health Professional Shortage Areas, and 64% require their students to go on clinical rotations in rural and underserved areas. With more than three-quarters of all medical schools reporting concerns with the number of clinical training sites, the *Community TEAMS Act* expands clerkship opportunities in community-based settings where most healthcare is delivered. This training will lead to more physicians practicing in rural and underserved areas and increase access to critical medical care.

H.R. 7258/S. 3968 establishes a new Health Resources and Services Administration grant program for osteopathic and allopathic medical schools to partner with Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) or other healthcare facilities located in medically underserved communities. The bill has been introduced by Reps. Miller (R-WV) and Kuster (D-NH) and by Sens. Wicker (R-MS) and Casey (D-PA).

**Ask:** Cosponsor the *Community TEAMS Act* (H.R. 7258/S. 3968)

### **Fair Access In Residency Act (H.R. 751)**

The *FAIR Act* will strengthen the physician pipeline and ensure there is an equal path to residency for DOs and MDs. Residency training is required for physician licensure, and Medicare funds 71% of all graduate medical education (GME). Unfortunately, 32% of residency program directors report never or seldom interviewing an osteopathic medical student, and 56% of the program directors who interview DOs require them to take the MD licensing exam. This is a burden of more than \$2,200 and 32 hours of exam time per DO student. Increasing access and improving transparency in the Medicare GME system will enable DOs to more effectively pursue their preferred residency programs and serve the communities that need them most.

The *FAIR Act* is led by Reps. Harshbarger (R-TN), Pingree (D-ME), Graves (R-MO) and Golden (D-ME) and has two requirements of Medicare GME programs as a condition of participation:

1. Provide transparency by reporting annually on the number of DO and MD applicants and accepted residents.
2. Affirm that DO applications and the COMLEX-USA are accepted for consideration.

**Ask:** Senators introduce a companion and Representatives cosponsor the *FAIR Act* (H.R. 751)

## **Rural Physician Workforce Production Act (H.R. 834/S.230)**

This bipartisan, budget-neutral legislation would increase the physician workforce in rural areas by improving Medicare reimbursement for rural residency training. Physician distribution is influenced by training, and most practice within 100 miles of their residency program. Forty percent (40%) of graduating osteopathic medical students plan to practice in an underserved/shortage area; of those, 39% in a rural community. Yet, rural hospitals cannot afford to create residency programs because they operate on narrow margins and require a predictable source of funding.

H.R. 834/S. 230 has been introduced by Reps. Harshbarger (R-TN) and Schrier (D-WA) and Sens. Tester (D-MT) and Barrasso (R-WY). It solves the geographic maldistribution of physicians and complements other GME initiatives by:

- Lifting the current caps on Medicare reimbursement payments to rural hospitals that cover the cost of taking on residents.
- Allowing critical access hospitals and sole community hospitals to receive an equitable payment for training residents.
- Increasing support for Medicare reimbursement of urban hospitals that send residents to train in rural healthcare facilities.
- Establishing elective per resident payments to ensure rural hospitals have the resources to bring on additional residencies.

**Ask:** Cosponsor the *Rural Physician Workforce Production Act* (H.R. 834/S. 230)

## **Teaching Health Center Graduate Medical Education Program Reauthorization**

Teaching Health Centers (THCs) are community-based primary care residency programs that train physicians at community health centers in rural and underserved communities. Currently there are more than 1,000 residents in training at THCs throughout the country, and more than half of THC residents are DOs. However, funding for this bipartisan program expires December 31, 2024. Without the stability of a long-term reauthorization, many THC programs may close or otherwise reduce the number of physicians they train, weakening the physician workforce pipeline in their communities.

**Ask:** Congress should pass at least a five-year reauthorization at \$300 million per year to provide sustainable funding for existing THC programs and support the development of new programs.

## **Rural Physician Workforce Preservation Act (H.R. 8235)**

This legislation would ensure that geographically rural hospitals receive the GME funding prioritization according to Section 126 of the *Consolidated Appropriations Act (CAA) of 2021*. The CAA created 1,000 new Medicare GME positions to be awarded over five years, designating 10% of these positions for hospitals serving rural communities. However, many of these designated slots to date have been awarded to rural referral centers located in urban

areas, rather than hospitals in rural communities. For example, in last year's allocation, only five of the 200 new residency slots were located in rural areas. This bill has been introduced by Rep. Murphy (R-NC).

**Ask:** Senators introduce a companion bill, and Representatives cosponsor the *Rural Physician Workforce Preservation Act* (H.R. 8235).

### **Physician Preceptor Tax Credit** (*Proposed Legislation*)

Legislation is needed to incentivize preceptor participation in the medical education system. Preceptors are physicians who train medical students, usually voluntarily in the community, and play a crucial role in the development of future physicians. But many medical schools report an insufficient number of preceptors caused by changes to the healthcare delivery system resulting in more clinical demands and reduced reimbursement. Financial support for uncompensated preceptors is needed to increase the supply of physicians to train medical students and deliver quality ambulatory experiences, especially in rural and underserved areas.

**Ask:** Introduce legislation to provide a tax credit for osteopathic and allopathic physicians who affiliate with medical schools to serve as preceptors for enrolled medical students.