

August 22, 2016

The Honorable John King
Secretary of Education
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Via electronic submission at regulations.gov

Re: Comment on Notice of Proposed Rulemaking, Program Integrity and Improvement, State Authorization of Postsecondary Distance Education Regulations, Docket ID ED-2016-OPE-0050

Dear Secretary King:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), I am writing to offer comments on the U.S. Department of Education's recent Notice of Proposed Rulemaking (NPRM) on state authorization of postsecondary distance education.

AACOM represents the 33 accredited colleges of osteopathic medicine in the United States. These colleges deliver instruction at 48 teaching locations in 31 states. Six of the colleges are public and 27 are private institutions. During the 2015-2016 academic year, colleges of osteopathic medicine (COMs) trained almost 26,100 future physicians—more than 20 percent of all U.S. medical students.

AACOM supports the Department in its goal to protect student borrowers and promote principles of accountability in the Title IV student financial aid programs. We also recognize that appropriate oversight is a fundamental function of the Department to ensure that federal funding is properly allocated. However, AACOM urges the Department to recognize the unique characteristics of medical education and thoroughly evaluate the unintended consequences that the proposed rulemaking may have on the critical instruction that medical students receive during core, out-of-state clinical rotations. Additionally, we wish to draw attention to the adverse effects that implementation of the state authorization provisions 34 C.F.R. § 600.9(a) and (b) has already had on medical education. Furthermore, we have enclosed a joint letter, signed by AACOM and seven other national health professions education associations, sent to Undersecretary Mitchell in June 2015. This letter emphasizes the negative impacts of 34 C.F.R. § 600.9(a) and (b) on health professions training. The letter also strongly urges the Department to explicitly exempt clinical education rotations from any future rulemaking on distance education under 34 C.F.R. § 600.9(c) to avoid compounding the harmful impacts of existing state authorization regulations on educational and health professions institutions.

Osteopathic medical students attend four years of medical school and then complete additional graduate medical education training, which lasts between three and seven years. Students spend the first two years of their medical education at the institution and receive instruction in the medical sciences, obtain a core set of clinical examination skills, and train in ethics and professional responsibility. These two years of lectures, laboratory training, and other learning experiences at the institution prepare students for core clinical rotations during years three and four.

Osteopathic medical education has a long history of establishing medical education programs to address the health care needs of rural and underserved populations. COMs, many of which are located in rural areas, often lack in-state training opportunities and therefore, send their students out-of-state to complete their core clinical rotations. Additionally, some COMs participate in multi-state consortium training models and send their students out-of-state to enhance educational experiences and produce physicians capable of practicing in a variety of clinical settings. Thus, students who are sent out-of-state to complete their clinical rotations regularly receive remote instruction from their medical school. According to [AACOM's Annual Osteopathic Medical School Questionnaire for the 2015-2016 academic year](#), 32 of the 35 institutions provided remote instruction during clinical clerkships. This instruction is a mandatory component of the student's curriculum and supplements the student's experiential learning during their third and fourth year of medical school. As a result, the Department must be mindful of the unique nature of such remote medical instruction. Otherwise, medical schools that send their third-and fourth-year students out-of-state may be negatively impacted by this rule.

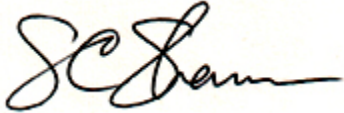
COMs must navigate an already complex regulatory system. When states implemented 34 C.F.R. § 600.9(a) and (b), their interpretations of the rule and subsequent compliance measures varied significantly. After developing their criteria for physical presence, many states began charging exorbitant fees and implementing onerous administrative mandates. The NPRM does not prohibit states from imposing additional fees or further complicating administrative requirements with respect to distance education. As a result, our member institutions could again face an extremely heavy lift and unnecessary administrative and financial burdens.

AACOM supports the Department's decision to recognize state reciprocity agreements. We believe these agreements help to decrease onerous compliance requirements and work to create consistency among states while promoting the integrity of Title IV funding. As noted in the NPRM, the National Council for State Authorization Reciprocity Agreements (NC-SARA) administers agreements for 40 states and the District of Columbia as of June 2016. However, due to complex authorization processes and high fees in non-member states, AACOM member institutions may be forced to stop sending students to non-SARA states for clinical rotations, potentially exacerbating the nation's physician workforce shortage. Therefore, AACOM asks the Department to revise the rulemaking to encourage states to embrace reciprocity agreements and streamline complex authorization requirements. In addition, any final rule should be mindful of the process, time, and resources required for states and institutions to comply.

Thank you for providing the opportunity to share our views. As the nation faces a physician workforce shortage, it is critical to educate and sustain a future health care workforce to meet the nation's health care needs. Federal policies must support the educational pathway of the future health care workforce, especially given the expansion of insurance coverage across the nation and a growing and aging population that increasingly seeks treatment for chronic conditions. While we understand the importance of accountability and appropriate oversight of Title IV programs, we strongly urge the Department to reject a one-size-fits-all approach in this rulemaking.

AACOM looks forward to working closely with the Department to ensure that medical schools and students are well served by the Title IV federal financial aid programs. If you have any questions or require further information, please contact Pamela Murphy, Senior Vice President of Government Relations, at 202-844-4217 or pmurphy@aacom.org.

Respectfully,

A handwritten signature in black ink, appearing to read "SC Shannon". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Stephen C. Shannon, DO, MPH
President and CEO

Enclosures

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