

June 26, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
S-230, U.S. Capitol  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
H-222, U.S. Capitol  
Washington, DC 20515

The Honorable Charles Schumer  
Minority Leader  
U.S. Senate  
S-221, U.S. Capitol  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
H-204, U.S. Capitol  
Washington, DC 20515

Dear Majority Leader McConnell, Speaker Pelosi, and Minority Leaders Schumer and McCarthy:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), its member institutions, and the nation's osteopathic graduate medical education (GME) professionals and trainees, we deeply appreciate your continued efforts to combat the devastating effects of COVID-19 on our country.

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 GME professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems.

We thank you for supporting the medical community, particularly the health care workforce, during this crisis. Through the passage of the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* (P.L. 116-136) and the *Paycheck Protection Program and Health Care Enhancement Act* (P.L. 116-139), Congress has made meaningful strides to strengthen the economy, protect public health, and help stabilize our health care and higher education systems. However, the pandemic continues to ravage our country. As you negotiate the next COVID-19 relief package, we ask you to take additional and more targeted measures to help address the challenges faced by our osteopathic medical schools, students, residents and educators, and the larger health care and higher education communities. We request the following:

- Robust investment in national public health infrastructure, including a significant improvement in widespread access to PPE and COVID-19 testing.
- Expansion of the current and future physician workforce to successfully combat the COVID-19 pandemic and future public health crises.

- Additional federal emergency relief funding to support all osteopathic medical schools, including measures to ensure the U.S. Department of Education can effectively distribute funding.
- Debt and economic relief for frontline workers.
- Adequate federal funding proportionately available for rural hospitals and physician practices of all sizes impacted by the pandemic.
- Funding for federal research agencies to prevent and respond to pandemic-related disruptions to federally funded research and continue to propel this work forward post-COVID-19.

As the workforce cares for patients under these unprecedented circumstances, hospitals and other health care facilities continue to face shortages of trained medical personnel, personal protective equipment (PPE), COVID-19 testing, and other critical supplies needed to ensure care delivery. To help address these challenges, the nation's colleges of osteopathic medicine (COMs) have answered the call to serve and aid their communities. While pivoting to safely adapt clinical education and training curricula to the current learning environment, many COMs, particularly in areas of high patient need, have allowed qualified fourth-year students to graduate early to help enhance the health care workforce. We have invested significant resources into re-imagining curricula to enable third-year students to continue their education without direct patient care experiences that would put them at unnecessary risk. Many COMs have also contributed supplies – including PPE from simulation centers and clinics – to help alleviate shortages, and some osteopathic medical educators are responding locally by partnering with stakeholders to create 3D-printed face shields.

Our students are also stepping in to help. AACOM has spearheaded the [Students Assist America](#) initiative to ensure health professions students can continue their training curriculum and safely engage in volunteer and other activities. Working across the country with a variety of institutions such as hospitals, state health departments, and Medical Reserve Corps units, participating students are safely supplementing public health networks to aid in the COVID-19 response and provide care matched to their education level and expertise. The initiative helps relieve the burden on medical staff who must focus on the specialized treatment for acute illnesses associated with COVID-19. This enables medical students, as well as students from a variety of other health professions, to play an important, clinically appropriate role in helping the nation's health care system continue to function during this crisis. Looking ahead, once a vaccine is available, we anticipate this network of students to be an integral part of any mass vaccination effort.

While the osteopathic medical education and other communities innovate to keep the pipeline of health professionals open, federal support is essential to sustaining our work. More detail for our request for the next COVID-19 relief package follows:

**Robust investment in national public health infrastructure, including a significant improvement in widespread access to PPE and COVID-19 testing.**

It has become starkly evident that significant, immediate and long-term investments in public health are vital to protect our country against the current and future pandemics. Existing health disparities and the lack of investment in our public health infrastructure over the years, especially

through inadequate appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies (LHHS-Ed), have made our national response to COVID-19 more difficult. We cannot aptly respond to any crisis if the health of our communities and our health system's infrastructure are neglected and underfunded.

