

April 21, 2020

Secretary Betsy DeVos
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Dear Secretary DeVos:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), its member institutions, and the nation's osteopathic graduate medical education professionals and trainees, we thank you and the U.S. Department of Education (ED) staff for your diligent work to address the COVID-19 (coronavirus) pandemic and support the education community through this crisis. AACOM leads and advocates for the full continuum of osteopathic medical education to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 36 accredited colleges of osteopathic medicine—educating nearly 31,000 future physicians, 25 percent of all U.S. medical students—at 57 teaching locations in 33 U.S. states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems.

The nation's osteopathic medical schools and students are facing unprecedented challenges and disruptions as a result of COVID-19. The \$12.6 billion in emergency funding for institutions of higher education (IHEs) as authorized by the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* (P.L. 116-136), is vital to help alleviate the financial impact of the pandemic. However, according to the formula allocations prescribed in statute, independent health professions schools receive disproportionately less funding. The formula is largely based upon an institution's relative share of full-time equivalent enrollment of Pell Grant recipients, a program not available to graduate and health professional students. ***As you advance criteria to provide the education emergency funding in the CARES Act, specifically those funds for IHEs, we strongly urge you to recognize the special impact of the pandemic on the colleges of osteopathic medicine (COMs) and the communities and patients they serve, as they work to produce additional physicians to care for all our citizens and communities at this unprecedented time.***

As the pandemic has triggered the need for rapid responses by the medical and health professions education communities to concurrently ensure the continued availability of their training curriculum and safely engage students in providing patient care, AACOM is spearheading the [Students Assist America](#) initiative. Working with a variety of institutions such as hospitals, state Departments of Health and Medical Reserve Corps units, these students will safely supplement the public health network to address the COVID response, and provide care matched to their education level and expertise to our communities across the country. The goal is to protect the public health network by relieving the burden on medical staff who must focus on the specialized treatment for acute respiratory illness associated with COVID-19.

This enables medical students, as well as students from a variety of other health professions, to play an important role in clinically appropriate ways to help the nation's health care system continue to function during this crisis. Students are only being assigned to health care settings where patient safety and their own personal health can be assured with proper supervision and the use of remote technologies. With a focus on students who have completed the majority or all of their clinical education, future physicians, physician assistants, nurses, social workers, public health experts and others have joined together as an interdisciplinary safety net to ensure that the weight of the pandemic does not crush the daily operations of the health care system and put individuals and communities at further risk.

Training students in primarily rural and underserved areas, COMs have a long-standing commitment to their communities, providing education for and producing physicians that go on to serve in and beyond these communities. As such, one out of three most recent osteopathic medical school graduates reported their intent to specialize in primary care. However, we are concerned that, at a time when the importance of a well-trained physician workforce has become urgently critical, the disruption of the pandemic could hinder our COMs' abilities to best prepare the future workforce.

AACOM appreciates the Department's flexibility and the decision to defer to the states to determine how the Governor's Emergency Education Relief Fund is allocated. However, the country is already facing a significant physician shortage made even more evident by the COVID-19 pandemic. While significant focus of the emergency funding in the *CARES Act* has been on K-12 and undergraduate education providers and students, the pandemic has substantially impacted our COMs, creating stringent demands on financial and personnel resources needed to ensure the availability of a future physician workforce that is appropriately educated and trained to provide care both during and beyond this crisis. Lives are upended, and students, faculty, and physicians are fatigued, on top of facing the rising prevalence of burnout. Simultaneously, as recovery begins, stalled practices and outpatient programs must restart, and education and training must resume. Adequate resources and support must be assured for recovery.

Therefore, we ask ED to recognize the important role COMs play in supporting our nation's health care workforce, including surge personnel, by providing equitable funding and regulatory relief as our member institutions work to mitigate the massive disruptions to osteopathic medical school finances, operations, and students' learning environments. These hardships could not only hinder current operations, but also have long-lasting implications on the future medical education landscape.

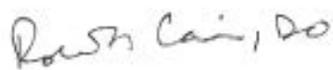
Osteopathic physicians receive 200 additional hours of osteopathic manipulative medicine (OMM) training, a hands-on treatment used to diagnose and treat illness and injury, in addition to a standard medical education curriculum. With the necessary immediate shift to online education combined with the pre-existing challenges of limited in-person clinical rotations and reduced availability of preceptors (as these physicians are called to care for COVID patients and reduce their other, elective care) now and in the future, COMs are diligently working to adapt to ensure adequate training and fulfillment of requirements unique to medical education, and to osteopathic medical education, such as OMM. These adaptations very often require increased financial commitments as COMs work to overcome infrastructural limitations, particularly in rural and underserved areas, to deliver high-quality, online clinical training, including telemedicine, to enhance educational experiences and produce physicians capable of practicing in a variety of clinical settings.

Importantly, as federal financial aid policies are issued, it is critical that the Department continue to provide support and flexibility to account for the nuances of medical education to avoid inadvertently jeopardizing or penalizing medical students who rely on various federal financial aid assistance programs. COMs, like other IHEs, are grappling with unprecedented enrollment uncertainty, making the availability of federal financial aid even more vital to support the future physician pipeline. Lastly, we urge ED to avoid issuing new regulatory requirements that might cause undue financial and administrative reporting burdens for institutions and cause further strain during this global crisis.

Despite these challenges, our nation's COMs are playing a vital role in the COVID-19 response. To mitigate obstacles resulting from COVID-19 in continuing to meet the growing demand for well-trained physicians, COMs are adapting their admissions processes to allow for greater flexibility in accepting online and pass/fail/satisfactory/unsatisfactory coursework and are reviewing applications prior to receiving MCAT scores or without required laboratory coursework, as appropriate. Numerous COMs, particularly in areas of high need, are allowing current fourth-year students to graduate early to help enhance the health care workforce. On March 17, AACOM called upon its member institutions to pause traditional medical student clinical education activities, allowing COM leaders, clinical faculty, and hospital partners the opportunity to find a meaningful way forward at this unprecedented time. As of April 14, the pause was extended through May 4. Our medical schools also report increased communications with their teaching institutions to better understand their working conditions under this pandemic, including shortages of trained medical personnel, proper personal protective equipment (PPE), and supplies critically needed to assure delivery of patient care. In many locations, our COMs have distributed supplies (including PPE) from simulation centers and clinics to help with shortages, and COM clinical faculty are playing a role in local responses. For example, several of our COMs are also creating 3D- printed face shields to help address local shortages of PPE.

AACOM appreciates your consideration of our request for disbursing emergency relief funding established in the *CARES Act*, and we look forward to your response. Since medical education is the cornerstone of our health care system, AACOM believes it is critical to ensure adequate resources and flexibilities to help foster the availability of a future physician workforce that is comprehensively trained to provide high-quality health care and meet the needs of the nation's diverse patient populations. We look forward to continuing our work with you during these challenging times. For additional information, please contact Mary-Lynn Bender, Interim Vice President of Government and Public Relations, at mlbender@aacom.org.

Sincerely,



Robert A. Cain, DO, FACOI, FAODME
President and CEO