

May 20, 2026

The Honorable Nicholas Kent
Under Secretary of Education
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Re: Notice of Proposed Rulemaking on Accountability in Higher Education and Access Through Demand-Driven Workforce Pell: Student Tuition and Transparency System (STATS) and Earnings Accountability

Dear Under Secretary Kent:

AACOM appreciates the opportunity to comment on the U.S. Department of Education's (ED's) Notice of Proposed Rulemaking (NPRM) implementing the new earnings accountability framework enacted by the One Big Beautiful Bill Act (OBBBA). AACOM represents all 46 colleges of osteopathic medicine (COMs) in the United States, which educate more than 38,000 future physicians — nearly 30 percent of all U.S. medical students — across 74 campuses in 36 states, as well as osteopathic graduate medical education professionals and trainees nationwide.

Doctors of Osteopathic Medicine (DOs) are licensed physicians who practice across all medical specialties and receive additional training focused on whole-person care, prevention and community-based medicine. Osteopathic medicine plays a vital role in addressing physician shortages and expanding healthcare access in rural, underserved and medically vulnerable communities.

AACOM supports ED's goal of promoting accountability for federal student aid programs and protecting students from excessive debt burdens. However, several aspects of the accountability framework in the proposed rule do not adequately account for the structure of physician education and training. As drafted, the proposed regulations may unintentionally disadvantage physician education programs that require mandatory postgraduate clinical training before graduates independently practice medicine.

AACOM respectfully urges ED to consider AACOM's comments to promulgate final regulations that appropriately reflect the realities of licensure-linked health professions education. The final regulations must be designed to avoid unintended consequences that could weaken the physician workforce pipeline and reduce access to care in underserved communities.

Ensure Earnings Measurements Reflect Physician Training Timelines

AACOM strongly urges ED to account for the full timeline of physician education and training by assessing earnings only after graduates complete residency and fellowship training, when physicians are fully trained and practice independently.

Under the proposed earnings premium test in the NPRM, the quality of educational programs will be assessed by measuring graduates' earnings four years after completion using IRS earnings data, regardless of the program level or focus. Thus, the earnings measurement period is the same for undergraduate liberal arts programs and highly technical doctoral programs, despite obvious and important differences.

For DO graduates, the proposed earnings measurement period will frequently coincide with residency or fellowship training rather than independent clinical practice. Medical graduates generally complete three to seven years of residency training to obtain state licensure or board certification, with many pursuing additional fellowship training. Thus, the proposed measurement period is likely to assess physician earnings during residency or fellowship before DO graduates achieve their actual earning potential. According to reports, DOs in their first-year post-residency make an average salary of \$180,000 to \$250,000 compared to an average residency salary of \$75,000.

Residency compensation reflects temporary supervised clinical training positions required for physician licensure, not long-term physician earnings or workforce value. AACOM understands that ED's authority may be constrained by statutory mandates in the OBBBA. However, AACOM nevertheless encourages ED to explore ways to exercise discretion and delay physician earnings assessments until at least one year after completion of residency or fellowship training. This would help ensure a fairer and more accurate evaluation of DO graduate outcomes and avoid penalizing quality DO programs based on premature earnings data.

A solution to this issue is paramount given the role osteopathic medicine plays in the healthcare workforce. More than half of all DOs practice in primary care specialties, and in the 2025 Match, 53 percent of U.S. DO seniors matched into primary care residencies compared to 37.2 percent of U.S. MD seniors. COMs also achieved a 99.12 percent residency placement rate in the 2025 Match, demonstrating that osteopathic medical graduates are successfully entering the physician workforce pipeline and preparing to serve communities nationwide.

Ensure Cohort Aggregation Methodologies Accurately Reflect Medical Education Outcomes

AACOM is concerned about the NPRM's proposed cohort aggregation methodology for programs with fewer than 30 Title IV completers. While AACOM appreciates ED's effort to improve statistical reliability, pooling physician education programs with broader health professions categories may obscure the distinct earnings profile of osteopathic medical education.