AACOM submitted testimonies to the [House](#) and [Senate](#) LHHS-Ed Appropriations Subcommittees outlining our fiscal year 2021 funding priorities, many of which request support for key programs that aim to alleviate disparities related to health care access and delivery, and would serve to diversify the health professions workforce. The agencies and services funded through the LHHS-Ed allocation administer many programs integral to combating COVID-19, including the Centers for Disease Control and Prevention, National Institutes of Health, and public health programs such as biomedical research, health care workforce training, disease control, and prevention.

At both state and national levels, African American, Hispanic/LatinX, and American Indian communities are experiencing higher rates of COVID-19 hospitalizations, deaths, or positive cases.<sup>1</sup> For instance, although accounting for just 13.4% of the American population, more than half of all COVID-19 cases and almost 60% of deaths are occurring in counties with higher African American populations.<sup>2</sup> Across the nation, African Americans are dying from COVID-19 at nearly twice the expected rate, in some states greater.<sup>3</sup> In addition, the pandemic has exacerbated existing high mortality and morbidity rates that American Indians and Alaskan Natives face every day, with over 12,000 Native Americans testing positive for COVID-19 as of June 3.

These troubling statistics highlight the dire need for vigorous investment in programs that many vulnerable communities rely on for health care access, such as community health centers (CHCs), which form the backbone of our nation's health care safety net and serve patients at more than 12,000 sites across the country. Approximately one quarter of CHC patients are uninsured, and more than 70% have incomes below the federal poverty level. We thank you for continuing to support this important program by providing more than \$1.3 billion in supplemental funding to CHCs in the *CARES Act*, and \$825 million in the *Paycheck Protection Program and Health Care Enhancement Act*.

AACOM also strongly supports adequate funding to produce and disseminate PPE and other needed medical supplies, as well as conduct widespread national testing. While some of the most extreme needs have abated since early April, hospitals, health clinics, and providers across the country still struggle to safely test and treat COVID-19 patients and prevent further spread of the disease as they contend with continued shortages. We are also witnessing in real time the outbreaks in states that have re-opened businesses and relaxed requirements for social distancing and other practices. Considering the high, worldwide demand for PPE, the disruptions to our global supply chain, and the threat of a second wave straining our already limited resources, it is

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<sup>1</sup> <https://www.sciencedaily.com/releases/2020/05/200504171856.htm>

<sup>2</sup> <https://www.cnn.com/2020/05/05/health/coronavirus-african-americans-study/index.html>

<sup>3</sup> <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>

more critical than ever to ensure that our health care professionals can access the PPE required to help our country emerge from this public health crisis.

**Expansion of the current and future physician workforce to successfully combat the COVID-19 pandemic and future public health crises.**

Prior to the pandemic, our nation already faced a physician shortage; now, more than ever, a robust physician pipeline is critical to ensure an appropriate physician workforce that is able to accommodate a growing and aging population and prevent future crises.

AACOM requests that the next COVID-19 spending package include 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. In current times when the need for a strong physician workforce is especially critical, proposals such as S. 348/H.R. 1763 aim to fill the need.

The COVID-19 pandemic has hit populations with existing substance/opioid use disorders especially hard, particularly in high need areas. As a result, AACOM recommends that the next spending package include the *Opioid Workforce Act of 2019* (S. 2892/H.R. 3414), which would provide Medicare support for an additional 1,000 GME positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain medicine. This legislation would result in expanded access to patient care for those with substance use disorders and would ensure that additional residency positions are available for medical school graduates who are committed to working in addiction medicine and pain management.

Furthermore, we ask Congress to adequately fund the Health Resources and Services Administration (HRSA)'s highly successful, bipartisan Teaching Health Center Graduate Medical Education (THCGME) Program, which provides funding to support primary care medical and dental residents training in community-based settings. AACOM strongly supports the long-term sustainment and expansion of the THCGME Program. Currently, there are more than 728 residents being trained in 56 HRSA-supported THC residencies in 23 states. According to HRSA, physicians who train in THCs are three times more likely to work in such centers and more than twice as likely to work in underserved areas. The continuation of this program is critical to addressing primary care physician workforce shortages and delivering health care services to underserved communities most in need. AACOM is pleased that Congress provided a short-term funding extension through November 30 for the THCGME Program in the *CARES Act*. However, stable funding is necessary for this program to continue to expand and increase the number of physicians who work in communities of need. AACOM strongly supports the continuation of and permanent funding for the THCGME Program and urges Congress to support a sustainable and viable funding mechanism for its continuation.

