



March 31, 2025

The Honorable Diana Harshbarger
United States House of Representatives
167 Cannon House Office Building
Washington, DC 20515

The Honorable Chellie Pingree
United States House of Representatives
2354 Rayburn House Office Building
Washington, DC 20515

The Honorable Sam Graves
United States House of Representatives
1135 Longworth House Office Building
Washington, DC 20515

The Honorable Don Davis
United States House of Representatives
1123 Longworth House Office Building
Washington, DC 20515

The Honorable Carol Miller
United States House of Representatives
465 Cannon House Office Building
Washington, DC 20515

Dear Representatives Harshbarger, Pingree, Graves, Miller, and Davis:

On behalf of the Association of American Medical Colleges (AAMC), I write regarding your recently introduced legislation, the Fair Access in Residency Act (H.R. 2314). The AAMC leads and serves the nation's medical schools and academic health systems and hospitals to ensure that medical education and training are continually evolving to meet the needs of patients everywhere, and we strongly believe that those directly and continuously involved in medical education are best equipped to determine the attributes of physician training. We continue to be concerned that H.R. 2314 would set a problematic precedent of superseding this experience in statute and jeopardize patient access to care. It is for these reasons that the AAMC must regrettably and strongly oppose the bill.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, biomedical research, and community collaborations. Its members are all 160 U.S. medical schools accredited by the Liaison Committee on Medical Education; 12 accredited Canadian medical schools; nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe.

Medicare-supported funding of graduate medical education (GME) is a critical source of federal support for both Medical Doctor (MD) and Doctor of Osteopathy (DO) physician training in the US. Both types of learners seek positions in residency programs of their choice through the same unified matching process, and both match at high rates.¹ Teaching hospitals, training programs, and program directors work to ensure their residency programs comply with accreditation requirements and establish merit-based

¹ <https://www.nrmp.org/match-data/2025/03/nrmp-releases-results-for-2025-main-residency-match/>

criteria and fair processes to recruit residents who will be most qualified to meet the needs of their programs and the patients and communities that they serve.

The AAMC was alerted by a congressional office in 2021 that concerns were being raised that some medical residency programs may only be considering the scores of the United States Medical Licensing Examination (USMLE), and not the Comprehensive Osteopathic Medical Licensing Examination (COMLEX). Since learning of this concern, the AAMC has engaged with our partners in the medical education community, including the American Association of Colleges of Osteopathic Medicine (AACOM), and the American Osteopathic Association (AOA), to better understand the extent of the potential issue and consider opportunities to partner to find a non-legislative solution. Our President and CEO and other AAMC leaders have spent countless hours attending meetings, speaking at conferences, and working collaboratively across organizations to better understand the issue and to advocate for a smoother transition to residency and fair application processes. The AAMC has continued to engage program directors about DO education and COMLEX. **We strongly believe that questions or potential concerns about parity in the residency review process should be addressed by the appropriate medical education community, and we maintain that a non-legislative solution is the best path forward.**

Due to these efforts, demonstrable progress is being made off the Hill. According to GME Track data, which includes feedback from approximately 95% of ACGME-accredited programs across the country, in 2022, the year of the first introduction of the FAIR Act, 30% of general residency programs stated that they required USMLE results for all applicants rather than requiring COMLEX Level 1 results.² In 2024, that percentage dropped to 26%.³ In fact, since single accreditation began to take effect in 2015, we have seen that percentage drop from 38% to the current 26%.⁴ According to less comprehensive National Resident Matching Program data, in 2020, 36% of programs that responded to a survey (about 18% of all programs) “seldom” or “never” interviewed a DO.⁵ By 2024, that number dropped to 29%.⁶ Additionally, the National Board of Osteopathic Medical Examiners is reporting significant progress in its outreach to programs as they educate them on this issue, and has secured a commitment from eight primary care specialties to encourage their programs to utilize the COMLEX exam as equivalent to USMLE.⁷ As a result of this progress, and other efforts put forth by the AAMC and our partner groups, the AAMC continues to believe that a non-legislative approach is the appropriate path, and we are working to that end.

