AACOM
American Association of Colleges of Osteopathic Medicine

December 23, 2025

The Honorable Michael Kratsios
Director
Office of Science and Technology Policy
1650 Pennsylvania Avenue NW
Washington, DC 20502

Re: Request for Information, Accelerating the American Scientific Enterprise (OSTP-TECH-2025-0100)

Dear Director Kratsios:

The American Association of Colleges of Osteopathic Medicine (AACOM) thanks you for the opportunity to respond to the Request for Information (RFI) on "Accelerating the American Scientific Enterprise" (OSTP-TECH-2025-0100). AACOM supports the Office of Science and Technology Policy's (OSTP) effort to "accelerate the American scientific enterprise, enable groundbreaking discoveries, and ensure that scientific progress and technological innovation benefit all Americans." Colleges of Osteopathic Medicine (COMs) educate and train future Doctors of Osteopathic Medicine (DOs), who are essential to the nation's physician workforce, particularly in primary care.

AACOM believes that better integrating COMs and osteopathic graduates into the Federal medical research environment would help advance the scope and pace of breakthrough discoveries and improve the delivery of care built on those discoveries to the American people.

AACOM and our member COMs stand ready to serve as a resource and welcome the opportunity to partner with you and your colleagues as you seek to strengthen the "science and technology (S&T) ecosystem to support both the expansion of scientific knowledge and the mechanisms to transition these discoveries into the marketplace."

We thank you in advance for your consideration of our recommendations enumerated below.

About AACOM

Since 1898, AACOM has served as the leading voice for the education and training of physicians who practice osteopathic medicine. 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. COMs currently educate more than 38,000 future physicians—nearly 30 percent of all US medical students—at 73 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. In addition to representing all of the nation's COMs, AACOM also represents osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinic, and health systems.

i. What policy changes to Federal funding mechanisms, procurement processes, or partnership authorities would enable strong public-private collaboration and allow America to tap into its vast private sector to better drive use-inspired basic and early-stage applied research?

ii. How can the Federal government better support the translation of scientific discoveries from academia, national laboratories, and other research institutions into practical applications?

ix. What specific Federal statutes, regulations, or policies create unnecessary barriers to scientific research or the deployment of research outcomes?

AACOM believes that the National Institutes of Health's (NIH) maintains a narrow and biased approach to funding and engagement that restricts participation by DOs and COMs and in turn, thwarts advancement in scientific research and the deployment of research outcomes, particularly in areas of priority interest to the Trump Administration, such as rural, primary care, and non-pharmacological treatment of pain.

- Despite this sizeable share of the medical profession, including nearly one in three medical students, osteopathic medical schools receive only 0.1% of NIH research funding ($65.5 million), compared to 42% ($22.8 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.

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.

This lack of representation perpetuates systemic barriers and further limits opportunities for osteopathic-led research—barriers that Congress has repeatedly recognized and sought to remedy. 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. Congressional efforts to ensure that NIH's programs, funding, and scientific enterprises benefit from osteopathic medicine and research include:

- Report language in the FY22, FY23, FY24, and FY25 appropriations bills calling for greater NIH support for osteopathic research and representation.
- A bipartisan, bicameral letter to the NIH Director in September 2024 signed by 37 lawmakers urging the agency to take concrete steps to expand osteopathic research funding. This followed a similar letter in 2022 signed by 26 bipartisan members.

Despite these repeated directives, NIH has taken no concrete action to increase osteopathic research funding, expand DO representation, or even accept meeting requests with the NIH Director. 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 OME community and establish a plan with a concrete timeline for increasing osteopathic research and representation across the NIH Institutes and Centers.

Importantly, Congress has recognized that COMs have the potential to contribute to the health and well-being of our nation's Veterans. In the Senate FY26 Military Construction, Veterans Affairs, and Related Agencies (MilCon/VA) appropriations bill, Senators included report language demonstrating continued support for osteopathic manipulative treatment and other non-pharmacologic therapies for veterans experiencing chronic pain.[1]

Osteopathic schools and students are a massive, untapped resource ready to conduct groundbreaking discoveries and participate in translational research to improve care delivery and outcomes. We urge OSTP to work with the NIH and other Federal research agencies to expand engagement with COMs and better integrate osteopathic schools, students, and DOs across their research enterprises.

iii. What policies would encourage the formation and scaling of regional innovation ecosystems that connect local businesses, universities, educational institutions, and the local workforce?

