



**Association of
American Medical Colleges**
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

February 10, 2023

The Honorable Miguel Cardona
Secretary of Education
U.S. Department of Education
400 Maryland Ave, SW
Washington, DC 20202

Re: Comments on Request for Information, Docket ID ED-2022-OUS-0140

Dear Secretary Cardona,

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM) and the Association of American Medical Colleges (AAMC), thank you for the opportunity to provide comments on the U.S. Department of Education's (ED) request for information regarding public transparency for low-financial-value postsecondary programs.

AACOM leads and advocates for the full continuum of osteopathic medical education to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 38 accredited colleges of osteopathic medicine—educating more than 35,000 future physicians, 25 percent of all U.S. medical students—at 62 teaching locations in 35 U.S. states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, healthcare, medical research, and community collaborations. Its members comprise all 157 accredited U.S. medical schools; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and nearly 80 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

AACOM and the AAMC support ED in its goal to promote principles of accountability across postsecondary education programs. We also recognize the importance of appropriate oversight and ED's commitment to advancing equitable outcomes for all students. Concurrently, as the

nation faces a physician workforce shortage,¹ we firmly believe that federal policies must support the educational pathway of the future healthcare workforce.

As ED determines how to measure a program’s financial value, we encourage ED to reject a one-size fits all approach and take into consideration the unique U.S. medical education training process.

U.S. medical students, both DO and MD, follow a common sequence of course work, clinical training, and national board exams, regardless of whether they attend a public, non-profit, or for-profit medical school. All American medical schools are accredited by either the Commission on Osteopathic College Accreditation (COCA) or the Liaison Committee on Medical Education (LCME), both of which are recognized by ED and ensure that their respective medical schools achieve sufficiently high educational standards. COCA and LCME certify that no low-value programs are accredited by providing quality assurance in medical education through standards on curriculum, faculty and staff, mission, administration, finances, facility, learning environment, research and student outcomes and assessment.

To obtain a state license to practice, all medical school graduates are required to complete medical residency training, which takes between three to seven years following graduation, not including fellowships. Medical students are predominantly placed into U.S. medical residency programs through the National Resident Matching Program, a process where graduating medical school seniors vie for acceptance into residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Other match programs include the military match (for those graduates with military service obligations), and the early matches to Ophthalmology and Plastic Surgery. DO and MD medical students in the United States have exceptional match rates. In 2021, DO Seniors achieved a 98% total residency placement rate. Research has shown that more than 99% of all U.S. MD school graduates enter residency or enter full-time practice in the United States within six years after graduation.²

ED needs to ensure formulas for determining low-financial value programs consider the medical training model. Debt-to-earnings (D/E) ratios for medical programs should only consider a graduate’s earnings after they have completed their residency and fellowship training. Failure to do so may result in medical programs being inadvertently placed on the low-financial value list and damage their ability to address the nation’s physician workforce shortage.

¹ A June 2021 report from the AAMC predicts a deficiency of between 37,800 and 124,000 physicians by 2034, including between 17,800 and 48,000 primary care physicians and 21,000 and 77,100 non-primary care specialty physicians.

² Sondheimer HM, Xierali IM, Young GH, Nivet MA. Placement of US Medical School Graduates Into Graduate Medical Education, 2005 Through 2015. *JAMA*. 2015;314(22):2409–2410. doi:10.1001/jama.2015.15702

After graduation, medical residents often use federal financial aid programs such as forbearance and income-driven repayment to postpone or reduce their obligations until they become fully-licensed physicians. Federal education loan servicers are also required to grant a medical resident's forbearance for the duration of their residency upon the resident's request. While the salaries of medical residents are not indicative of their future income, their earnings are more than sufficient to meet their student debt obligations, which is reflected in the exceptionally low loan default rates for U.S. medical school graduates.

Public service programs play a critical role in addressing physician deficits and recruiting healthcare professionals to work in full-time public service positions, especially in medically underserved areas. These programs, such as the National Health Service Corps Loan Repayment Program (LRP), the Indian Health Service LRP, Health Professions LRP, and the Veterans Affairs Specialty Education LRP, provide loan forgiveness benefits to participants and would not be considered in traditional D/E calculations. Failure to consider these programs may adversely affect the medical schools who commit to public service through higher student participation in these loan repayment programs. Adopting a one-size-fits-all approach will harm our students, our institutions, and the communities we serve instead of advancing equitable outcomes for all students.

Thank you for providing the opportunity to share our views. We look forward to working with ED as you determine methods for evaluating low financial value programs. We encourage you to consider the uniqueness of medical education training and the impact criteria could have on the future physician workforce. If you have questions or require further information, please contact Julie Crockett, AACOM Director, Government Relations, at jcrockett@aacom.org; or Matthew Shick, AAMC Senior Director, Government Relations, at mshick@aamc.org.

Sincerely,



David Bergman, JD
Vice President, Government Relations
AACOM



Danielle P. Turnipseed, JD, MHSA, MPP
Chief Public Policy Officer
AAMC