



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

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

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areas, rather than hospitals in rural communities. For example, in last year's allocation, only five of the