March 29, 2023

The Honorable Bernard Sanders
Chair
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Bill Cassidy, MD
Ranking Member
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Robert Casey, Jr.
U.S. Senator
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Mitt Romney
U.S. Senator
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, DC 20510

Dear Senators:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide comment and feedback in response to the Committee on Health, Education, Labor and Pensions (HELP) Request for Information on the reauthorization of the *Pandemic and All-Hazards Preparedness Act (PAHPA)*.

Osteopathic medicine plays a critical role in our nation's healthcare delivery system. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 38 accredited colleges of osteopathic medicine (COMs)—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.

Medical Countermeasures Development and Deployment

6. The Public Readiness and Emergency Preparedness (PREP) Act

The osteopathic community continues to serve on the front lines of the battle against COVID-19. Since the beginning of the COVID-19 pandemic, osteopathic physicians and students have served as first responders for COVID patients in medical facilities across the country. **As the HELP Committee works toward a bipartisan effort to reauthorize the PAHPA, AACOM strongly urges you to provide permanent eligibility for health professions students to administer vaccinations under supervision in the event of any future public health emergency (PHE).**

- The lack of a sufficient workforce hindered the pace of the COVID-19 vaccine rollout.
- At the start of the COVID-19 pandemic, AACOM spearheaded an interprofessional initiative of 12 associations to advocate for the Seventh Amendment to the Public Readiness and Emergency Preparedness (PREP) Act, providing immunity from liability and authorizing students from designated health professions to administer COVID-19 vaccinations.[1]
- The amendment allowed nearly one million skilled medical, nursing, pharmacy, dental, veterinary, physician assistant, optometry and other health professions students to administer COVID-19 vaccines with training and supervision.
- Unfortunately, the amendment parameters will end with the expiration of the COVID-19 PHE.
- It is imperative that Congress approve legislation to permanently allow qualified health professions students to vaccinate at the outset of future federally declared PHEs to ensure timely delivery of vital health care services.

Gaps in Current Activities & Capabilities

1. What gaps do you see in the PAHPA framework, or how it has been implemented to date?

AACOM believes that well-trained physicians are essential to ensuring that individuals have access to high-quality healthcare during times of emergency. This need is even more pronounced in rural and underserved areas. Serving disadvantaged populations is a key pillar of AACOM and our member schools. That is why Doctors of Osteopathic Medicine (DOs) are uniquely positioned to address healthcare access and related challenges, including those arising during a PHE.

- While large academic medical centers represent only five percent of all hospitals in the U.S. and only 20 percent of all hospital admissions, surgical operations and outpatient visits, community-based hospitals and facilities provide the overwhelming majority of healthcare.[2]
- AACOM and its member institutions have made a concerted effort to promote training in diverse healthcare settings, such as community hospitals and healthcare facilities located in rural parts of the country.
- Sixty percent of osteopathic medical schools are located in health professional shortage areas (HPSAs).
- Sixty-four percent require their students to go on clinical rotations in rural and underserved areas and 88 percent have a stated public commitment to rural health.

[1] U.S. Federal Register, 86 FR 14462, available at https://www.federalregister.gov/documents/2021/03/16/2021-05401/seventh-amendment-to-declaration-under-the-public-readiness-and-emergency-preparedness-act-for
[2] Burke LG, Frakt AB, Khullar D, Orav EJ, Jha AK. Association Between Teaching Status and Mortality in US Hospitals. *JAMA*. 2017;317(20):2105–2113. doi:10.1001/jama.2017.5702

- Training medical students in rural communities has been shown to mitigate chronic and acute shortages in these areas. In fact, nearly half 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.[3]
- Significantly, more than 73 percent of DOs practice in the state where they do their residency training, and that number rises to 86 percent when they attend medical school and have their residency in the state.[4]
- Furthermore, more than half (57 percent) of DOs practice in the primary care specialties of family medicine, internal medicine and pediatrics. DOs have increased access to many underserved populations by providing primary care to rural populations, which serve as the backbone of medical care during PHEs.[5]

Congress and the Administration must take steps to build a robust physician workforce to meet the needs of the next health crisis. Therefore, AACOM urges Congress to invest in healthcare infrastructure and adopt the following recommendations that expand and support the physician workforce in preparation for the next PHE.

