

October 31, 2022

The Honorable Ron Wyden
Chair, Committee on Finance
United States Senate
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Committee on Finance
United States Senate
239 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Debbie Stabenow
Committee on Finance
United States Senate
731 Hart Senate Office Building
Washington, DC 20510

The Honorable Steve Daines
Committee on Finance
United States Senate
320 Hart Senate Office Building
Washington, DC 20510

Dear Chair Wyden, Ranking Member Crapo, Senator Stabenow, and Senator Daines:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide comments on the discussion draft of your proposed legislation to strengthen the behavioral health workforce.

Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 38 accredited colleges of osteopathic medicine (COMs)—educating nearly 36,500 future physicians, 25 percent of all U.S. medical students—at 62 teaching locations in 35 U.S. states, as well as osteopathic graduate medical education (GME) professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Osteopathic physicians play an important role in behavioral healthcare delivery. Psychiatry was among the top five specialty choices for Doctors of Osteopathic Medicine (DOs) seniors, and [18.9 percent](#) of psychiatry positions were filled by U.S. DO seniors in 2022. Additionally, more than half of DOs currently practice in primary care, and [55.1](#) percent of U.S. DO seniors matched into primary care residencies this year. Primary care is a major contributor to mental health and substance abuse treatment as up to [75 percent](#) of primary care visits include behavioral health components.

AACOM supports an expansion of Medicare-funded GME slots and recommends an increase from 400 to 1,000 in order to adequately address the nation's mental healthcare needs.

- Currently, more than [7,800 mental health providers](#) are required to address the need in the nation's mental health shortage areas.

- The 400 new slots will help alleviate this shortfall but will not eliminate it. By increasing the number of new slots to 1,000, the mental health workforce will be better situated to meet the nation's [growing physician workforce shortage](#).

AACOM recommends that Medicare-funded GME programs are required to accept DO applicants and equally accept the United States Medical Licensing Examination (USMLE) and the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA), if an examination score is required.

- DOs face exclusion and undue burdens when applying for federally-funded residency programs.
- 20 percent of psychiatry residency programs seldom interview DO seniors, and an additional 7 percent never interview them according to the [2022 NRMP Director's Survey](#).
- For those programs that interview DOs, more than half require the DO applicants to take the MD licensing exam, the USMLE, in addition to the DO licensing exam, the COMLEX-USA.
- These practices exacerbate the workforce shortage by forcing DOs to pursue residencies outside their preferred locations, which are often rural and underserved areas.
- The [AACOM-supported](#) Fair Access In Residency Act ([H.R. 8850](#)), introduced by Reps, Harshbarger (R-TN), Pingree (D-ME), and Graves (R-MO), addresses this problem by requiring programs to:
 - report annually the number of applicants for residency from allopathic and osteopathic medical schools and how many such applicants were accepted from each respective type of school; and
 - affirm annually that they accept applicants from osteopathic and allopathic medical schools, and that if an examination score is required for acceptance, the COMLEX and USMLE will be equally accepted.
- We urge the Committee to include the FAIR Act in their final proposal to ensure DOs and MDs have an equal path to residency and the nation is leveraging all available physicians to support behavioral healthcare access.

AACOM recommends the following percentages when prioritizing the distribution of the slots:

- **25 percent** for hospitals in rural areas (or hospitals that are treated as being located in a rural area)
 - **AACOM supports the prioritization of hospitals in rural areas to ensure these hospitals retain their physician workforce and meet the needs of their communities.** Rural hospitals represent more than half of all hospitals in the U.S.

and play a vital role in effectively meeting the needs of a community that may otherwise be underserved. However, rural hospitals regularly struggle to recruit and retain a healthcare workforce sufficient to meet the needs of the communities they serve, and this challenge has been further exacerbated due to financial distress and workforce strain intensified by COVID-19.

- **15 percent** for hospitals in which the reference resident level of the hospital is greater than the otherwise applicable resident limit
- **25 percent** for hospitals in states with new medical schools or branch campuses
 - **AACOM supports the prioritization of states with new medical schools or branch campuses as osteopathic medicine is the fastest growing medical field in the country according to the U.S. Bureau of Health Professions.** This year, osteopathic medical schools opened two new campuses in Montana to meet the needs of the state and surrounding region. Ensuring local hospitals have the capacity to train graduates of these schools will strengthen the state’s physician workforce as over 86 percent of osteopathic medical students who attend medical school and do residency training in a state practice in that state.
- **25 percent** for hospitals that serve areas designated as health professional shortage areas (HPSAs)
 - **AACOM recommends prioritizing residency programs located in HPSAs over programs that are located outside HPSAs but serving HPSA populations.** HPSA scores are partially determined by a patient’s travel time to the nearest source of care outside of the HPSA designation area. Longer travel times are [associated with worse health outcomes](#). Prioritizing hospitals located in HPSAs will reduce travel time for patients living in these areas.
 - Physician distribution is influenced by training, and most physicians practice within 100 miles of their residency program. COMs are well placed to ensure that hospitals in HPSAs have a pipeline of residents to meet their needs. Sixty percent of COMs are located in primary care HPSAs, and AACOM data show that 41 percent of graduating 2020-2021 osteopathic medical students plan to practice in a medically underserved or health shortage area. Additionally, many COMs include a community-based primary care rotation in a rural or underserved area as a fourth-year training requirement.
- **10 percent** for hospitals located in States with less than 27 residents per 100,000 people

When allocating new residency slots under this distribution, AACOM recommends the Committee prioritize those hospitals in multiple categories. Hospitals that fall under several of these categories are likely to benefit most from the additional residency slots.

Thank you for providing the opportunity to share our views and recommendations. We stand ready to serve as a resource and provide additional information and consultation that would benefit the Committee moving forward. If you have any questions or require further information, please contact David Bergman, JD, Vice President of Government Relations, at dbergman@aacom.org.

Respectfully,



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President and CEO