



February 20, 2024

The Honorable Ann McLane Kuster  
2201 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brian Fitzpatrick  
271 Cannon House Office Building  
Washington, DC 20515

Dear Representatives Kuster and Fitzpatrick:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to respond to your January 12, 2024, letter regarding opioid use disorder (OUD). AACOM recognizes the magnitude of this crisis and believes that physicians trained at our nation's colleges of osteopathic medicine (COMs) play an important role in ensuring the healthcare workforce is prepared to prevent, identify and treat OUD and support comprehensive pain management. We stand ready to collaborate with you and your congressional colleagues to advance policies that will effectively address the nation's opioid crisis.

#### About AACOM and Osteopathic Medicine

AACOM leads and advocates for osteopathic medical education to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, AACOM represents all 41 COMs — educating more than 35,000 future physicians, 25 percent of all U.S. medical students — at 66 medical school campuses, as well as osteopathic graduate medical education 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). Doctors of Osteopathic Medicine (DOs) are trained in medical school to take a holistic approach to patient care, 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<sup>1</sup>. This is important as primary care settings have increasingly become a gateway to better care for individuals with both behavioral health and primary care needs<sup>2</sup>.

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<sup>1</sup> American Osteopathic Association. Osteopathic Medical Profession (OMP) Report. <https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2023-OMP-Report.pdf>. 2023.

<sup>2</sup> Health Resources & Services Administration. How is HRSA Addressing the Opioid Crisis? [https://www.hrsa.gov/opioids#:~:text=Prevention%20and%20access%20to%20treatment,use\)%20and%20primary%20care%20needs](https://www.hrsa.gov/opioids#:~:text=Prevention%20and%20access%20to%20treatment,use)%20and%20primary%20care%20needs). 2023.

## Osteopathic Manipulative Treatment and Pain Management

As Congress considers policy solutions and reviews opportunities to increase training in medication assisted treatment (MAT), it is important to also expand opportunities for nonpharmacological treatment strategies.

Experts have said that new, nonopioid pain management treatments are needed<sup>3</sup>. DOs are trained and licensed to provide OMT, a form of manipulation that is used to treat structural and functional issues in the bones, joints, tissues and muscles of the body. Osteopathic medical students receive 200 hours of additional training in the musculoskeletal system and learn the value of OMT as a non-pharmacological alternative to pain medication.

OMT is a non-addictive, non-invasive treatment to address a variety of ailments. For example, an article in the Journal of Manual and Manipulative Therapy demonstrated the effectiveness of OMT in reducing acute low back pain in active-duty military personnel<sup>4</sup>. When appropriate, OMT can complement, or even replace, drugs or surgery. In this way, OMT brings an important dimension to standard medical care.

Because of the distinctive training in OMT, its focus on the whole person, the number of graduates training and practicing in areas hard-hit by the opioid crisis and the high proportion of osteopathic physicians practicing in primary care and other front-line specialties, DOs are poised to make a difference in treating these patients.

## Osteopathic Medical Schools Play a Significant Role in Tackling the Opioid Epidemic

Osteopathic medical schools and the osteopathic community are uniquely positioned to play a prominent role in efforts to tackle this epidemic. While there is no comprehensive data on COM training in MAT and insufficient time to conduct a thorough review, AACOM performed an informal survey of COMs to provide some tentative feedback on the issue. The COMs reported that 64 percent offered training in MAT, with 48 percent including it as part of the curriculum.

Equally importantly, AACOM data demonstrate that COMs infuse OUD treatment and pain management in their curriculum:

- 100 percent of COMs teach pain management and assessment using non-pharmacological modalities, specifically OMT.
- 93.9 percent require a course or rotation in pain management.
- 93.9 percent require a course or rotation in OUD.
- 69.4 percent require a course or rotation in alternative/complementary medicine.

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<sup>3</sup> Alison Rodriguez. New, Nonopioid Pain Management Treatments Are Needed, Experts Say. <https://www.ajmc.com/view/new-nonopioid-pain-management-treatments-are-needed-experts-say>. 2018.

