

November 5, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Comments on the HHS Draft Strategic Plan for Fiscal Years 2022 – 2026

Dear Secretary Becerra:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide feedback on the U.S. Department of Health and Human Services (HHS) Draft Strategic Plan for fiscal years (FYs) 2022 – 2026.

AACOM leads and advocates for the full continuum of osteopathic medical education (OME) to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 37 colleges of osteopathic medicine (COMs) at 58 teaching locations —**educating nearly 34,000 future physicians, 25 percent of all U.S. medical students**—as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

AACOM offers comments on the following strategic goals and objectives:

Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

Strategic Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health

AACOM urges HHS to support and expand the Teaching Health Centers Graduate Medical Education (THCGME) Program and to develop and implement other programs that support community-based medical training.

- THCGME residency programs train in outpatient settings in the community, such as Federally Qualified Health Centers (FQHCs), Rural Health Clinics, and tribal health centers.
- THCGME Program training sites prioritize care for high-need communities and vulnerable populations, with over half located in Medically Underserved Communities.
- There are 460 DO residents currently training in a THC – 60 percent of all THCGME residents.

- Osteopathic medical students (OMS) are more likely to train in rural and underserved areas than allopathic students. OMS also routinely train in a distributed community-based healthcare settings.
- Research indicates that medical students who train in community-based institutions are more likely to practice in these areas.
- Increased support for direct GME in community-based institutions, as well as other workforce development programs in these areas is critical to address the physician shortage and bring care to underserved areas.

AACOM is committed to educating and training more osteopathic physicians who embody the fabric of our nation, not only to address disparities in healthcare, but also, to improve the health of all people. We urge HHS to consider these osteopathic initiatives as models for national diversity, equity and inclusion policies and programs.

- [AACOM's Council on Diversity and Equity \(CDE\)](#) leads and advocates for best practices in academic medicine that advances diversity and inclusion at AACOM member institutions with the goal of training osteopathic physicians to provide high-quality healthcare for all communities.
- In October, all COMs signed a [Consensus Statement on Diversity, Equity and Inclusion](#), and many engage in education and training programs in community settings.
- In August 2020, the [Oklahoma State University College of Osteopathic Medicine](#) partnered with the Cherokee Nation to establish the nation's first tribally affiliated college of medicine in Tahlequah, Oklahoma.
- The [Cleveland Clinic Physician Diversity Scholars Program](#), a partnership with the Ohio University Heritage College of Osteopathic Medicine, takes a proactive approach to building diversity by giving first-year underrepresented minority students a unique opportunity for growth and engagement. Those selected to participate in the four-year program are matched with a Cleveland Clinic health system physician with whom they will have an opportunity to develop a mentor/scholar relationship.

Strategic Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families

AACOM recommends that HHS support evidence-based research for integrative health approaches and recognize the important role of osteopathic manipulative medicine (OMM) in addressing pain management and musculoskeletal conditions. AACOM encourages the NIH to partner with the osteopathic community as it seeks to develop non-pharmacological and non-invasive treatments for addiction and other chronic medical conditions.

- OME is uniquely positioned to explore and support the educational needs associated with safe opioid prescribing and treating substance use disorders. [Many COMs](#) are situated in areas with high rates of prescription opioid abuse and opioid-related deaths.
- Recent AACOM survey show that:

- 38 out of 43 COMs surveyed reported having required education addressing pain management
- 39 out of 43 COMs surveyed reported having required education addressing the treatment of SUDs
- 40 out of 43 COMs surveyed reported teaching pain management and assessment using non-pharmacological modalities, specifically OMM.
- Moreover, OMS receive an additional 200 hours of training in [osteopathic manipulative medicine](#) (OMM), a hands-on treatment used to diagnose and treat illness and injury, giving us a unique voice and perspective in the medical community.
- OMM is a form of manipulation that can be used to treat structural and functional issues in the bones, joints, tissues, and muscles of the body. OMM uses the relationship between the neuromusculoskeletal system and the rest of the body to restore functionality and/or remove barriers to motion and healing. It is a non-invasive, medication free treatment for a wide variety of ailments, including acute low back pain (ALBP).
- Studies have found OMM to be an effective treatment for pain. According to a [study](#) conducted by the Osteopathic Research Center at the University of North Texas Health Science Center, OMM significantly reduces low back pain. The study found that the level of pain reduction is greater than expected from placebo effects alone. Another [study](#) in the *Journal of Manual and Manipulative Therapy*, shows that OMM is particularly important in treating injuries and pain in military service members. The study's conclusion "supports the effectiveness of OMT in reducing ALBP pain in active-duty military personnel."

Strategic Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care

AACOM, as a voice for OME, emphasizes primary care as the foundation of a strong modern healthcare system. We encourage HHS to develop and implement programs that expand primary care training to strengthen the country's healthcare delivery system.

