

July 15, 2021

The Honorable Nancy Pelosi
Speaker
US House of Representatives
H-232 The Capitol Building
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
US Senate
S-221 The Capitol Building
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
US Senate
S-230 The Capitol Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
US House of Representatives
H-204 The Capitol Building
Washington, DC 20515

Dear Speaker Pelosi, Majority Leader Schumer, Minority Leader McConnell and Minority Leader McCarthy:

As you prepare legislation to improve the nation's infrastructure, the American Association of Colleges of Osteopathic Medicine (AACOM), urges you to include measures that support and strengthen our public health infrastructure and the future physician workforce.

Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 37 accredited colleges of osteopathic medicine—**educating nearly 31,000 future physicians, 25 percent of all U.S. medical students**—at 58 teaching locations in 33 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 medicine plays an essential role in the fabric of our healthcare system and is a growing field. According to recent data, AACOM received more than 28,000 applicants to osteopathic medical school for the 2020-2021 application cycle, representing an almost 20 percent increase over the previous year. **Osteopathic physicians focus on treating the whole person, and over half practice in the primary care specialties of family medicine, internal medicine and pediatrics. Nearly 40 percent of physicians practicing in medically underserved areas are DOs.** Importantly, osteopathic medical students, receive 200 hours of additional training in osteopathic manipulative treatment, a hands-on treatment used to diagnose and treat illness and injury, giving us a unique voice and perspective in the medical community.

As you know, the country faces a dire physician shortage, especially of primary care doctors. The COVID-19 pandemic exacerbated already existing pressures on physician workforce training and the inequities in our healthcare delivery. **AACOM thanks Congress for providing mandatory funding through fiscal year 2023 for the Teaching Health Centers Graduate Medical Education (THCGME) Program and 1,000 new Medicare-supported GME positions in the *Consolidated Appropriations Act, 2021.***

However, continued investment in federal GME funding is critical to ensure the stability and continuity of the nation's medical residency programs that train future physicians. Congress should support GME

proposals that increase the growth and diversity of primary care physicians who deliver healthcare services to rural and underserved communities throughout the country. Therefore, AACOM urges Congress to invest in healthcare infrastructure and adopt the following proposals that expand and support the physician workforce.

- **The *Doctors of Community (DOC) Act (H.R. 3671/S. 1958)*** to permanently authorize and increase funding for the THCGME Program. There are 460 DO residents currently training in a THC. Since 2011, the THCGME Program has supported the training of over 1,148 new primary care physicians and dentists. Over half (59%) of THCGME Program training sites are in Medically Underserved Communities. According to HRSA, physicians who train in teaching health centers (THC) are three times more likely to work in such centers and more than twice as likely to work in underserved areas. New funding is needed to extend the THCGME Program to meet economic challenges caused by the COVID-19 pandemic and support additional expansion to underserved areas that face existing shortages of primary care physicians.
- **The *Rural Physician Shortage Reduction Act (S. 1893)*** to expand rural medical residency training programs and establish comparable per-resident payment for residents training in rural hospitals. The bill also eliminates rural hospital residency caps to encourage growth of rural training programs, particularly across various medical specialties.
- **The *Resident Physician Shortage Reduction Act of 2021 (H.R. 2256/S. 834)*** to build on the 1,000 new Medicare-supported GME positions included in the Consolidated Appropriations Act, 2021. The bill increases the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new slots. AACOM especially values provisions in the bill that give priority to hospitals in rural and medically underserved areas, hospitals in states with new medical schools, and hospitals already training over their caps.
- **The *Opioid Workforce Act of 2021 (S. 1438)* and the *Substance Use Disorder Workforce Act (H.R. 3441)***, to add physicians to the workforce with skills in addiction and pain management. This legislation would create 1,000 new Medicare-supported residency positions over five years at hospitals that have, or are in the process of establishing, approved residency programs in addiction medicine, addiction psychiatry or pain management.
- **Address resident medical degree parity** to ensure federal GME funds do not discriminate against a class of licensed physicians. Federally funded GME programs frequently impose restrictions that discriminate against DOs, such as limiting GME slots to MDs or only accepting graduates who take the United States Medical Licensing Examination (USMLE), the exam for MD students. According to FREIDA, the American Medical Association's online platform utilized by students to research residency program demographic data and application requirements, more than 1,000 residency programs report requiring only the USMLE in order to be considered for an interview, even if an applicant has completed the comparable the Comprehensive Osteopathic Medical Licensing Examination of the United States examination.
- **Provide a refundable tax credit to volunteer or uncompensated preceptors** to help increase the ability of primary care physicians to provide appropriate, quality ambulatory experiences, especially in rural areas. Preceptors play a critical role in training family medicine and primary care physicians in community physician offices. Many schools are reporting reductions in preceptors because of insufficient funding.

AACOM also urges Congress to pass the Student Assisted Vaccination Effort (SAVE) Act (S. 2114) to permanently authorize qualified health professions students to administer vaccines during a public health emergency (PHE). For more than a year, AACOM spearheaded [Students Assist America](#), an interprofessional group of 12 associations, which led the effort to amend the *Public Readiness and Emergency Preparedness (PREP) Act* and opened the door for almost one million skilled health professions students to administer COVID-19 vaccines. However, that authorization ends when the current COVID-19 declaration is lifted. S. 2114 will ensure these students can help alleviate the burden on an overwhelmed healthcare workforce during future PHEs.

AACOM appreciates your consideration of these proposals and looks forward to continuing our work with you. For additional information, please contact David Bergman, JD, Vice President of Government Relations, at dbergman@aacom.org.

Sincerely,

A handwritten signature in black ink that reads "Robert A. Cain, DO". The signature is written in a cursive, flowing style.

Robert A. Cain, DO, FACOI, FAODME
President and CEO