



October 15, 2023

The Honorable Michael C. Burgess, M.D.
Chair, Health Care Task Force
Committee on the Budget
U.S. House of Representatives
204 Cannon House Office Building
Washington, D.C. 20515

Re: Request for Information Regarding "Actions Congress Could Take to Improve Outcomes While Lowering Health Care Spending"

Submitted via email: hbcrc.health@mail.house.gov

Dear Dr. Burgess,

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you and your colleagues for issuing a Request for Information (RFI) about proposals to reduce healthcare spending, modernize the healthcare system, and support policies that fuel innovation and increase patient access to quality and affordable care. We are pleased that the Health Care Task Force is looking into the challenges facing our healthcare system and are grateful for the opportunity to submit our views and recommendations.

AACOM believes that physicians trained at our nation's colleges of osteopathic medicine (COMs) are an important part of the solution to address these challenges. We stand ready to work with you, the Task Force, and your congressional colleagues to advance policies and programs that will help ensure our nation has the healthcare workforce necessary to reduce barriers to care, improve patient outcomes, and reduce costs.

About AACOM and Osteopathic Medicine

AACOM leads and advocates for osteopathic medical education to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, AACOM represents all 41 colleges of osteopathic medicine — educating more than 35,000 future physicians, 25 percent of all U.S. medical students — at 66 medical school campuses, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems.

Osteopathic medicine is at the forefront of healthcare delivery, encompassing all aspects of modern medicine and therapeutic innovation. Osteopathic medicine also confers the added benefit of hands-on diagnosis and treatment of conditions through a system known as osteopathic manipulative medicine. Doctors of Osteopathic Medicine (DOs) are trained in medical school to take a holistic approach when treating patients, focusing on the integrated nature of the various organ systems and the body's incredible capacity for self-healing. DOs are licensed in all 50 states to practice medicine, perform surgery and prescribe medications. The osteopathic medical tradition holds that a strong foundation as a generalist makes one a better physician, regardless of one's ultimate practice

specialty—which is the reason why more than half of DOs currently practice in primary care.¹ More than 7,800 DOs were added to the U.S. physician workforce in 2023, joining the 141,000 DOs already in practice.²

Osteopathic Physicians Play a Significant Role in Addressing Shortages and Expanding Access to Care, Particularly in Rural Communities

The first step in improving patient outcomes is increasing access to care. Fortunately, the osteopathic profession is one of the fastest growing medical fields. Over the past decade in the U.S., the total number of DOs and osteopathic medical students has grown more than 81 percent.³ More than 25 percent of U.S. medical students are enrolled in COMs—an amount that is expected to grow to 30 percent by 2030.⁴

Furthermore, osteopathic physicians comprise one of the youngest segments of the healthcare workforce. Two-thirds of actively practicing DOs, more than 86,000 physicians, are under the age of 45 and 34 percent of DOs are under the age of 35.⁵ Osteopathic medicine is building a young, dynamic, and resilient workforce that is helping meet the health system challenges we face today—and those that we will encounter tomorrow.

Shortages of healthcare professionals and physicians have impacted virtually every community across the nation. However, some communities have felt the effects of the shortages more acutely than others. For people living in rural areas of the U.S., staff shortages do not just lead to longer wait times for appointments, but can lead to the closing of doctors' offices and clinics, eliminating access to the only accessible healthcare providers for miles. In the event of medical emergencies, residents of rural communities may have to wait hours for ambulances or travel hundreds of miles to see a doctor. These long wait times are not just inconvenient, they can be the difference between life and death. Sadly, shortages of healthcare professionals are not new for rural communities.

These vulnerable communities have a dire need for healthcare providers, yet only 11 percent of physicians choose to practice in rural areas.⁶ The physicians who practice in rural areas tend to be older, work longer hours, see a greater number of patients and perform a greater variety of procedures than their counterparts who practice in urban settings.⁷ This strain on rural physicians increases the likelihood they will experience burnout and leave the practice of medicine. Of note, 28.9 percent of physicians practicing in remote rural communities are over the age of 56, which illustrates the need to generate a significant number of younger practitioners to take their place when they retire.⁸

¹ American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

² American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>

³ American Osteopathic Association, OMP Report, available at <https://osteopathic.org/about/aoa-statistics/>.

⁴ American Association of Colleges of Osteopathic Medicine <https://www.aacom.org/become-a-doctor/about-osteopathic-medicine/quick-facts>.

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

⁶ The Association of American Medical Colleges, Attracting the next generation of physicians to rural medicine, available at <https://www.aamc.org/news-insights/attracting-next-generation-physicians-rural-medicine>.

⁷ National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at <https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>.

⁸ University of Washington, The Aging of the Primary Care Workforce: Are Rural Locations Vulnerable?, available at https://depts.washington.edu/uwrhrc/uploads/Aging_MDs_PB.pdf.

