June 17, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates.

Dear Administrator Brooks-LaSure:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide comments in response to the Centers for Medicare and Medicaid Services’ (CMS) fiscal year 2023 Medicare Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule. AACOM appreciates your consideration of input from the osteopathic medical education community as you develop graduate medical education (GME) policy.

Osteopathic medicine represents a whole-person, patient-centered approach to the practice of medicine and plays a critical role in our nation’s healthcare delivery system. It is the fastest growing medical field in the country according to the U.S. Bureau of Health Professions. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 38 accredited colleges of osteopathic medicine (COMs)—educating nearly 34,000 future physicians, 25 percent of all U.S. medical students—at 60 teaching locations in 34 U.S. states, as well as osteopathic GME professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Proposed GME Payment Changes

AACOM supports provisions in the Proposed Rule that make changes to the calculation of GME full time equivalent (FTE) caps for certain hospitals in response to the court’s opinion in Milton S. Hershey Medical Center, et al. v. Becerra.

Medicare GME Affiliation Agreements within Certain Rural Track FTE Limitations

AACOM is concerned that the process outlined in the Proposed Rule for allocating new cap adjustments may disadvantage rural hospitals. While AACOM commends CMS for prioritizing residency programs in rural areas and providing flexibility for teaching hospitals that cross-train residents in urban and rural settings, AACOM requests CMS use its authority to allocate a fair cap for both rural and urban hospitals.
• Rural hospitals represent more than half of all hospitals in the U.S. and play a vital role in effectively meeting the needs of a community that otherwise may be underserved.
• However, rural hospitals regularly struggle to recruit and retain a healthcare workforce sufficient to meet the needs of the communities they serve, and this challenge has been further exacerbated due to financial distress and workforce strain intensified by COVID-19.
• Osteopathic medicine has a proven record of addressing unmet healthcare needs, including in rural and underserved areas.
• Physician distribution is significantly influenced by training location, and 58 percent of osteopathic medical schools are located in health professional shortage areas.
• Recent AACOM data show that 41 percent of graduating 2020-2021 osteopathic medical students plan to practice in a medically underserved or health shortage area; of those, 49 percent plan to practice in a rural community.¹
• Many COMs include a community-based primary care rotation in a rural or underserved area as a fourth-year training requirement so osteopathic medical students gain significant experience training in diverse healthcare settings, such as community hospitals and other health facilities.

Conclusion

AACOM appreciates your consideration of our recommendations and thanks you for your attention to these important issues. We stand ready to serve as a resource to you as CMS works to strengthen the nation’s GME system. If you have any questions or require further information, please contact David Bergman, JD, Vice President of Government Relations, at dberman@aacom.org.

Sincerely,

Robert A. Cain, DO, FACOI, FAODME
President and CEO