

June 30, 2015

The Honorable Ted Mitchell
Undersecretary
Office of Postsecondary Education
United States Department of Education
400 Maryland Ave SW
Washington, DC 20202

Dear Undersecretary Mitchell:

The associations listed below are writing to you in response to the recent Dear Colleague Letter (DCL) GEN 15-10 indicating the Department of Education is moving forward with the implementation of state authorization regulation provisions 34 C.F.R. § 600.9(a) and (b) on July 1, 2015.

We are deeply concerned about the adverse impact this rule has already had across the health professions education spectrum. As a result of the state authorization regulation, many states are now choosing to charge exorbitant fees and require compliance with numerous administrative mandates that were unheard of before this rule was introduced.

The new fees arising from state authorization regulation are often applied to out-of-state institutions seeking to place one or more of their students in a clinical rotation in the host state, as states have different definitions of what constitutes a “physical presence.” These new fees for out-of-state clinical placements have had a particularly damaging impact on postsecondary institutions educating students in health professions, as clinical experience is a core requirement, and students are being placed at an out-of-state clinical rotation due to increasing competition for in-state sites.

A recent multi-disciplinary survey of health professions schools regarding clinical training sites¹ found, “Nearly every respondent expressed at least one concern regarding the adequacy of current clinical opportunities, and more than 70 percent of respondents indicated that developing new sites is more difficult now than it was two years ago. ... Despite growth in enrollment in all four disciplines, the strain on the number of clerkship/clinical training sites was widely stated as a limiting factor for enrollment.” Across all disciplines, “legal issues” was one of the most widely reported factors influencing institutions’ ability to develop new sites. A recent survey of its membership by the Associations of Schools of Allied Health Professions also found that 64 percent of respondents said that their institutions are reducing out-of-state clinical placements in some states due to fees or burdensome administrative requirements by out-of-state entities.

Many postsecondary institutions, particularly health professions schools, face barriers in meeting health care workforce shortages due to the unintended consequences of state authorization on clinical education. These include a lack of consistency among state authorization requirements and implementation, differing definitions of what constitutes “presence,” the administrative and

¹ Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey. <https://members.aamc.org/eweb/upload/13-225%20WC%20Report%202%20update.pdf>

paperwork burden, as well as the financial burden placed on institutions. As a result, health professions schools struggle to find sufficient, high quality, relevant clinical placements to meet the needs of their students — exactly at the time when the need for health workers is expanding due to both the retirement of the baby boom generation and greater access to health care through the Affordable Care Act.

We share a common desire to ensure a highly educated health care workforce equipped with the knowledge and clinical skills necessary to provide high quality care within an evolving health care system. As a result, we respectfully request that the Department refrain from any adverse Title IV eligibility decisions related to state authorization of clinical rotations under 34 C.F.R. § 600.9(a) and (b).

If the Department chooses to move forward with distance education rulemaking, we strongly urge that clinical education rotations be explicitly exempted from 34 C.F.R. § 600.9(c) to help stem the deleterious impact on both educational institutions and the health professions that state authorization rulemaking has had to date.

Sincerely,

American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association of Colleges of Podiatric Medicine
Association of American Medical Colleges
Association of Schools of Allied Health Professions
Association of Schools and Colleges of Optometry
Physician Assistant Education Association