June 25, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program – Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates; Hospitals’ Resident Caps for Graduate Medical Education Payment Purposes; Quality Reporting Requirements for Specific Providers and for Ambulatory Surgical Centers; CMS-1588-P

Dear Acting Director Tavenner:

I am writing on behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), which represents the administrations, faculty, and students of the nation’s osteopathic colleges which offer the doctor of osteopathic medicine (DO) degree; beginning in fall 2013 there will be 29 colleges of osteopathic medicine, offering instruction at 37 locations in 28 states. AACOM appreciates the opportunity to submit comments on the proposed fiscal year 2013 Hospital Inpatient Prospective Payment System rule.

Our concerns focus on the proposed changes impacting full time equivalent (FTE) resident caps for graduate medical education (GME) payment, and we would like to support the comments submitted by the American Osteopathic Association (AOA) dated June 1, 2012 as specified below. Like the AOA, we believe that these changes will negatively impact both new and existing residency programs at a time when our country is facing a critical physician shortage, particularly in primary care.

**Extending the Cap-Building Period**

AACOM strongly supports the proposal to extend the cap-building period from three to five years for new teaching hospitals that begin training residents on or after October 1, 2012. This proposal increases the flexibility for hospitals, particularly those beginning multiple residencies at different times during the cap-building period.