Along with the THCGME Program, we request sustained funding for other public health programs with funding slated to expire November 30, including the aforementioned CHCs as well as the National Health Service Corps (NHSC). The NHSC has proven to be an effective mechanism for increasing high-need communities' access to health care.

We also urge Congress to address physician and other health care worker burnout amplified by the COVID-19 pandemic by providing voluntary mental health resources for frontline health care workers during the current pandemic and beyond. Health care workers already suffer from high rates of depression, burnout, addiction, and suicide, and the current crisis is making circumstances more dire as physicians face unprecedented challenges and unimaginable emotional and psychological distress. Research conducted on health care workers in China during the COVID-19 pandemic found that working on the frontlines led to substantially worse mental health outcomes. Of the 1,257 health professionals involved in the study, 50.4% had depression symptoms, 44.6% had anxiety symptoms, 34% reported insomnia, and 71.5% reported distress.<sup>4</sup> As COVID-19 recovery begins, stalled practices and outpatient programs must restart, and education and training must resume, making it even more critical for physicians, particularly preceptors and other teaching physicians currently on the frontlines, to have mental health resources available to help them safely cope not only during but after the pandemic.

Accordingly, AACOM strongly supports the bipartisan *Coronavirus Health Care Worker Wellness Act* (H.R. 7255), which would provide mental health resources for frontline health care workers during the COVID-19 pandemic and beyond. Specifically, the measure would establish a grant program within the U.S. Department of Health and Human Services (HHS) to allow health care employers to implement or expand programs dedicated to promoting the mental wellness of health care employees working on the frontlines. Additionally, it would fund a comprehensive HHS study on health care worker mental health and burnout, including the assessment of the long-term impacts of the pandemic to better understand the unique challenges of improving mental health among health care workers in the future.

**Additional federal emergency relief funding to support all osteopathic medical schools, including measures to ensure the U.S. Department of Education’s can effectively distribute funding.**

The *CARES Act* includes \$14.25 billion in emergency funding for institutions of higher education. However, according to the formula allocations prescribed in statute, independent health professions schools receive disproportionately less funding than those affiliated with larger institutions. COMs and other health professions schools—some of which are independent/standalone and not affiliated with larger institutions—are inherently critical to our nation’s health care workforce. It is important to recognize the unique impact of the pandemic on our 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. Moreover, medical education and training are transforming due to circumstances triggered by the pandemic, with every effort being made to improve the quality of learning and lead to better patient care despite the educational challenges. During this turning point, federal support for the nation’s medical schools is crucial. Therefore, we strongly urge you to consider all osteopathic medical schools as you negotiate additional emergency relief funding.

**Debt and economic relief for frontline workers.**

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<sup>4</sup> <https://leanforward.hms.harvard.edu/2020/04/09/a-double-whammy-the-covid-19-pandemic-and-burnout-in-medical-professionals/>

We urge Congress to create a debt relief program for frontline workers combatting COVID-19. AACOM supports recent proposals such as the *Opportunities for Heroes Act* (H.R. 6699), which provides \$25,000 in either student loan debt relief or education benefits to essential workers and their family members. As the average osteopathic medical student debt is approximately \$256,000, this measure would be considerably helpful to provide debt relief for future frontline health care workers making significant contributions to the pandemic response.

AACOM also supports the inclusion of the *Indian Health Service Health Professions Tax Fairness Act* (S. 2871/H.R. 6448). The measure seeks to amend the tax code to provide health care professionals who receive student loan repayments and scholarships from the Indian Health Service (IHS) the same tax-free status enjoyed by those who receive NHSC loan repayments. Under the IHS and NHSC programs, health care professionals provide needed care and services to underserved populations. Making the IHS loan repayments and scholarships tax-free would save the agency over \$9.1 million and would fund an additional 190 awards without increasing the Service's annual appropriation.