The AAMC strongly opposes this legislation’s threat to Medicare Indirect Medical Education (IME) payments, which are essential for sustaining our nation’s teaching hospitals. IME payments are patient care payments designed to partially offset the increased patient care costs at teaching hospitals associated with providing 24/7 access to care for highly complex, severely ill patients. Unlike direct graduate medical education (DGME) payments, which support the costs of training residents, IME payments ensure that teaching hospitals can continue delivering cutting-edge treatments, maintaining critical stand-

² Data were retrieved from a GME Track special report as of March 26, 2025. The **GME Track** is a national secure data collection system designed to track and report information about residents and fellows throughout their graduate medical education (GME) training. The data collected through GME Track plays a crucial role in informing public policy, supporting workforce planning, and enhancing the quality of medical education in the United States. <https://www.aamc.org/data-reports/students-residents/report/gme-track>

³ Ibid.

⁴ Ibid.

⁵ National Resident Matching Program. (2024, August 8). *Charting Outcomes™: Program Director Survey Results, 2024 Main Residency Match®*. Retrieved March 27, 2025, from <https://www.nrmp.org/match-data/2024/08/charting-outcomes-program-director-survey-results-main-residency-match/>

⁶ Ibid.

⁷ <https://www.nbome.org/what-we-do/education-advocacy/>

by capacity, and training the next generation of physicians in real-world, high-acuity settings. Conditioning patient care payments on the use of a proprietary licensing exam in the residency application process would threaten patient care, disproportionately harm vulnerable populations, and destabilize the very institutions that drive medical innovation. **The AAMC strongly opposes this proposal to jeopardize IME payments, which could undermine patient access to life-saving care.**

The AAMC has serious concerns that H.R. 2314 would force residency programs to adopt legislatively defined criteria for considering applicants by conditioning receipt of Medicare GME support on the bill's requirement to "accept" licensure exams for consideration in the application process. The needs of each individual program should lead to the consideration of the merits of both MD and DO applicants. By dictating the examinations or other tools that programs must consider in evaluating applicants, the legislation sets a problematic precedent of overriding the experience and judgement of program directors and sponsoring institutions that are responsible for developing the appropriate, merit-based framework for identifying the most qualified candidates and establishing high-quality educational programs. **The AAMC strongly opposes any efforts to invite legislative interference in decisions that are best left to those with expertise in medical education.**

Additionally – and importantly – the purpose of both USMLE and COMLEX is physician licensing; these exams were not designed to be used as resident selection tools for GME programs beyond meeting minimum testing requirements. The AAMC cannot support the codification of the use of proprietary licensure exams in the residency application process. At present, residency programs are fundamentally reconsidering the role of licensing exam performance in the application process, particularly as the initial level of these exams has converted to a pass/fail grading system. We are concerned that this legislation would undermine those efforts and lock programs into considering criteria that may not be meaningful or valid in assessing their applicants. Legislative mandates impede program directors' efforts to ensure that the residency review process can evolve with the shifting landscape of physician workforce needs, particularly if state licensing exams should ever be consolidated into one unified system.

The AAMC appreciates your interest in medical education and the transition to residency. We have strong reservations, however, over the impact that H.R. 2314 will have on medical education and the future physician workforce, and its potential to harm patient access to care. We urge you to reconsider the need for a legislative approach instead of allowing the medical education community to continue its collaboration on a path forward. If you have any additional questions, please do not hesitate to contact me directly at DTurnipseed@aamc.org or Len Marquez, senior director, government relations and legislative advocacy at LMarquez@aamc.org.

Sincerely,



Danielle Turnipseed, JD, MHSA, MPP
Chief Public Policy Officer
Association of American Medical Colleges

CC: David Skorton, MD
President and CEO
Association of American Medical Colleges