Serving rural and underserved populations is a key pillar of AACOM and our member schools. While large academic medical centers represent only five percent of all hospitals in the U.S.⁹ and only 20 percent of all hospital admissions, surgical operations and outpatient visits, community-based hospitals and facilities provide the overwhelming majority of healthcare.¹⁰ That is why 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. **In fact, 88 percent of COMs have a stated public commitment to rural health.**

Our research also shows that the location of medical education and residency training directly impacts practice location. 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 also attend medical school in the state. As 60 percent of COMs are in Health Professional Shortage Areas (HPSAs) and 64 percent require clinical rotations in rural and underserved communities, **the osteopathic training model leads to more physicians in these underserved areas.** Investing in the DO pipeline will have a direct, positive impact on ensuring rural and underserved communities have access to care, which in turn will help improve outcomes and lower healthcare spending overall.

Barriers to DOs Implementing Successful Models and Innovation

Osteopathic medicine is committed to combatting the physician workforce shortages that plague our country's healthcare system. However, these workforce improvements are currently running up against barriers that only serve to make healthcare more expensive due to a lack of access to care and workforce shortages. In other words, **DOs are an underutilized resource due to these current challenges.**

Many federally funded residency programs exclude DOs outright or impose costly and unnecessary requirements that discourage DO participation. At least 32 percent of residency program directors report never or seldom interviewing DO candidates, and, of those that do, at least 56 percent require them to take the USMLE (the licensing exam for MDs) *in addition to* the osteopathic medical exam, the COMLEX-USA.¹¹ DO students incur significant financial costs (more than \$6 million per year), as well as the commitment of time and emotional energy, to take an exam that is not designed for the osteopathic profession or needed for licensure or practice. These restrictive practices frustrate DO delivery of primary care services and pose a significant barrier to achieving high-quality, affordable, person-centered care.

AACOM Policy Recommendations

Osteopathic medicine has a blueprint for success when it comes to meeting patients where they are and improving patient outcomes. While AACOM and its member COMs are working hard to solve this problem, we need partners in this important work. To that end, we respectfully offer several recommendations to the Task Force:

⁹ Association of American Medical Colleges, Letter to Senators Patty Murray and Richard Burr, June 30, 2021, available at <https://www.aamc.org/media/55191/download?attachment>.

¹⁰ 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.

¹¹ National Residency Matching Program, 2022 Program Director Survey, available at <https://www.nrmp.org/match-data-analytics/residency-data-reports/>.

- **Increase the funding for and number of graduate medical education (GME) positions, prioritizing development in rural and underserved areas.** 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 health centers 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.** Medical school is arduous, and osteopathic medical students should not be excluded from one third of residency programs and subjected to the 32 hours and \$2235 (as well as prep costs and time) that are required to take the USMLE. Moreover, these unfair practices impact the distribution of osteopathic physicians, which exacerbates access to healthcare, especially in rural and underserved areas. **AACOM recommends that Congress pass the bipartisan Fair Access In Residency Act (H.R. 751) to ensure that all federally-funded GME programs are open to DOs and accept the COMLEX-USA.**
- **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. 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 exposes medical students to the unique healthcare needs of rural and underserved populations and prepares 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 medical schools report concerns about 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 HRSA grant program to increase medical school clinical rotations in rural community-based facilities.**
- **Provide a refundable tax credit to uncompensated medical school preceptors to help increase the supply of primary care physicians providing community-based training, especially in rural areas.** Preceptors train medical students in clinical rotations during their third- and fourth-year of medical school. More preceptors are needed to train future physicians, particularly in community-based settings. More training in rural and underserved communities leads to more practitioners in those communities. Congress should pass legislation creating a refundable tax credit for uncompensated preceptors to incentivize more physicians to train medical students and support high-quality care, especially in primary care.

If we want to improve outcomes and decrease healthcare spending, we must invest in our healthcare workforce up-front. Making these investments now will pay dividends for decades to come. Removing the barriers that DOs face when beginning their practices and funding training and education will bend the curve when it comes to healthcare spending because health workforce shortages are a

principal driver of rising healthcare costs.¹² Supporting osteopathic medicine means a more robust healthcare workforce, and with it, better access to care, improved outcomes, and decreased overall costs.

Conclusion

On behalf of our nation's osteopathic medical schools, their medical students, and the patients they serve, thank you for your consideration of our views and recommendations. We are eager to be a resource as you develop strategies for improving healthcare outcomes while lowering healthcare spending.

Please do not hesitate to call upon us if we can be of assistance as you address these critically important access to care issues. For questions or further information, please contact David Bergman, JD, Vice President of Government Relations, at dbergman@aacom.org, or Trey Hines, Associate Director of Government Relations, at thines@aacom.org.

Sincerely,



David Bergman, JD
Vice President of Government Relations AACOM

¹² Addie Fleron, Aneesh Krishna, and Shubham Singhal, "The gathering storm: The transformative impact of inflation on the healthcare sector," Sep. 19, 2022, available at <https://www.mckinsey.com/industries/healthcare/our-insights/the-gathering-storm-the-transformative-impact-of-inflation-on-the-healthcare-sector>.