<sup>4</sup> Des Anjes Cruser et al. A randomized, controlled trial of osteopathic manipulative treatment for acute low back pain in active duty military personnel. Journal of Manual & Manipulative Therapy. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3267441/>. 2012 Feb; 20(1): 5–15.

Osteopathic medical students also go on to practice in pain-related specialties. According to the 2023 National Resident Matching Program, three of the top five specialties with the highest percentages of positions filled by U.S. DO graduates include headache medicine, pain medicine and addiction medicine<sup>5</sup>.

Moreover, many COMs are located in areas with high rates of prescription opioid abuse and opioid-related deaths that desperately need greater healthcare access. Research shows that the location of medical education and residency training directly impacts practice location; in fact, more than 73 percent of DOs practice in the state where they do their residency training and that number rises to 86 percent when they also attend medical school in the state. As 60 percent of COMs are located in Health Professional Shortage Areas (HPSAs) and 64 percent require clinical rotations in rural and underserved communities, the osteopathic training model leads to more physicians treating OUDs in these underserved areas<sup>6</sup>.

Investing in the DO pipeline will have a direct, positive impact on ensuring patients, especially those in rural and underserved communities, have access to physicians who can effectively treat pain and manage OUD.

#### AACOM Roadmap for Addressing Opioid Crisis

Osteopathic medicine has a blueprint for success to address the opioid crisis and improve patient outcomes. While AACOM and its member COMs are working hard to solve this problem, we need partners in this important work. To that end, we respectfully offer several recommendations:

- Increase representation from osteopathic medicine on Department of Health and Human Services federal advisory committees to ensure nonpharmacological alternatives to opioids are included in health policy solutions developed by federal healthcare agencies.
- Increase evidence-based research on the effectiveness of OMT as a non-addictive alternative to opioids. While OMT has been found to successfully manage pain<sup>7</sup>, more research is needed to expand access to non-addictive treatments. OMT should be a complement to MAT strategies.
- Reauthorize the *Support for Patients and Communities Reauthorization (SUPPORT) Act* to provide the continuation of programs for patients with substance use disorder and permanently extend required Medicaid coverage for medication-assisted treatments.

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<sup>5</sup> National Resident Matching Program. Results and Data, 2023 Appointment Year.

<https://www.nrmp.org/wp-content/uploads/2023/04/2023-SMS-Results-and-Data-Book.pdf>. 2023.

<sup>6</sup> American Association of Colleges of Osteopathic Medicine. OME Research. <https://www.aacom.org/news-reports/ome-research>. 2024.

<sup>7</sup> John C Licciardone, Robert J Gatchel, Subhash Aryal. Recovery From Chronic Low Back Pain After Osteopathic Manipulative Treatment: A Randomized Controlled Trial. <https://pubmed.ncbi.nlm.nih.gov/26927908/>. 2016 Mar;116(3):144-55.

<sup>8</sup> Richard A Deyo, Michael Von Korff, David Duhrkoop. Opioids for Low Back Pain. <https://www.bmj.com/content/350/bmj.g6380>. 2015;350:g6380.

- Pass the *Substance Use Disorder Workforce Act of 2024* (H.R. 7050) to create 1,000 medical residency positions focused on addiction medicine at teaching hospitals across the country.
- Expand funding for programs through the Health Resources and Services Administration that support the training of the healthcare workforce and increase patient access to care for OUD prevention and treatment including: the Addiction Medicine Fellowship Program; the Primary Care Training and Enhancement Program; and the National Health Service Corps Substance Use Disorder Workforce Loan Repayment and Rural Community Loan Repayment Programs.

### Conclusion

On behalf of our nation's osteopathic medical schools, their medical students and the patients they serve, thank you for your consideration of our views and recommendations. We are eager to partner with you in the development of strategies, policies and programs to improve our physician workforce's ability to address the opioid crisis. For questions or further information, please contact David Bergman, JD, Senior Vice President of Government Relations and Health Affairs, at [dbergman@aacom.org](mailto:dbergman@aacom.org).

Respectfully,

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