For example, if a statistically reliable cohort cannot be constructed after including the earnings of graduates from the same program and credential level over multiple years, then from programs at the same credential level and same four-digit CIP code over multiple years, ED's proposed aggregation methods will require including earnings of graduates from programs at the same credential level with the same two-digit CIP code. Programs vary widely within the two-digit CIP code. So, a DO program's earnings may be artificially lowered by including the earnings of graduates from, for example, drama therapists or massage therapists.

As such, AACOM encourages ED to ensure that the final rule's cohort construction methodologies appropriately reflect the unique characteristics of DO education programs.

Clarify That Residency Compensation Is Included in Earnings Calculations

AACOM requests clarification that physician residency compensation and all related taxable clinical training income will be fully captured within ED's earnings calculations. DO programs are already disadvantaged because, as described above, DO graduates' earnings are likely to be measured while they are completing mandatory medical residencies or fellowships for lower wages than their ultimate earning potential. If compensation during residency training is not fully accounted, DO programs would be further disadvantaged by an even more inaccurate representation of their graduates' earnings. This warrants clarification in the final rule, which would mitigate some concerns of COMs that are already worried about earnings measurements occurring during mandatory, lower-paying residencies and fellowships.

Preserve Medical Training Context in Student Disclosures and Warnings

AACOM supports transparency for students and families. However, disclosures and warning requirements should provide sufficient context regarding mandatory postgraduate medical training.

The NPRM would require institutions to warn current and prospective students if a program fails the earnings premium measure for one year, and students must acknowledge those warnings before institutions may disburse Title IV funds.

Because physician earnings measured during residency do not reflect long-term physician workforce outcomes, AACOM strongly encourages ED to require disclosures explaining that medical graduates must complete residency training before becoming independently licensed physicians. Without this context, students and families may incorrectly interpret residency earnings as indicators of poor long-term outcomes rather than a temporary and required phase of physician training.

Protect Mission-Driven Medical Schools from Accountability Measures That Undermine Access

AACOM is concerned that the proposed institution-level accountability provisions may disproportionately affect specialty health profession institutions, including COMs.

The NPRM would place an institution on provisional status if more than half of its Title IV recipients and more than half of its Title IV funds are tied to low-earning outcome programs in two out of three years. Because COMs are highly specialized institutions focused primarily on physician education, a single program could comprise the majority of the institution's students. Thus, one program failing the earnings premium test could trigger institution-wide consequences that do not accurately reflect institutional quality, long-term graduate success or workforce contribution.

AACOM is also particularly concerned that accountability formulas tied heavily to short-term graduate earnings may unintentionally penalize mission-driven institutions that intentionally recruit and educate students committed to serving rural, underserved and economically disadvantaged communities. These students are among the most likely to return to and practice in high-need areas where physician shortages remain most severe.

Additionally, COMs play a critical role in expanding healthcare access nationwide. Osteopathic medicine is also one of the fastest-growing medical professions in the country, with more than



American Association of Colleges of
Osteopathic Medicine

207,150 DOs and osteopathic medical students nationwide and nearly 8,200 new osteopathic physicians entering the workforce in 2025 alone.

Policies that penalize schools working to expand educational opportunity and address workforce shortages could unintentionally undermine efforts to improve healthcare access in the communities that need it most.

Conclusion

Osteopathic medicine produces nearly one-third of the nation's medical graduates, the majority of whom practice in primary care and underserved communities. As ED implements new accountability measures under the OBBBA, AACOM encourages ED to carefully consider the effects these regulations may have on medical schools and their ability to educate and train the next generation of physicians.

AACOM appreciates ED's efforts to strengthen accountability and improve transparency for students and families and welcomes continued partnership with ED to design accountability policies that support students while preserving a strong physician workforce pipeline and access to healthcare nationwide.

Respectfully,

A handwritten signature in black ink that reads "David M. Bergman". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

David Bergman, JD
Senior Vice President of Government Relations and Health Affairs