- By 2034, the United States' primary care shortage is estimated to grow to 48,000 physicians. As educators of future osteopathic physicians, AACOM is ready to help meet these health workforce needs.
- Nearly 34,000 students are enrolled at COMs, and more than 7,500 new osteopathic physicians entered the workforce this year. The number of DOs has [increased](#) by 80 percent over the last decade, making osteopathic medicine the fastest growing medical field in the U.S. according to the U.S. Bureau of Health Statistics.
- 56.5 percent of DOs practice in primary care (including family medicine, internal medicine, and pediatrics), and 55.8 percent of matched US DO seniors went into primary care residencies [this year](#).
- HHS should direct more funding into primary care training, particularly in rural and underserved areas, to ensure there is an adequate physician workforce to address the country's healthcare needs.

To address health workforce needs, AACOM supports the expansion of Medicare-funded graduate medical education (GME) slots and lifting of the statutory cap to ensure the stability and continuity of medical residency programs. AACOM also encourages policy solutions to ensure all residency programs are open to osteopathic and allopathic medical graduates. AACOM believes that well-trained physicians in rural and underserved communities are essential to ensuring that individuals have access to high-quality healthcare.

- More than half of COM locations are in Health Resources and Services Administration's designated Primary Care Health Professions Shortage Areas (HPSAs).
- COMs have a standing commitment to and focus on training primary care physicians, which mirrors the special commitment osteopathic physicians have in providing primary care, particularly to the nation's rural and underserved populations. This commitment to primary care extends to the student body as well.
- Recent [AACOM data](#) show that 40 percent of graduating 2019-2020 osteopathic medical students plan to practice in a medically underserved or health shortage areas; of those, 45 percent plan to practice in a rural community.
- Because many COMs include a community-based primary care rotation in a rural or underserved area as a fourth-year training requirement, DO students gain significant experience training in diverse healthcare settings, such as community hospitals and other health facilities.
- Physician distribution is influenced by training, and most practice within 100 miles of their residency program.
- Over 73 percent of DOs practice in the state where they do residency training. Additionally, over 86 percent of osteopathic medical students who attend medical school and do residency training in a state practice in that state.
- 20 percent (and up to 60 percent) of residency programs do not accept DO students or place unnecessary burdens on DO students, including requiring the examination for MD students (the United States Medical Licensing Examination). Residency restrictions inhibit workforce distribution by forcing DO students to pursue residencies outside the rural and underserved areas where they trained.

AACOM urges CMS to use its discretionary authority to employ regulatory flexibility that supports efficiency, growth, and innovation across all aspects of the medical education continuum, as documented in [our comments](#) on the Centers for Medicare and Medicaid Services' FY22 Inpatient Prospective Payment Services Proposed Rule. These recommendations include:

- Considering small hospitals and those with only one residency program for current and future GME slot expansions. These hospitals play a vital role in effectively meeting the needs of a community that otherwise may be underserved. Including them will help to prevent closures and ensure stability and continuity for both trainees and our nation's medical residency programs.

- Establishing measures that would favor hospitals that propose to add new primary care residency training programs.
- Limiting the number of residency positions distributed to 200 per year beginning in fiscal year 2023 and to no more than 25 additional residency positions per hospital.
- Allowing hospitals to exceed 1.0 FTE per year in order to establish new residency programs.
- Using geographic HPSAs and population HPSAs for prioritization of applications to help ensure a sufficient physician training pipeline for rural and underserved areas.

Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes

Strategic Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats across the nation and globe

The continued spread of COVID-19 has highlighted the need for an all hands-on-deck approach to assist our overwhelmed healthcare workforce and handle complex vaccine distribution challenges now and in the future. **AACOM recommends HHS pursue and support efforts to mobilize health professions students to respond to future public health emergencies.**

- [Students Assist America](#), an interprofessional initiative of 12 associations spearheaded by AACOM, has led the effort to amend the Public Readiness and Emergency Preparedness (PREP) Act declaration to provide liability coverage to qualified health professions students to administer COVID-19 vaccines.
- The [Seventh Amendment to the PREP Act](#) declaration, which will end with the expiration of the COVID-19 public health emergency, added more than one million qualified student vaccinators.
- HHS should adopt policies that allow health professions students to assist with current and future public health emergencies consistent with their training, qualifications and scope of practice.

Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All

Strategic Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs

AACOM commends HHS for its dedication to providing research training and career development opportunities for medical researchers. **To increase diversity and scope, AACOM strongly recommends HHS increase NIH funding for and representation by osteopathic medical scientists.**

- COMs are critically underrepresented and underfunded by the NIH, despite educating nearly a quarter of U.S. physicians.
- Currently COMs receive only 0.1 percent of NIH grants compared to 40 percent for MD institutions.
- There are no DOs among the 3233 study section reviewers and only one DO among the 462 National Advisory Council members.
- This historic funding disparity and bias against osteopathic medical research discourages DOs and other COM scientists from applying for NIH research and disadvantages osteopathic medical students for the best residencies because they lack access to research opportunities. It underutilizes the research potential of a large and growing portion of the clinician workforce.
- Increasing osteopathic representation will bolster NIH research on the COVID-19 pandemic recovery, address health disparities in rural and medically underserved populations, and advance evidence-based solutions in primary care and family medicine.

Conclusion

Thank you for providing the opportunity to share our views. AACOM stands ready to serve as a resource and provide additional information and consultation that would benefit HHS moving forward. If you have any questions or require further information, please contact David Bergman, JD, Vice President of Government Relations, at (301) 968-4174 or dbergman@aacom.org.

Respectfully,



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