

May 4, 2020

Secretary Betsy DeVos
U.S. Department of Education
400 Maryland Avenue
Washington, DC 20202

Via electronic submission at regulations.gov

RE: Comment on Notice of Proposed Rulemaking: Distance Education and Innovation; Docket ID ED-2018-OPE-0076

Dear Secretary DeVos:

The American Association of Colleges of Osteopathic Medicine (AACOM) appreciates the opportunity to provide comments on the U.S. Department of Education's (ED) notice of proposed rulemaking (NPRM) according to regulations under the *Higher Education Act of 1965* on distance learning and innovation. 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 commends ED for its efforts conducting the 2018 – 2019 negotiated rulemaking sessions and its willingness to engage the public and relevant stakeholders to reassess existing statutes and regulations surrounding state authorization and distance education. We fully support ED in its goal to promote greater access for students to high-quality and innovative programs of postsecondary education. It is critical to protect students and promote principles of accountability across Title IV federal financial aid programs to ensure that students are well-informed. Importantly, federal policies must support the educational pathway of the future health care workforce.

Osteopathic medical schools must navigate an already complex regulatory system. Although the distance education regulations do not directly apply to osteopathic medical education course work — specifically, regulations related to credit hour, competency-based education, direct assessment programs, and regular and substantive interaction between faculty and students in the delivery of distance education programs — the regulations create unintended consequences with great impact to osteopathic clinical education programs. AACOM [identified these adverse effects](#) in our *2016 Comment on the NPRM, Program Integrity and Improvement, State Authorization of Postsecondary Distance Education Regulations, Docket ID ED-2016-OPE-0050*. ***AACOM again urges the Department to recognize the unique characteristics of medical education and to 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 seek confirmation from ED that the new definition of “additional location” in § 600.2 is consistent with [Dear Colleague Letter \(DCL\) GEN-12-13](#) as it pertains to clinical education rotations.

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 typically spend the first two years of their medical education at the institution to 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 schools, many of which are located in rural areas, often lack in-state training opportunities, and therefore must send their students out-of-state to complete their core clinical rotations. This instruction is a mandatory component of the student's curriculum and of the educational pathway to becoming a licensed physician. Students who are sent out-of-state to complete their clinical rotations regularly receive remote instruction from their medical school. Of note is that some schools participate in multi-state consortium training models to enhance educational experiences and produce physicians capable of practicing in a variety of clinical settings.

For example, according to AACOM data for the 2018 – 2019 school year, a total of 28 COMs/locations offer online instruction using the internet to connect to specific lectures anywhere in the world and interact with lecturers for basic or clinical science courses. Moreover, 32 COMs/locations allowed students to participate in other international clerkship rotations or to arrange individual international clerkship opportunities, with 310 students electing to pursue international clerkship rotations. ED 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 as these students participate in distance learning that is a critical component of their training to become licensed, practicing physicians.

Therefore, AACOM seeks confirmation from the Department that students enrolled in out-of-state core clinical education rotations are considered to be enrolled at the main campus of their medical institution and are not be considered enrolled in distance education or correspondence courses. Previously, ED referenced DCL GEN-12-13 when stating that for state authorization purposes, “in the case of an additional location of an institution where a student cannot complete more than 50 percent of a program, the student is considered to be enrolled at the main campus of the institution, and thus, no additional State authorization would be required.” This is according to the *Program Integrity and Improvement, State Authorization of Postsecondary Distance Education Regulations*, 81 Fed. Reg. 243, 92235 (December 19, 2016). ***AACOM requests that the Department confirm that the new definition for “additional location” in § 600.2 is consistent with the Department’s interpretation of DCL GEN-12-13 and that the Department does not consider out-of-state core clinical education rotations to be an “additional location” with state authorization requirements for COMs.***

As the NPRM is finalized, AACOM urges ED to include language that helps to ensure that COMs do not face undue administrative burdens or unnecessary fees that would further complicate administrative requirements with respect to distance education. We request that the Department is mindful of provisions that might interfere with the educational missions of postsecondary institutions that train the nation's future physician workforce.

Finally, it is important to note AACOM's agreement with ED that the COVID-19 global pandemic has highlighted the vital need for federal policies to support an adaptive educational system so that institutions across the spectrum – K-12 through postsecondary institutions – have the resources and flexibilities to continue to educate their students. The nation's osteopathic medical schools and

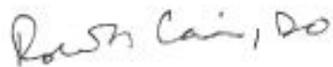
students are facing unprecedented challenges and disruptions as a result of COVID-19. In addition to a standard medical education curriculum, osteopathic medical students complete 200 additional hours of osteopathic manipulative medicine (OMM) training, a hands-on treatment used to diagnose and treat illness and injury, by the end of their education. With the necessary immediate shift to online education combined with the pre-existing challenges of limited in-person clinical rotations and reduced availability of preceptors (as these physicians are called to care for COVID patients and reduce their other, elective care) now and in the future, COMs are diligently working to adapt to ensure adequate training and fulfillment of requirements unique to medical education, and to osteopathic medical education, such as OMM. These adaptations very often require increased financial commitments as COMs work to overcome infrastructural limitations, particularly in rural and underserved areas, to deliver high-quality, online clinical training, including telemedicine, to enhance educational experiences and produce physicians capable of practicing in a variety of clinical settings.

As federal financial aid policies are issued, it is critical that the Department continue to provide support and flexibility to account for the nuances of medical education to avoid inadvertently jeopardizing or penalizing medical students who rely on various federal financial aid assistance programs. COMs, like other institutions of higher education, are grappling with unprecedented enrollment uncertainty, making the availability of federal financial aid even more vital to support the future physician pipeline. Lastly, we urge ED to avoid issuing new regulatory requirements that might cause undue financial and administrative reporting burdens for institutions and cause further strain during this global crisis.

AACOM thanks the Department for the opportunity to provide comments on this regulatory action. As an association representing the nation's osteopathic medical schools, AACOM is invested in the success of all our students and their ability to improve the health of the American public. 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.

To the extent you have any questions or require further information, please contact Mary-Lynn Bender, Interim Vice President of Government and Public Relations, at mlbender@aacom.org.

Sincerely,



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