

June 10, 2025

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System and Policy Changes for Fiscal Year 2026

Dear Administrator Oz,

The American Association of Colleges of Osteopathic Medicine (AACOM) appreciates the opportunity to provide comments in response to the Centers for Medicare and Medicaid Services' (CMS) fiscal year 2026 Medicare Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule and highlight priorities for the osteopathic medical education (OME) community.

Osteopathic medicine represents a whole-person, patient-centered approach to the practice of medicine. AACOM leads and advocates for OME to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, **AACOM represents all 43 colleges of osteopathic medicine (COMs) — educating more than 38,000 future physicians, nearly 30 percent of all US medical students — at 69 medical school campuses**, as well as osteopathic graduate medical education professionals and trainees at US medical centers, hospitals, clinics and health systems.

AACOM urges CMS to use its authority to promote efficiency, growth, and innovation across the entire medical education continuum. We strongly support graduate medical education (GME) policies that expand training opportunities in rural and underserved areas, where persistent shortages of healthcare professionals impact access to care.

COMs are uniquely positioned to meet these needs. COMs prioritize training future physicians in community-based settings, and particularly rural and underserved communities. Notably, 86 percent of DOs who complete both medical school and residency in the same state remain there to practice. Additionally, 86 percent of DOs who complete both medical school and residency in the same state remain there to practice. Through their distributed, community-

based training model, COMs expose students to the specific challenges and healthcare needs of underserved populations, preparing them to serve these communities after graduation.

As CMS implements the FY26 IPPS proposed rule and other relevant policies, we urge the agency to prioritize reforms that enhance access to community-based education and rural training .

Strengthening GME to Expand Healthcare Access in Rural and Underserved Communities

While CMS makes no policy changes to the full-time equivalent (FTE) calculations in the FY26 IPPS proposed rule, AACOM reiterates support for expanding training in true rural and underserved areas. We remain concerned that CMS continues to rely on Health Professional Shortage Area (HPSA) scores as an overarching prioritization for slot distribution, which can limit geographically rural hospitals from receiving slots.

The lack of geographically rural hospitals receiving new slots is largely due to CMS' choice to use the HPSA score as the primary means to prioritize applicants across categories. Due to their smaller populations, HPSA scores in rural communities are more sensitive to the addition of new physicians as faculty and retained residents. These additions can result in significant shifts in HPSA scores or the removal of a HPSA designation, which can prevent a hospital in a rurally-located area from receiving much needed GME slots based on current CMS policy.

Rural hospitals often struggle to recruit and retain a health care workforce sufficient to meet the needs of the communities they serve due to financial distress. Any regulations developed by CMS should not unduly impede the development of residency programs in rural and underserved areas. As the nation faces a particularly acute shortage of physicians, especially those in primary care, it is critical that CMS not create additional burdens for smaller residency programs. The Accreditation Council for Graduate Medical Education (ACGME) already imposes standards on small and rural programs that make the creation of new rural programs onerous. Adding additional requirements through CMS will further hinder the creation of new residency programs in these disadvantaged areas.

Ensuring Medicare GME is Equally Assessable to all Physicians

AACOM recommends that all Medicare-funded GME programs be required to accept applications from Doctors of Osteopathic Medicine (DOs) and the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA), if an examination score is required for acceptance.

DOs face exclusion and undue burdens when applying for Medicare-funded residency programs. According to National Resident Matching Program data, 29 percent of residency program directors never or seldom interview DO candidates. Nearly three quarters (73 percent) of GME programs that consider DOs mandate that they take the MD licensure exam, United States Medical Licensing Exam (USMLE). DO students take the COMLEX-USA for graduation



and licensure. DO and MD requirements are parallel, with both medical exams leading to unrestricted physician licenses in all 50 states.

The demands of medical school are arduous, and osteopathic medical students should not be subjected to the additional 32 hours and \$2,335 (as well as prep costs and time) that are required to take the USMLE, an exam that is not designed for the osteopathic profession or needed for licensure or practice.

Federally-funded Medicare GME programs should not be allowed to discriminate against a class of physicians based solely on degree and exam type. These restrictive practices frustrate DO delivery of healthcare services and pose a significant threat to the agency's goal of achieving high-quality, affordable, patient-centered care. Moreover, it exacerbates the workforce shortage by forcing DOs to pursue residencies outside their preferred locations, which are often in rural and underserved areas.

Conclusion

AACOM appreciates the opportunity to provide comments and stands ready to partner with CMS in improving the healthcare workforce pipeline. For further information, please contact me at dbergman@aacom.org.

Sincerely,

A handwritten signature in black ink, reading "David A. Bergman". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

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