

November 12, 2021

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide comments in response to the bipartisan effort to examine behavioral healthcare needs and address gaps in care. As you develop policy proposals, AACOM encourages you to continue obtaining input from the osteopathic medical education (OME) community.

OME plays a key role in the fabric of our healthcare system and training the future physician workforce. AACOM leads and advocates for the full continuum of OME to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, **AACOM represents all 37 colleges of osteopathic medicine (COMs) at 58 teaching locations—educating nearly 34,000 future physicians, 25 percent of all U.S. medical students**—as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Osteopathic physicians play an important role in behavioral healthcare delivery. Over half of DOs currently practice in primary care, and [55.8 percent](#) of U.S. DO seniors matched into primary care residencies this year. Primary care is a major contributor to mental health and substance abuse treatment as up to [75 percent](#) of primary care visits include behavioral health components. Further, DOs who specialize in psychiatry are direct mental health providers, and [17.4%](#) of psychiatry positions were filled by DOs in 2021, according to the National Resident Matching Program (NRMP). Moreover, OME has a proven history of establishing educational programs for medical students and residents that target the healthcare needs of rural and underserved populations. With health disparities on the rise, and worsening because of the COVID-19 pandemic, we are proud to make healthcare access more equitable for all patients and communities.

Strengthening the Workforce: What policies would incentivize behavioral healthcare providers to train and practice in rural and underserved areas?

AACOM strongly encourages the Committee to implement policy solutions to increase access to behavioral health services in rural areas by ensuring all federally funded medical residency programs are open to osteopathic and allopathic medical graduates.

- Nearly 34,000 students are enrolled at COMs, and more than 7,500 new osteopathic physicians entered the workforce this year. The number of DOs has [increased](#) by 80 percent over the last decade, making osteopathic medicine the fastest growing medical field in the U.S. according to the U.S. Bureau of Health Statistics.
- 20 percent (and up to 60 percent) of residency programs do not accept DO students or place unnecessary burdens on DO students, including requiring the examination for MD students (the United States Medical Licensing Examination).
- Psychiatry was among the top five specialty choices for DO seniors, and [17.4%](#) of psychiatry positions were filled by U.S. DO seniors in 2021 according to the NRMP.
- Over 73 percent of DOs practice in the state where they do residency training. Over 86 percent of osteopathic medical students who attend medical school and do residency training in a state practice in that state.
- Over 58 percent of COMs are in Health Professional Shortage Areas, so increasing access to residencies in psychiatry will increase the likelihood of DO psychiatrists staying in rural areas.
- DO students gain significant experience training in diverse healthcare settings, such as community hospitals and other health facilities. In many schools, a community-based primary care rotation in a rural or underserved area is a fourth-year training requirement.
- Recent [AACOM data show](#) that 40 percent of graduating 2019-2020 osteopathic medical students plan to practice in a medically underserved or health shortage areas; of those, 45 percent plan to practice in a rural community.
- Residency restrictions inhibit workforce distribution by forcing DO students to pursue residencies outside the rural and underserved areas where they trained.

AACOM supports the expansion of Medicare-funded graduate medical education (GME) slots and lifting of the statutory cap to ensure the stability and continuity of medical residency programs.

- Medicare remains the dominant driver of GME policy in the U.S., as it accounts for two-thirds of public funding for residency training.
- Many rural areas lack access to primary care physicians, including psychiatrists, compared to urban and suburban areas.
- Physician distribution is influenced by training, and most practice within 100 miles of their residency program.
- Unfortunately, rural hospitals cannot afford to create residency programs because they operate on narrow margins and require a predictable source of funding.
- Caps on the number of Medicare funded GME positions created by the *Balanced Budget Act of 1996* have limited GME growth in rural areas and failed to keep pace with the 27 percent rise in residents.
- CMS cannot target existing Medicare GME funds to healthcare shortages areas because CMS must follow statutory requirements that fail to consider workforce needs.
- Increased physician training slots, particularly in rural areas, will increase access to behavioral health services in those areas.

