AACOM
American Association of Colleges of Osteopathic Medicine

August 2, 2024

The Honorable Diana DeGette
2111 Rayburn House Office Building
Washington, DC 20515

The Honorable Larry Bucshon, M.D.
2313 Rayburn House Office Building
Washington, DC 2051

Dear Representatives DeGette and Bucshon,

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide comments in response to the 21st Century Cures Act and Cures 2.0 next steps request for information.

As you develop bipartisan proposals to build upon successes in the 21st Century Cures Act, AACOM encourages you to seek continuous input from the osteopathic community. In the spirit of our shared goal of strengthening our nation's physician workforce and improving healthcare access, we wish to highlight several crucial recommendations that will strengthen the Cures 2.0 legislation.

- **Enhance osteopathic research opportunities at the National Institutes of Health (NIH)**
- **Provide permanent eligibility for designated health professions students to administer vaccinations under supervision in future public health emergencies (PHEs)**
- **Extend and strengthen certain pandemic era telehealth flexibilities**

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 DO 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 in community hospitals, health centers, physician offices and other local facilities and serving disadvantaged populations. 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 stated 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.

Osteopathic researchers are committed to furthering clinical research that can be used to enhance life and reduce illness and disability. However, these 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 and elderly care, and treatment of rural and underserved populations. Despite the resources and flexibility provided to NIH by the Cures Act and the intent to improve the health of Americans, a significant gap in research and representation between osteopathic medicine and allopathic medicine at NIH remains.

Although COMs educate one quarter of all U.S. medical students, osteopathic researchers are severely underrepresented on NIH scientific review groups and advisory councils compared to our allopathic colleagues. There is not a single DO among the 3,233 grant reviewing study section members, compared to 493 MDs. Similarly, DOs hold only 2 out of the 462 positions on NIH National Advisory Councils, whereas MDs account for 213 spots. In fact, DOs have lower than 1 percent representation in critical positions within NIH.

This underrepresentation results in a substantial gap in access to research funding. Currently, COMs receive only 0.1 percent ($60.2 million) of all NIH grant funding. On the other hand, allopathic medical schools receive 42 percent ($25.11 billion) of the NIH's $59.27 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.

While osteopathic medical schools have the expertise, infrastructure and processes 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 representation and research. We respectfully offer the following recommendations to achieve this goal and strengthen the Cures 2.0 legislation:

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 section reviewers.

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. Expanding engagement by osteopathic medical schools and professionals will result in innovative solutions to national healthcare challenges, growth in evidence-based research and increased translation of discoveries to patient care. OME investment will advance research in primary care, prevention, and treatment and employ an already diverse physician population that is committed to underserved and rural communities. Furthermore, research by the osteopathic profession will continue to support robust recovery from the COVID-19 pandemic and address future public health needs.

Provide Permanent Eligibility for Health Professions Student Vaccinators

AACOM recommends Congress provide permanent eligibility for health professions students to administer vaccinations at the outset of future federally declared PHEs to ensure timely delivery of vital health care services. In 2021, Congress demonstrated its interest to make this eligibility permanent through the bipartisan, bicameral *Student Assisted Vaccination Effort Act*, H.R. 5699 / S. 2114, and we urge inclusion in future Cures legislation.

At the start of the COVID-19 pandemic, AACOM spearheaded an interprofessional initiative of 12 health profession education associations to advocate for the Seventh Amendment to the Public Readiness and Emergency Preparedness (PREP) Act. This amendment provided immunity from liability for authorized students from designated health professions to administer COVID-19 vaccinations. The policy allowed nearly one million skilled medical, nursing, pharmacy, dental, veterinary, physician assistant, optometry and other health professions students to administer COVID-19 vaccines with training and supervision. Unfortunately, the amendment parameters ended with the expiration of the COVID-19 PHE.

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To strengthen our national preparedness and response infrastructure, we must first enhance our healthcare workforce and its capacity to respond to public health emergencies. The lack of a sufficient workforce hindered the pace of the COVID-19 vaccine rollout. Authorizing health professions students to administer vaccines during future PHEs will enable educational institutions to establish mechanisms necessary for rapid deployment and create consistency across states, while alleviating burdens on the healthcare workforce, and increase access to critical healthcare services during future PHEs.

Extend Telehealth Flexibilities to Federally Qualified Health Centers and Rural Health Clinics

AACOM lauds the initial Cures 2.0 legislation's efforts to expand telehealth flexibilities, and we recommend future Cures 2.0 legislation include the bipartisan Telehealth Modernization Act of 2024, H.R. 7623 / S. 3967. We also strongly support the extension of the authorization allowing teaching physicians to use telehealth to supervise resident physicians beyond December 31, 2024.

The expansion of telehealth services and flexibilities under the Covid-19 PHE proved vital in ensuring patients had access to quality healthcare, especially in rural areas. H.R. 7623 / S. 3967 ensures permanent access to telehealth services for Medicare beneficiaries and extends these flexibilities to federally qualified health centers (FQHCs) and rural health clinics (RHCs). The elimination of originating and geographic site restrictions for FQHCs and RHCs will greatly improve patient access to care, especially in rural communities.

Conclusion

On behalf of the 66 osteopathic medical school campuses, the more than 35,000 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