

June 9, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

*Re: Medicare Program; Proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2024 Rates.*

Dear Administrator Brooks-LaSure:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide comments in response to the *Centers for Medicare and Medicaid Services' (CMS) fiscal year 2024 Medicare Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule*. AACOM appreciates your consideration of input from the osteopathic medical education community as you develop graduate medical education (GME) policy.

Osteopathic medicine represents a whole-person, patient-centered approach to the practice of medicine and plays a critical role in our nation's healthcare delivery system. Founded in 1898, AACOM represents all 40 accredited colleges of osteopathic medicine (COMs)—educating more than 35,000 future physicians, 25 percent of all U.S. medical students—at 64 teaching locations in 35 U.S. states, as well as osteopathic GME professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

The nation faces a physician shortage, and federal policies must support the educational pathway of the future healthcare workforce. This is particularly critical as it relates to policies that would improve access to healthcare in rural and medically underserved areas where the need is the greatest. As CMS implements this proposed rule and other policies, 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.

#### Proposed GME Payment Changes

AACOM supports provisions in the Proposed Rule that treat Rural Emergency Hospitals (REHs) in a manner similar to Critical Access Hospitals (CAHs) for purposes of determining GME payments. We believe this change will help increase physicians in rural areas.

- Allowing REHs to either be treated as "Non-Provider" sites, such that another hospital could report the full-time equivalents (FTEs) of residents training at the REH for Medicare payment purposes, or incur the costs of the resident training and be reimbursed by Medicare at 100 percent of the allowable costs, is favorable to rural communities and REHs.

- The policy provides for continued training of residents in rural areas for converting CAHs and offers the opportunity for additional rural training of residents that might not otherwise be viable without the proposed changes.

Additional Recommendation for How CMS Can Address Healthcare Access Challenges

AACOM recommends that Medicare-funded GME programs be required to accept applications from Doctors of Osteopathic Medicine (DOs) 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 for acceptance.

- DOs face exclusion and undue burdens when applying for Medicare-funded residency programs.
- According to [National Resident Matching Program data](#), 32 percent of residency program directors never or seldom interview DO candidates; of those that do, at least 56 percent require the USMLE.
- DO students take the COMLEX-USA for graduation and licensure. DO and MD requirements are parallel, with both medical exams leading to unrestricted physician licenses in all 50 states.
- The demands of medical school are arduous, and osteopathic medical students should not be subjected to the 33 hours and \$2,235 (as well as prep costs and time) that are required to take the USMLE, an exam that is not designed for the osteopathic profession or needed for licensure or practice.
- Federally-funded Medicare GME programs should not be allowed to discriminate against a class of physicians based solely on degree and exam type. These restrictive practices frustrate DO delivery of healthcare services and pose a significant threat to the agency's goal of achieving high-quality, affordable patient-centered care. Moreover, these restrictive practices exacerbate the workforce shortage by forcing DOs to pursue residencies outside their preferred locations, which are often in rural and underserved areas.

Conclusion

AACOM appreciates your consideration of our recommendations and thanks you for your attention to these important issues. We stand ready to serve as a resource to you as CMS works to strengthen the nation's GME system. If you have any questions or require further information, please contact David Bergman, JD, Vice President of Government Relations, at [dbergman@aacom.org](mailto:dbergman@aacom.org).

Sincerely,



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