AACOM urges the Committee to increase access to behavioral healthcare in rural communities by passing the *Rural Physician Workforce Production Act (S. 1893)*. This bipartisan, budget neutral bill tackles the geographic maldistribution of psychiatrists across the U.S. and strengthens Medicare-funded GME by:

- Lifting the current caps limiting the number of Medicare residents in rural areas.
- Allowing Critical Access Hospitals and Sole Community Hospitals to receive an equitable payment for training residents.
- Increasing support for Medicare reimbursement of urban hospitals that send residents to train in rural healthcare facilities.
- Creating a per resident payment for rural training. This is needed because current Medicare formulas disadvantage rural training.
- Expanding the definition of rural, which is needed to provide support for training in rural places.

Strengthening the Workforce: Which characteristics of proven programs have most effectively encouraged individuals to pursue education and careers in behavioral health care?

AACOM recommends the Committee implement policies that support integrative health approaches and recognize the important role of osteopathic manipulative medicine (OMM) in addressing pain management and musculoskeletal conditions. To meet the evolving behavioral healthcare needs of communities, AACOM believes that the physician workforce must be comprehensively trained.

- [Experts](#) have said that new, nonopioid pain management treatments are needed to reduce opioid abuse.
- OME is uniquely positioned to explore and support the educational needs associated with safe opioid prescribing and treating substance use disorders. [Many COMs](#) are situated in areas with high rates of prescription opioid abuse and opioid-related deaths.
- Recent AACOM survey show that:
 - 38 out of 43 COMs surveyed reported having required education addressing pain management.
 - 39 out of 43 COMs surveyed reported having required education addressing the treatment of SUDs.
- Osteopathic medical students receive 200 hours of additional training in the musculoskeletal system and learn the value of osteopathic manipulative medicine (OMM) – a hands-on treatment used to diagnose and treat illness and injury, as a non-pharmacological alternative to pain management.
- OMM is a form of manipulation that can be used to treat structural and functional issues in the bones, joints, tissues, and muscles of the body. OMM uses the relationship between the neuromusculoskeletal system and the rest of the body to restore functionality and/or remove barriers to motion and healing. It is a non-invasive, medication free treatment for a wide variety of ailments, including acute low back pain (ALBP).
- Studies have found OMM to be an effective treatment for pain. According to a [study](#) conducted by the Osteopathic Research Center at the University of North Texas Health Science Center, OMM significantly reduces low back pain. The study found that the level of pain reduction is greater than expected from placebo effects alone. Another [study](#) in the *Journal of Manual and Manipulative Therapy*, shows that OMM is particularly important in treating injuries and pain in military service members. The study’s conclusion “supports the effectiveness of OMT in reducing ALBP pain in active-duty military personnel.”

AACOM urges the Committee to pass the bipartisan *Opioid Workforce Act*, (S.1438), which would create 1,000 medical residency positions focused on addiction medicine at teaching hospitals across the country. AACOM recognizes that there is an urgent need to effectively address the opioid epidemic across the nation and ensure that there are more physicians trained in addiction medicine.

- Substance use disorders (SUD)—especially those related to opioids—are threatening the lives of Americans, and the pandemic has only exacerbated this crisis.
- According to the 2020 Survey on Drug Use and Health, [released](#) in October 2021 by the Substance Abuse and Mental Health Services Administration (SAMHSA), 41 million people aged 12 or older were classified as needing substance use treatment in the past year.
- Just over 50 percent of those aged 18 or older with a co-occurring SUD or any mental illness received either substance use treatment at a specialty facility or mental health service, but only 5.7 percent received both services.
- The Acting Director of National Drug Control Policy [notes](#) that the data in the SAMHSA report shows the need to intervene to reduce SUD and “meet people where they are.”
- Increasing the number of physicians with a focus on addiction medicine will increase access to needed behavioral health services and reduce opioid deaths.

Strengthening the Workforce: What public health policies would most effectively reduce burnout among behavioral health practitioners?

AACOM recommends the Committee consider the [Project in Osteopathic Medical Education and Empathy \(POMEE\)](#) as a model study and fund continued research to provide osteopathic medical educators a better understanding of the determinants affecting medical student empathy.

- POMEE has found statistically significant and practically important [relationships](#) between empathy scores and race and ethnicity in favor of African American and Hispanic/Latinx/Spanish respondents.
- Because empathy is positively correlated with medical school success and patient health, a more empathetic and more diverse healthcare workforce could lead to improved health outcomes for all patient populations, especially those from minority or underserved.

