

June 20, 2025

The Honorable Bernie Sanders Ranking Member Committee on Health, Education, Labor, and Pensions United States Senate 428 Senate Dirksen Office Building Washington, DC 20510

Dear Senator Sanders:

Thank you for your June 12 letter seeking feedback from interested healthcare providers and stakeholders on the budget reconciliation bill, also called the One Big Beautiful Bill Act (OBBBA). On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), I respectfully submit the following in response to your questions.

About AACOM

Founded in 1898, AACOM is the leading voice for the education and training of physicians who practice osteopathic medicine in settings ranging from primary care to pediatrics. Osteopathic medicine represents a whole-person, patient-centered approach to the practice of medicine. AACOM leads and advocates for the osteopathic medical education (OME) community to improve the health of the public. Colleges of Osteopathic Medicine (COMs) currently educate more than 38,000 future physicians—nearly 30 percent of all US medical students—at 69 medical school campuses. Our institutions are uniquely positioned to bolster primary care, rural health, and chronic disease treatment to improve the health of our communities.

Ability to Care for Patients – Questions 1-3

For COMs, the primary nexus between the ability to provide care and the OBBBA are provisions that affect entry into the medical profession. If there are fewer osteopathic medical students graduating, there will be fewer doctors to provide care, especially in rural and underserved areas. These shortages will compound any detrimental effects on patients stemming from the Affordable Care Act and Medicaid provisions in the bill, which have been projected to reduce health insurance coverage and access for millions of Americans across the country.¹

COMs hold 8 of the top 10 spots for most graduates practicing in primary care nationally, and many of our COMs offer rural medicine pathways and partner with community hospitals in rural

¹ https://www.kff.org/affordable-care-act/issue-brief/how-will-the-2025-reconciliation-bill-affect-the-uninsuredrate-in-each-state-allocating-cbos-estimates-of-coverage-loss/



and underserved greas. Moreover, more than half of all COMs are located in Health Professional Shortage Areas, and nearly 40 percent of graduates commit to working in underserved communities.

The best way to ensure COMs can attract and train future doctors is to protect federal student aid. Federal student aid ensures that students from all backgrounds, including rural and underserved areas, can attend COMs and become doctors. As such, AACOM believes the following changes must be made to the OBBBA:

- Preserve Subsidized Loans for Undergraduates: These loans are critical for students with financial need, including many from rural areas. Eliminating them would disproportionately impact access to higher education and health professions training for low-income students.
- Maintain the Grad PLUS Loan Program: In 2023, 81 percent of osteopathic medical students with debt utilized Grad PLUS loans to finance their education. Eliminating this program would force students to rely on private lending options that are less accessible and often more burdensome.
- Remove Federal Student Loan Borrowing Caps: Arbitrary caps restrict the ability of medical students to finance the full cost of their education. If borrowing caps are enacted, they should include exemptions or increased limits for medical students, particularly those attending medical schools in HPSAs or those that match over 50 percent of graduates into primary care, and reflect how academic training at medical schools takes longer than other degrees.
- Preserve Public Service Loan Forgiveness (PSLF) for Residency and Fellowship: Excluding residency and fellowship years from PSLF eligibility severely disincentivizes careers in public service. In 2023, 71 percent of osteopathic students entering loan forgiveness programs planned to use PSLF, reflecting its importance as a workforce incentive in high-need areas.
- Exclude Risk-Sharing and Accountability Formulas that Undermine Access and Mission: Proposals to tie institutional accountability to graduate earnings risk jeopardizing Title IV funding for mission-driven schools like COMs—institutions that intentionally recruit students from underserved and economically disadvantaged backgrounds. These students are among the most likely to return and practice in rural and high-need communities. If risksharing provisions or accountability provisions are enacted, they must account for the full timeline of medical education by beginning earnings assessments only after residency and fellowship, when physicians are fully trained and practicing. Penalizing schools that expand opportunity and address workforce shortages could unintentionally hinder efforts to improve healthcare access in the communities that need it most.



While the HELP Committee's language is a slight improvement on the House version, and AACOM is supportive of language in the House version that pauses interest accrual during the first four years of residency training, AACOM believes the above items must be addressed. Otherwise, the OBBBA has the potential to cut off federal funding for medical students and disrupt the physician pipeline to the detriment of patients across the country. We strongly urge the elimination of OBBBA provisions that could worsen our existing and anticipated physician shortage.

Conclusion

AACOM and our member colleges stand ready to work with you and your colleagues to develop solutions that support students, protect patient access, and invest in the future of our healthcare workforce. Should you have any questions, please contact me at dbergman@aacom.org. Thank you for the opportunity to provide input on this matter.

Sincerely,

David Bergman, JD

David A Beys

Senior Vice President of Government Relations and Health Affairs

American Association of Colleges of Osteopathic Medicine