Federally-funded graduate medical education (GME) programs frequently exclude or impose burdensome requirements on Doctors of Osteopathic Medicine (DOs). These practices exacerbate the workforce shortage by limiting the availability of licensed DO physicians. The FAIR Act is needed to ensure that DOs have equal access to Medicare-funded GME programs and that the nation is leveraging the entire physician workforce.

**Background**

DO and MD requirements are parallel, both leading to unrestricted physician licenses. DOs attend Colleges of Osteopathic Medicine and take the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) for state licensure. COMLEX-USA is recognized by all 50 state licensure boards and is equivalent to the United States Medical Licensing Examination (USMLE) taken by allopathic students (MDs).

In 2020, residency training for physicians was consolidated under a single accreditor. Graduating DO and MD seniors now enter a "single match" and compete for acceptance into residency programs where they will train for the next three to seven years, depending on medical specialty. Residency training is required for licensure, and Medicare accounts for 71% of all GME funding.

A 2023 survey of DO students entering the match demonstrated that 62% experienced bias. DO students are excluded from many federally-funded residencies: 32% of residency program directors report never (7%) or seldom (25%) interviewing DOs. These exclusions restrict the specialty choices of osteopathic medical students as reflected in the decline of DOs who match to their preferred surgical specialties since single accreditation.

DO students are also required to take two exams to compete for the majority of residencies, while their MD colleagues only take one. More than half (56%) of GME programs that consider DOs mandate the USMLE. DOs incur significant financial costs (over $6 million a year) and emotional hardships to prepare for an additional examination that is not designed for the osteopathic profession or necessary for licensure. It costs a DO applicant an additional $2,235 and 32 hours of exam time to take all Steps of the USMLE. These totals do not account for preparation costs, rescheduling fees, and other factors. The American Medical Association promotes equality in GME for DOs and MDs, including equal acceptance of the COMLEX-USA and USMLE at all U.S. residency programs.

DOs play a critical role in addressing the physician workforce shortage. In 2023, 55.9% of DO seniors went into primary care. Moreover, 43% of graduating 2021-2022 osteopathic medical students plan to practice in a medically underserved or health shortage area; of those, 40% plan to practice in a rural community. More than 73% of DOs practice in the state where they do residency training, so barriers impact rural and primary care access. Increasing access and improving transparency in the Medicare GME reporting system will enable DOs to more effectively pursue their preferred residency programs and serve the communities that need them most.

**Impact**

The FAIR Act has two requirements of Medicare-funded GME programs as a condition of participation:

- Provide transparency by reporting annually on the number of DO and MD applicants and accepted residents.
- Affirm that DO applications and the COMLEX-USA are accepted for consideration.

Championed by Reps. Harshbarger (R-TN), Pingree (D-ME) Graves (R-MO) and Golden (D-ME), H.R. 751 will help strengthen the physician pipeline, support equitable treatment of DOs and increase access to high-quality, patient-centered healthcare.

**AACOM Recommends**

- Senators introduce a companion bill to the FAIR Act (H.R. 751)
- Representatives cosponsor the FAIR Act (H.R. 751)