

April 21, 2020

Erin Fraher, PhD, MPP  
Chair, Council on Graduate Medical Education  
Bureau of Health Workforce  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Dr. Fraher,

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, thank you for the opportunity to provide feedback as the Council on Graduate Medical Education (COGME) develops recommendations on the physician and health care workforce amid the current COVID-19 pandemic. 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 (COMs)—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.

AACOM appreciates COGME's continued efforts to support and explore the GME system to improve access to and delivery of health care services by ensuring a well-trained physician workforce. *As COGME moves forward with its recommendations both during a time of crisis and beyond, we wish to also reiterate the important role osteopathic medical education plays in the training of future osteopathic physicians (DOs) as the Council continues to seek innovative workforce solutions to meet the needs of the nation's patient populations.*

The COVID-19 pandemic continues to unfold across the nation and the world, and our teaching hospitals work under unprecedented conditions to address the challenges, such as shortages of trained medical personnel, personal protective equipment (PPE), and supplies critically needed to assure delivery of patient care. On March 17, AACOM called upon its member institutions to institute [a 'pause' in medical student clinical education activities](#) intended to allow our COM leaders, clinical faculty, and hospital partners the opportunity to find a meaningful way forward at this unprecedented time. The message was jointly issued by AACOM and the Commission on Osteopathic College Accreditation and developed in close communication with our colleagues at the American Association of Medical Colleges. As of April 14, AACOM recommended, depending upon local conditions and responses that may already be in place, that [the pause continue](#) at a minimum for an additional three weeks.

***Simultaneously, the non-COVID-19-related health care needs of millions of Americans still need to be met. 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 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.

Moreover, our nation's 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. 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 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.

Despite these important, resilient efforts, the nation's osteopathic medical schools and students are facing unprecedented challenges and disruptions as a result of COVID-19. 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. As COGME develops recommendations amid the COVID-19 pandemic, COGME should take into consideration the legislative and regulatory barriers that continue to hinder efficiency, growth, and innovation of GME and other aspects of the medical education continuum. Recommendations must account for adequate resources needed for recovery. ***Therefore, AACOM urges the Council to prioritize requests to Congress for adequate resources and to the U.S. Department of Health and Human Services for additional regulatory flexibilities to sustain the nation's health care system and help foster the availability of a future physician workforce that is comprehensively trained and adequately prepared to provide high-quality health care both during COVID-19 and beyond.***

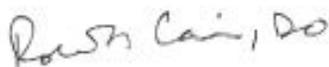
**AACOM's specific recommendations in these areas include:**

- Preserve Medicare GME funding, as any cuts to GME will ultimately increase, not decrease, health care costs. It is also important to exploring additional methods of financing GME outside of the Centers for Medicare & Medicaid Services (CMS), particularly in underserved rural and urban areas.
- Lift the statutory cap on Medicare-funded GME slots as mandated by the *Balanced Budget Act of 1997*. AACOM recommends that COGME support proposals such as the *Resident Physician Shortage Reduction Act of 2019* (S. 348/H.R. 1763), which would increase physician training capacity nationally by 15,000 over five years, prioritize residency positions for hospitals in states with new medical schools or new branch campuses, and emphasize training in community-based settings.

- Address technical fixes in CMS regulatory policy to provide increased training opportunities for future physicians. The *Advancing Medical Resident Training in Community Hospitals Act of 2019* (H.R. 3425), would provide a technical fix to a dated CMS rule, allowing residents from newly established medical schools to continue their training in nearby hospitals and ultimately retaining these future physicians to practice in the communities where they train. Relatedly, the *Rural Physician Workforce Production Act of 2019* (S. 289) would expand rural medical residency training programs by establishing comparable per-resident payment for training in rural hospitals relative to those in urban communities and eliminate rural hospital residency caps to encourage growth of rural training programs.
- Provide flexibility in CMS's GME reimbursement to hospitals to accommodate variations in training due to the COVID-19 response. This flexibility should lengthen the initial residency period for residents to allow them to extend their training, if necessary, to meet program and board certification requirements. CMS should also expand the cap at institutions where residents must extend their training to support an increased number of residents as new trainees begin while existing trainees remain to complete their programs.
- Provide adequate funding for the Health Resources and Services Administration's programs such as the Teaching Health Center Graduate Medical Education Program, which provides funding to support primary care medical and dental residents training in community-based settings; the Primary Care Training and Enhancement Program that provides funding to support awards to primary care professionals through grants to hospitals, medical schools, and other entities; and Community Health Centers, critical to delivering care to the nation's most vulnerable populations.
- Invest in federal public service scholarship and loan repayment programs, such as the Public Service Loan Forgiveness Program, for medical and health professions students and other graduate and professional students, which are integral to addressing graduate debt while expanding access to patient care in high-need areas. AACOM data suggests that roughly [70% of graduates](#) who plan to enter a loan forgiveness program intend to access this program.

Thank you for the opportunity to share our views. We look forward to continuing to partner with COGME as it develops its recommendations amid COVID-19. For additional information, please contact Mary-Lynn Bender, Interim Vice President of Government and Public Relations, at [mlbender@aacom.org](mailto:mlbender@aacom.org).

Sincerely,



Robert A. Cain, DO, FACOI, FAODME

President and CEO