



August 14, 2024

The Honorable Cathy McMorris Rodgers
U.S. House of Representatives
2188 Rayburn House Office Building
Washington, DC 20515

The Honorable Robert Aderholt.
U.S. House of Representatives
266 Cannon House Office Building
Washington, DC 20515

Dear Representatives McMorris Rodgers and Aderholt,

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide comments in response to your proposed framework for reforming the National Institutes of Health (NIH).

As you consider structural and policy reforms for the NIH, **AACOM encourages you to enhance osteopathic research opportunities across all Institutes and Centers.** Addressing gaps in research funding for and representation from the osteopathic medical community will strengthen the NIH and help achieve its mission to advance medicine and science through clinical research. Physicians and researchers trained at our nation's colleges of osteopathic medicine (COMs) have much to contribute to medical and scientific research and stand ready to work with you and your congressional colleagues.

About AACOM and Osteopathic Medicine

Osteopathic medicine represents a whole-person, patient-centered approach to the practice of medicine. AACOM leads and advocates for osteopathic medical education (OME) to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, **AACOM represents all 41 colleges of osteopathic medicine (COMs) — educating more than 36,500 future physicians, 25 percent of all US medical students — at 66 medical school campuses,** as well as osteopathic graduate medical education (GME) professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Osteopathic medicine is at the forefront of healthcare delivery, encompassing all aspects of modern medicine and therapeutic innovation. Osteopathic medicine also confers the added benefit of hands-on diagnosis and treatment of conditions through a system known as osteopathic manipulative treatment (OMT). DOs are trained in medical school to take a holistic approach when treating patients, focusing on the integrated nature of the various organ systems and the body's incredible capacity for self-healing. DOs are licensed in all 50 states to practice medicine, perform surgery, and prescribe medications. The osteopathic medical tradition holds that a strong foundation as a generalist makes one a better physician, regardless of one's ultimate practice specialty, which is the reason why [more than half of DOs](#) currently practice in primary care. More than [7,800 DOs](#) were added to the U.S. physician workforce in 2023, joining the 141,000 DOs already in practice.

As experts in the distributed model of training, COMs are committed to community-based training, which exposes medical students to the unique healthcare needs of rural and

underserved populations and prepares them to continue serving those communities after graduation. COMs prioritize training future physicians to serve disadvantaged populations in community hospitals, health centers, physician offices and other local facilities. In fact, 56 percent of COMs are located in HPSAs, 64 percent require their students to go on clinical rotations in rural and underserved areas, and 88 percent have a public commitment to rural health. Medical students who train in underserved areas are almost three-times more likely to practice in underserved areas and four-times more likely to practice primary care in those areas compared to students that do not train in those locations. Training in these areas directly contributes to a state's healthcare workforce as AACOM data show that 86 percent of DOs who attend a COM and complete their residency in a given state stay to practice in that state.

Enhance Research Opportunities for Osteopathic Medical Schools

AACOM urges Congress to direct NIH to establish a plan that increases research funding at COMs and expands representation from osteopathic medicine on National Advisory Councils and study sections.

As you propose reforms to ensure each NIH Institute and Center considers the whole individual and all populations across the entire lifespan, osteopathic medicine's whole-person, patient-centered approach to care can be leveraged to further clinical research to enhance life and reduce illness and disability. However, osteopathic researchers face challenges that limit their ability to fully contribute to the NIH scientific community. These barriers stifle clinical research, especially in fields such as primary care, non-prescription treatments for pain management, chronic disease, elderly care, and treatment of rural and underserved populations. Despite the [resources and flexibility provided to NIH by the Cures Act](#) to improve the health of Americans, a significant gap in research and representation between osteopathic medicine and allopathic medicine at NIH remains.

COMs are sorely underfunded by the NIH. While representing a quarter of all medical schools, COMs receive only [0.1 percent \(\\$55.4 million\) of all active NIH grant funding](#). By comparison, allopathic medical schools receive [41 percent \(\\$22.42 billion\) of the NIH's \\$54.39 billion research budget](#). This disparity in funding for COMs frustrates osteopathic medical research and puts our medical students at a disadvantage for residency placement because they lack access to research opportunities.

The funding gap is exacerbated by the lack of osteopathic researchers on NIH advisory councils and study sections compared to our allopathic colleagues. DOs hold only 2 out of the 462 positions on NIH National Advisory Councils, whereas MDs account for 213 spots. Additionally, there are only 19 doctors of osteopathic medicine (DOs) across the 3,233 study section reviewers. In fact, DOs have lower than 1 percent representation in critical positions within NIH. These positions serve the vital role of establishing policies that dictate funding priorities and determining what applications receive grants.

While osteopathic medical schools have the expertise and infrastructure in place to manage NIH funding, outdated NIH policies and procedures fail to take advantage of what the profession has to offer. These system failures and biases discourage osteopathic researchers from applying for and receiving NIH grants resulting in critical clinical areas being underexplored.

Osteopathic medicine has a blueprint for improving patient outcomes that relies on research-backed practices for continuous improvement. The osteopathic research community is willing and able to contribute to the mission of the NIH through more osteopathic research and representation. We respectfully offer the following recommendations to achieve this goal:

1. Establish a structured partnership between the NIH and the OME community, including AACOM, which creates and executes a plan to increase NIH funding for COMs.
2. Establish a NIH program to incentivize principal investigators from COMs.
3. Consider opportunities to fund NIH research projects that incorporate the osteopathic philosophy and OMT.
4. Increase representation for the osteopathic profession on NIH National Advisory Councils and study sections.

To advance medicine and science through clinical research and strengthen public trust in the NIH mission, we must ensure all qualified researchers are contributing to its body of work. Making these investments now will pay dividends for decades to come. We urge greater NIH investment in OME to advance research in primary care, prevention, and treatment and empower physician scientists who are committed to underserved and rural communities..

Conclusion

On behalf of the 66 osteopathic medical school campuses, the more than 36,500 medical students they educate and the patients they serve, thank you for your consideration of our views and recommendations. Again, we are eager to be a resource as you examine and consider solutions to the nation's healthcare challenges. For questions or further information, please contact me at dbergman@aacom.org.

Respectfully,



David Bergman, JD
Senior Vice President of Government Relations and Health Affairs