

July 9, 2020

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Via electronic submission at [regulations.gov](https://www.regulations.gov)

Comment on (CMS-1735-P): Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals

Dear Administrator Verma:

The American Association of Colleges of Osteopathic Medicine (AACOM) appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) fiscal year 2021 Inpatient Prospective Payment Services Proposed Rule. 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 (GME) professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems.

AACOM writes in support of the proposed rule change that would extend flexibility to residents who are displaced as a result of the closure of the hospital or GME program in which those residents are enrolled. A well-trained physician workforce is essential to ensuring that Medicare beneficiaries and all Americans have access to high-quality health care. As the nation faces a physician workforce shortage, federal policies must support the educational pathway of the future health care workforce in order to meet the nation's patient health care needs. This is particularly critical as it relates to policies that would improve access to health care in rural and medically underserved areas where shortages are dire and expected to worsen without effective solutions. Moreover, with the growing challenges resulting from the COVID-19 pandemic, fostering a continuous educational environment for residents and supporting a stable physician pipeline is critical to ensure a robust physician workforce that is able to accommodate a growing and aging population and to mitigate future crises.

Therefore, AACOM is pleased that the CMS proposal would address the needs of residents attempting to find alternative hospitals and programs in which to complete their training and foster seamless Medicare indirect medical education and direct GME funding, thereby also addressing burdensome administrative procedures and requirements. We appreciate CMS' proposal to establish a definition of a "displaced resident" and its recognition of the importance of providing flexibility for residents to transfer while their hospital operations or residency programs complete the closure process. This flexibility would have been especially helpful during the closure of Hahnemann University Hospital in Philadelphia in 2019, which saw the largest displacement of medical residents in U.S. history. Additionally, this proposal could prove helpful today as many hospitals across the country find themselves in financial distress as a direct result of the COVID-19 pandemic, especially rural hospitals that may have already been struggling prior to the outbreak. These efforts will help to ensure stability and continuity for both trainees and our nation's medical residency programs that produce future physicians.

Importantly, as CMS moves forward to implement proposals and policies both during this time of crisis and as we work towards recovery, we wish to also reiterate the important role osteopathic medical education plays in the training and development of the future physician workforce, particularly the primary care workforce. According to the results of the 2020 National Resident Matching Program, 44% of the total osteopathic seniors who submitted a rank order list matched to the primary care specialties excluding OB/GYN. Consequently, CMS should closely review regulatory barriers that continue to hinder efficiency, growth, innovation, and other aspects of the medical education continuum. We urge CMS to implement regulatory flexibilities that 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.

Thank you for the opportunity to share our views. If you have any questions or require further information, please contact Judith Mun, Director of Government Relations, at (202) 844-4221 or jmun@aacom.org, or Julie Crockett, Associate Director of Government Relations, at (202) 844-4231 or jcrockett@aacom.org.

Sincerely,



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