AACOM
American Association of Colleges of Osteopathic Medicine

July 14, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Submitted via Regulations.gov

RE: Request for Information (RFI); Ensuring Lawful Regulation and Unleashing Innovation to Make American Healthy Again [AHRQ-2025-0001]

Dear Secretary Kennedy:

Thank you for the opportunity to "help HHS identify any opportunities to produce cost savings, increase efficiency, and stoke health and economic innovation through deregulation" through the "Ensuring Lawful Regulation and Unleashing Innovation to Make American Healthy Again" request for information (RFI) issued on May 14, 2025 [AHRQ-2025-0001]. The American Association of Colleges of Osteopathic Medicine (AACOM) respectfully submits the following comments in response to the RFI. AACOM stands ready to work with you and your staff "to better promote the health and well-being of the American people."

About AACOM

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.

Expanding Access to Healthcare by Modifying Regulations

There are two main areas where AACOM believes existing regulations should be modified, and both reside within the jurisdiction of the Centers for Medicare and Medicaid Services (CMS). AACOM believes these regulations as currently written "impede access to or delivery of care or services" and "interfere with the public or private sector's ability to address chronic health conditions or otherwise promote the health and wellbeing of Americans."

Further, we would like to address a long-standing NIH practice that, while not a formal regulation, significantly restricts private sector “research and development” and "impedes efforts to innovate.”

Strengthening GME to Expand Healthcare Access in Rural and Underserved Communities

HHS, through CMS, should modify its methodology for prioritizing the distribution of Graduate Medical Education (GME) slots. Geographically rural hospitals continue to receive disproportionately few new GME slots, largely due to CMS’ choice to use Health Professional Shortage Area (HPSA) scores 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 loss of a HPSA designation which can prevent a hospital in a rural area from receiving much-needed GME slots based on current CMS policy.

CMS regulations and policies 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 in primary care, it is critical that CMS does not create additional burdens for smaller residency programs. Continued use of HPSA scores in this manner will further hinder the creation of new residency programs in these disadvantaged areas.

Ensuring Medicare GME is Equally Accessible to All Physicians

CMS should revise its policies to ensure Medicare-funded GME programs treat Doctors of Osteopathic Medicine (DOs) and Doctors of Medicine (MDs) applicants equally throughout the residency selection process. DOs currently face exclusion and undue burdens when applying for Medicare-funded residency programs when compared to MDs. According to National Resident Matching Program data, 29 percent of residency program directors never or seldom interview DO candidates, while nearly three quarters (73 percent) of GME programs that do consider DOs mandate that they take the MD licensure exam, the United States Medical Licensing Exam (USMLE); DO students take the COMLEX-USA for graduation and licensure.

There is no medical basis for these policies, as DO and MD degrees and both medical exams lead to unrestricted physician licenses in all 50 states. Medical school is highly demanding and intensive, 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. Single accreditation was intended to increase equality but unfortunately things have worsened in certain areas since its inception; for example, the percentage of DOs matching to their preferred surgical specialties has declined and the percentage of residency programs requiring DOs to take the USMLE has increased from 56 percent to 73 percent since 2022.

Medicare accounts for 71 percent of all GME funding; as such, 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. CMS should establish policies to keep Medicare-funded residency programs from excluding DO applicants and requiring the USMLE. HHS must keep these practices from interfering with competition among residents, which downstream impedes the delivery of care and thwarts the nation's ability to address chronic disease.

Eliminating Long-standing Bias Against COMs within the NIH

Despite training nearly one-third of all U.S. Medical Students, COMs receive only 0.1% of NIH research funding ($55.6 million), compared to 42% ($23.8 billion) awarded to allopathic (MD) institutions. This historic disparity undermines the ability of COMs to contribute to NIH-funded innovation and restricts research access for osteopathic students, who are placed at a disadvantage in competitive residency specialties. The funding gap is compounded by a striking lack of osteopathic representation in NIH decision-making bodies. Of the 462 seats on NIH National Advisory Councils, only three are held by DOs, compared to 213 held by MDs. Similarly, DOs comprise only 19 of the 3,233 reviewers on NIH study sections, while 493 positions are held by MDs. Since 2020, AACOM has nominated nine candidates to six NIH Advisory Councils, none have been accepted. This lack of representation perpetuates systemic barriers and further limits opportunities for osteopathic-led research.

Recognizing these disparities, Congress has repeatedly acted by including report language in the FY22, FY23, FY24 and FY25 appropriations bills calling for greater NIH support for osteopathic research and representation. In a bipartisan, bicameral show of support, 37 lawmakers sent a letter to the NIH Director in September 2024, urging the agency to take concrete steps to expand osteopathic research funding. This followed a similar 2022 letter signed by 26 bipartisan members. Congress has been clear that expanding osteopathic research is critical to strengthening the NIH's leadership in primary care, addressing rural and underserved health disparities, and advancing nonpharmacological approaches to care.

Despite these repeated directives, NIH has taken no concrete action to increase osteopathic research funding, expand DO representation or even accept meeting requests from AACOM leadership. This inaction has constrained NIH's ability to fully address some of the nation's most urgent health challenges - particularly in primary care, chronic disease, and rural and underserved populations - where osteopathic medicine is uniquely positioned to lead. NIH needs to proactively engage with the osteopathic medical education community and establish a

plan with timeline for increasing osteopathic research and representation across the NIH Institutes and Centers.

Conclusion

AACOM appreciates the opportunity to provide comments in response to this RFI and is eager to partner with you and HHS in tackling barriers to providing quality healthcare to communities across our nation. For further information, please contact me at dbergman@aacom.org.

Sincerely,

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