AACOM strongly endorses the bipartisan and bicameral *Dr. Lorna Breen Health Care Provider Protection Act* (S. 610/H.R. 1667). AACOM applauds the Senate for approving this important bill, and we urge the House to pass the measure without delay. S. 610/H.R. 1667 would:

- Train health profession students, residents or other healthcare professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions and substance use disorders.
- Disseminate evidence-informed best practices for reducing and preventing suicide and burnout among healthcare professionals.
- Establish a comprehensive study on healthcare professional mental/behavioral health and burnout.

Strengthening the Workforce: What policies would most effectively increase diversity in the behavioral healthcare workforce?

AACOM recommends the Committee consider the following osteopathic initiatives as models for national diversity, equity and inclusion policies and programs. AACOM is committed to educating and training more osteopathic physicians who embody the fabric of our nation, not only to address disparities in healthcare, but also, to improve the health of all people.

- [AACOM's Council on Diversity and Equity \(CDE\)](#) leads and advocates for best practices in academic medicine that advances diversity and inclusion at AACOM member institutions with the goal of training osteopathic physicians to provide high-quality healthcare for all communities.
- In October, all COMs signed a [Consensus Statement on Diversity, Equity and Inclusion](#), and many engage in education and training programs in community settings.
- In August 2020, the [Oklahoma State University College of Osteopathic Medicine](#) partnered with the Cherokee Nation to establish the nation's first tribally affiliated college of medicine in Tahlequah, Oklahoma.
- The [Cleveland Clinic Physician Diversity Scholars Program](#), a partnership with the Ohio University Heritage College of Osteopathic Medicine, takes a proactive approach to building diversity by giving first-year underrepresented minority students a unique opportunity for growth and engagement. Those selected to participate in the four-year program are matched with a Cleveland Clinic health system physician with whom they will have an opportunity to develop a mentor/scholar relationship.

Increasing Integration, Coordination and Access to Care: What are the best practices for integrating behavioral health with primary care?

AACOM endorses the Teaching Health Center Graduate Medical Education (THCGME) Program as a successful model for training primary care physicians to care for communities most directly impacted by healthcare shortages. AACOM encourages the Committee to increase GME funding for primary care and establish other programs that support community-based medical training.

- [According to HRSA](#), mental health patients at health centers increased by 40.5 percent from 2016 to 2020.
- THCGME residency programs train in outpatient settings in the community, such as Federally Qualified Health Centers, Rural Health Clinics, and tribal health centers.
- THCGME Program training sites prioritize care for high-need communities and vulnerable populations, with over half located in Medically Underserved Communities.
- In academic year 2020-2021, THCGME residency programs train 769 residents in 60 primary care residency programs, [across 25 states](#). Family medicine is the top discipline at 65 percent.
- Approximately 65 percent of residents [received training](#) in substance use treatment, 54 percent received specific training in medication assisted treatment (MAT) for opioid use leading to 18 percent receiving a waiver to prescribe MAT, and 60 percent received COVID-19 related training.
- There are 460 DO residents currently training in a THC – 60 percent of all THCGME residents.

- Osteopathic medical students are more likely to train in rural and underserved areas than allopathic students. They also routinely train in a distributed community-based healthcare settings.
- Research indicates that medical students who train in community-based institutions are more likely to practice in these areas.

AACOM supports the *Collaborate in an Orderly and Cohesive Manner (COCM) Act (H.R. 5218)* and encourages the committee to invest in the Collaborative Care Model to integrate mental health and substance use disorder services to patients within the primary care setting. The COCM Act would:

- Create a new grant program for primary care practices to implement the COCM.
- Establish national and regional Collaborative Care Technical Assistance Centers to assist practices with direct implementation of integrated care models.
- Expand research on promising integrated care models.

AACOM appreciates your consideration of these recommendations. We stand ready to serve as a resource and provide additional information and consultation that would benefit the Committee moving forward. For additional information, please contact David Bergman, JD, Vice President of Government Relations, at dbergman@aacom.org.

Sincerely,



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President and CEO