- **Increase the funding for and number of graduate medical education (GME) positions, prioritizing development in rural and underserved areas. AACOM encourages Congress to pass *The Rural Physician Workforce Production Act*, S. 230/H.R.834.** GME is the pathway for DOs and MDs to gain experience and hone their clinical skills. Current federal funding levels for GME are not sufficient to address the shortages faced by hospitals, doctors' offices and clinics throughout the nation, especially in rural communities. Congress needs to boost the number of residency positions and modify policies to allow GME funding to flow to rural and underserved areas.
- **Implement policies that leverage all available physicians by ensuring that DOs and MDs have equal access to federally-funded GME programs.** At least 32 percent of residency program directors never or seldom interview DO candidates, and of those that do, at least 56 percent require them to take the USMLE (the MD licensing exam), in addition to the osteopathic medical exam, COMLEX-USA.[6] The demands of medical school are arduous, and osteopathic students should not be subjected to the additional 33 hours and $2235 (as well as prep costs and time) that is required to take the USMLE. Moreover, these burdensome and unnecessary practices thwart the development of osteopathic physicians, which in turn contribute to the nation's doctor shortage, especially in rural and underserved areas. Congress should pass legislation that ensures all federally funded GME programs are open to DOs and equally accept the COMLEX-USA and USMLE, if an examination is requested for acceptance.

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[3] American Association of Colleges of Osteopathic Medicine, 2020-2021 Academic Year Graduating Seniors Survey Summary Report, available at https://www.aacom.org/searches/reports/report/2020-2021-academic-year-graduating-seniors-survey-summary-report

[4] American Association of Colleges of Osteopathic Medicine, OME Research, available at https://www.aacom.org/news-reports/ome-research

[5] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/

[6] National Residency Matching Program, 2022 Program Director Survey, available at https://www.nrmp.org/match-data-analytics/residency-data-reports/

- **Provide permanent funding for the Teaching Health Center Graduate Medical Education (THCGME) Program**. This vital program trains students in outpatient settings, such as Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and tribal health centers. THCGME Program training sites prioritize care for high-need communities and vulnerable populations, with more than half located in medically underserved communities. The program is important to the osteopathic community: In 2021, there were 460 DO residents training in a THC—60 percent of all THCGME residents. Due to their reliance on variable annual discretionary funding, THCs face operational and planning struggles, which frustrate the growth and development of new and existing programs. Permanent robust funding is needed to strengthen the THCGME Program and establish a healthy, stable infrastructure for physician training in outpatient settings.
- **Expand funding and support for community-based training models, including clinical rotations in rural and underserved communities.** According to the Health Resources and Services Administration's (HRSA) Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a growing trend toward providing care in smaller community-based clinics instead of academic hospitals.[7] As the provision of care has shifted to community-based settings, so has the training of medical students. Clinical training in these community-based settings expose medical students to the unique healthcare needs of rural and underserved populations and prepare them to serve those communities after graduation. Research suggests that medical education in a rural location increases the likelihood of rural practice. However, over three-quarters of all medical schools report concerns with the number of clinical training sites and the quality and supply of preceptors, especially in primary care. To support this trend toward less expensive and less centralized care, Congress must modify existing funding streams and establish new programs to support community-based training. With rural communities suffering the most from physician shortages, Congress should fund a new program within HRSA that creates a consortium of osteopathic medical schools, rural health clinics and federally qualified health centers to increase medical school clinical rotations in rural community-based facilities.
- **Increase funding for Title VII Programs.** Currently, Title VII is the only source of federal dollars that promotes the practice of primary care in rural and underserved communities. Its vital programs offer a lifeline to medical students facing financial barriers and underserved communities afflicted by physician shortages. Boosting annual appropriations for Titles VII will strengthen our healthcare workforce nationwide.
- **Provide sustained funding for loan repayment and forgiveness programs, such as the Public Service Loan Forgiveness (PSLF) Program and National Health Service Corps (NHSC), which incentivize physicians to practice in rural and medically underserved areas.** During PHEs, healthcare professionals risk their lives daily for the health of communities across the nation. Supporting our country's physicians and medical students by reducing their outstanding education debt during PHEs is in the nation's interest.

Thank you for providing the opportunity to share our views and recommendations. We stand ready to serve as a resource and provide additional information and consultation as this process

[7] Advisory Committee on Interdisciplinary, Community-Based Linkages, 16th Annual Report to Congress – 2018, available at https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/sixteenth-2018.pdf

moves forward. If you have any questions or require further information, please contact me at dbergman@aacom.org.

Respectfully,

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AACOM