Numerous COMs work closely with tribal nations. The Pacific Northwest University of Health Sciences College of Osteopathic Medicine's Roots to Wings Program gives osteopathic medical students—along with American Indian and Mexican-American students between grades six and 12—opportunities to develop co-mentoring relationships, while the Cherokee Nation and the Oklahoma State University Center for Health Sciences (OSU-COM) are establishing the nation's first COM to be located at a tribal health facility, which is scheduled to open this fall in Tahlequah, Oklahoma. The new facility is the culmination of a years-long relationship between OSU-COM and the Cherokee Nation to provide primary care physicians for the rural and medically underserved areas of the state. Given the disproportionate impact COVID-19 is having on American Indian and Alaskan Native communities, we urge Congress to ensure that IHS health professionals are supported as they deliver this crucial care.

**Adequate federal funding proportionately available for rural hospitals and physician practices of all sizes impacted by the pandemic.**

Many rural hospitals have suffered major revenue losses from COVID-19, which could leave tens of thousands of patients without access to local emergency health services. Even prior to the pandemic, nearly half of all rural hospitals were operating at a financial loss. With the safety restrictions ushered in by this unprecedented crisis, rural hospitals have had to cancel high margin services—such as elective surgeries—on which they heavily rely, causing further financial strain. As the pandemic hits rural areas, many rural hospitals are not equipped to handle large numbers of serious cases, illustrating the need for short-term funding support. Per the *CARES Act*, hospitals began receiving the first round of a \$100 billion rescue fund dedicated to health care providers, but rural health providers have been competing with larger hospital systems for funding, receiving only \$10 billion.

The financial stress of COVID-19 has forced practices in all types of specialties and settings to close or make preparations to close. While AACOM supports measures such as the *Paycheck Protection Program Extension Act* (S. 3833), which would extend the Paycheck Protection Program (PPP) and provide small business employers with more flexibility in the use of PPP, larger physician practices are excluded from eligibility. Although small practices with less access

to capital are most at risk, physician practices and faculty practice plans with more than 500 employees are also ineligible for the expanded small business loans in the *CARES Act* and subsequently the *Paycheck Protection Program and Health Care Enhancement Act*. We urge Congress to authorize direct financial support for physician practices of all sizes to ensure that their doors can remain open to patients as they meet the demands of this crisis and ongoing health care needs.

**Funding for federal research agencies to prevent and respond to pandemic-related disruptions to federally funded research and continue to propel this work forward post-COVID-19.**

As a result of the pandemic, the majority of research labs across the country have suspended their investigations or pivoted to COVID-19-related work. Academic laboratories are especially impacted. According to a survey of 1,178 participants conducted by the market research firm BioInformatics, only 10% of academic scientists reported that their labs remained fully operational.<sup>5</sup> Restarting a lab poses myriad challenges that must be addressed before research can resume as it normally would, with all researchers—from principal investigators to early-career scientists—feeling the impact of this disruption.

Considering the grant-dependent nature of much academic research and the pandemic's negative impact on data collection necessary to apply for new grant funding, federal agencies can help ease the strain placed upon our national investigators and research-supporting institutions by providing flexibility and adjusting eligibility requirements to take these factors into account. To help address the costs and uncertainty associated with this pause and eventual continuation in research work, we urge Congress to provide funding for federal research agencies to supplement research grants and contracts; extend emergency relief to sustain research support personnel and cover base operating costs for core research facilities; and support additional graduate student and postdoc fellowships, traineeships, and research assistantships.

As the pandemic continues to devastate our country, we strongly urge you to take the above actions to further address the challenges our osteopathic medical schools, students, residents and physicians, and the larger health care and higher education systems continue to face as you negotiate the next COVID-19 relief package. AACOM sincerely appreciates your consideration of our requests and looks forward to continuing our work with you during these critical times. For additional information, please contact Judith Mun, Director of Government Relations, at [jmun@aacom.org](mailto:jmun@aacom.org).

Sincerely,



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

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<sup>5</sup> <https://www.scienceboard.net/index.aspx?sec=nws&sub=ins&pag=dis&ItemID=623>