AACOM members have a history of pioneering regional innovation and connecting schools and universities with the local workforce. Prior to the transition to single accreditation for medical residencies, COMs facilitated their own residencies through Osteopathic Postdoctoral Training Institutions (OPTI). OPTIs were a consortium of COMs, hospitals, clinics, and other training sites, which oversaw and accredited osteopathic graduate medical education (GME) programs, representing DO internships and residencies. OPTIs coordinated curriculum standards, faculty development, research expectations, and quality oversight across multiple training locations.

AACOM and our COMs were recently engaged in a similar, but more contemporary version of the OPTI through the Northeast Pennsylvania Clinical Education Consortium (NEPA-CEC). NEPA-CEC was formally established in 2024 as a pilot program, led by Lackawanna College, to align the medical education resources of three osteopathic medical schools with the clinical training capacity of hospitals and clinics in Northeastern Pennsylvania. Conceived as a cost-effective alternative to developing a new medical school in Scranton, the consortium was developed on the principle of leveraging existing academic institutions, hospitals, federally qualified health centers (FQHCs), and community providers to expand access to clinical education and graduate medical education (GME). By doing so, the NEPA-CEC seeks to grow its own physician workforce through leveraging existing resources, strengthening local healthcare delivery, and generating long-term economic and community benefits.

NEPA-CEC has so far produced promising results, with the consortium generating $2.7 million in additional regional economic activity, and each medical student creating roughly

[1] FY26 MilCon-VA Senate Report – Page 40.

$75,000 in direct and indirect economic benefits; rising to $450,000 for new residents. The consortium is helping to make Scranton a regional hub for health and innovation, and this is just one example of what the osteopathic profession is bringing to healthcare modernization and public health.

- OSTP should work within the Federal government to provide financial incentives and/or technical assistance for NEPA-CEC and similar osteopathic innovations. Greater Federal investment in COMs and their students will accelerate regional community-based collaboratives and develop scalable models for national ecosystems.

Moreover, the Federal government should expand its support of COMs given their individual and collective economic impact on the nation. AACOM recently commissioned EY Quantitative Economics and Statistics (EY) to undertake an OME Impact Report. EY found that COMs deliver billions in economic impact in addition to strengthening the nation's physician workforce. This first-ever report illustrates the impact of OME, showcases how osteopathic medical schools are increasing opportunities for health and well-being, driving economic growth and strengthening communities across the nation. Specifically, COMs are major economic contributors for their communities through employment, instruction, research and other supporting functions. Additionally, COMs produce high rates of graduates where they are most needed: in primary care, rural medicine, and underserved areas.

Top-line national economic findings generated by COMs include:

- $6.2 billion in economic output and $3.3 billion in GDP;
- $2.4 billion in labor income and $1.3 billion in direct wages, salaries and benefits; and
- 38,000 jobs, directly creating more than 20,000 jobs.

Top-line health care system findings include:

- Fifty-six percent of COM alumni serve in primary care specialties, with an additional 25 percent in fields that often supplement or support primary care;
- Individual COMs had exceptionally high rates of graduates serving in rural and Medically Underserved Areas (43 percent and 39 percent respectively).

vii. How can the Federal government support novel institutional models for research that complement traditional university structures and enable projects that require vast resources, interdisciplinary coordination, or extended timelines?

The nation's biomedical research enterprise has traditionally been centered in research-intensive colleges and universities that house allopathic medical schools. Investments in this model have yielded many of the country's most important innovations, treatments, and cures. However, as noted above, colleges of osteopathic medicine (COMs) represent a largely untapped resource. Some COMs are embedded within traditional university structures, while others operate as freestanding institutions.

Most COMs employ a distributed training model in which students learn across a broad network of community-based settings, including health clinics, local hospitals, and

physicians' offices. Training in these environments exposes students to the distinct healthcare needs of rural and underserved populations and increases the likelihood that graduates will practice in these communities. These same community-based facilities are also underutilized as sites for biomedical and clinical research.

COMs offer unique expertise, clinical experience, and patient-centered approaches that are well suited to addressing today's health challenges and those on the horizon. Accordingly, we urge OSTP to promote increased opportunities for partnerships with COMs to foster interdisciplinary research, science, and innovation.

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Thank you again for the opportunity to share our views. We agree, as the RFI notes, that "traditional approaches to research could be greatly improved." We hope the comments and recommendations outlined above will assist you in your assessment. If you have any questions or need additional information, please do not hesitate to contact me. AACOM and our member COMs are eager to collaborate with you to ensure that Federal research is funded, prioritized, structured, and operationalized in a manner that all Americans can benefit from the investments made in our nation's scientific enterprise.

Respectfully,

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