



November 15, 2005

The Honorable John Boehner
Chairman
Committee on Education and the Workforce
1011 Longworth House Office Building
United States House of Representatives
Washington, DC 20515

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Jordan J. Cohen, M.D.
President

Dear Mr. Chairman:

On behalf of the Association of American Medical Colleges (AAMC), I write to offer comments on the accreditation provisions (20 U.S.C. 1099b) of the Higher Education Act (HEA) reauthorization legislation before the 109th Congress. The AAMC and the American Medical Association (AMA) jointly sponsor the Liaison Committee on Medical Education (LCME), which is recognized by the U.S. Department of Education as the accrediting authority for educational programs leading to the M.D. degree in U.S. medical schools. The AAMC represents the nation's 125 accredited allopathic medical schools, some 400 major teaching hospitals and health systems, 94 academic and professional societies representing 109,000 faculty, and the nation's medical students and residents.

We appreciate the bipartisan efforts in both Chambers that created the "College Access and Opportunity Act" (H.R. 609) and the "Higher Education Amendments Act" (S. 1614). However, we are concerned with several of the changes made to the accreditation criteria, procedures, and disclosure policies.

LCME Current Procedure

In accordance with current law, the LCME publishes only the accreditation status of each school in several formats, including a current listing of status on the public portion of the LCME web site, <<http://www.lcme.org/>>. The LCME also responds to inquiries from licensing authorities and others about the accreditation history of an individual medical school. Following action by the LCME, a "Letter of Accreditation" transmitting the accreditation decision and a copy of the survey report are sent by the principal LCME Secretary to the president of the university (or the equivalent chief executive of the academic institution), with a copy to the dean of the medical school. The "Letter of Accreditation" includes a summary of findings for each area of partial or substantial noncompliance with accreditation standards, as well as specification of any follow-up required by the LCME. The survey report and the letter transmitting the accreditation decision are held confidential by the LCME; however, the medical school, at its discretion, may disclose the final report or any portion thereof to the public. Additionally, the LCME annually reports a list of all agency actions to the Secretary of Education.



Accreditation Changes in HEA Reauthorization

Change: Current law (20 U.S.C. 1099b(a)(8)) requires that a “summary of any review” resulting in a final adverse accrediting decision, including “denial, termination, or suspension of accreditation,” shall be made available to the public, the Secretary of Education, and the State licensing or authorizing agency. The Senate legislation proposes that “a summary of agency or association actions,” including the award of accreditation, reaccreditation, and placement on probation be disclosed to the public.

AAMC Recommendation: The intent of the proposed legislation is unclear and appears to allow for at least two possibilities:

(1) If the proposed “summary of agency actions” requires more detail regarding the findings and conclusion of each institutional review than the final accreditation action, the AAMC believes public disclosure of such a summary is ill-advised. The LCME currently provides all findings in its “Letter of Accreditation” to the institution. Release of this information or of a summarized version without explanation and context could easily be misconstrued by the public and result in reputational or economic damage to the medical school. The AAMC believes the disclosure of any findings should be at the discretion of the institution, as is the current procedure. In light of current procedure and assuming a summary is required for each institutional review, the AAMC recommends that the proposed amendments to 20 U.S.C. 1099b(a)(8) omit the phrase “make available to the public.”

(2) If the LCME’s current annual report to the Secretary and the information posted on the LCME web site is congruent with the proposed amendments that call for a “summary of agency or association actions,” the AAMC can support public disclosure. The annual report includes a list of agency actions by institution, which equates to the web-published accreditation status of each institution. The AAMC believes that this interpretation of a “summary of agency actions” is more prudent. However, in this context it is difficult to understand the need for public disclosure of “comments of the affected institution” from the House bill and “together with the official comments of the affected institution” from the Senate bill in their amendments to 20 U.S.C. 1099b(a)(8). Thus, we would propose the deletion of these two phrases. While the LCME will continue to accept comments of the affected institution, public disclosure should again be at the discretion of the institution.

Change: S. 1614 also adds “any findings made in connection with the action taken” to the requirements included in a summary of agency actions under amendments to 20 U.S.C. 1099b(a)(8).

AAMC Recommendation: The LCME “Letter of Accreditation” contains detailed information about findings in areas of partial or substantial compliance with accreditation standards, as well as identification of “areas of transition” whose outcome could result in noncompliance in the future. This information would be difficult for the public to interpret without appropriate context. The Letter of Accreditation does not distinguish areas of noncompliance that could easily be remedied by the school from those that might require substantial time and resources to remediate. The AAMC believes that the medical school is best positioned to provide the appropriate context for disclosure of findings to public constituencies. In this sense, the AAMC believes the disclosure of this report and any findings should be at the discretion of the institution. Thus, the AAMC recommends that “any findings made in connection with the action taken” be stricken from the Senate’s reauthorization language.



Change: S. 1614 proposes that accrediting associations or agencies enforce only standards that “respect the stated mission of the institution of higher education, including religious missions,” amending 20 U.S.C. 1099b(a)(4)(A). Similarly, H.R. 609 adds “that consider the stated missions of institutions of higher education, including such missions as inculcation of religious values.”

AAMC Recommendation: The intent of S.1614 is unclear and the requirement that accrediting associations “respect the stated mission” could be misconstrued to suggest that the LCME compromise its standards in deference to a school’s mission. As the accrediting authority for educational programs leading to the M.D. degree, the LCME plays a unique role in ensuring that health care providers meet professional standards and public expectations. The LCME does consider the school’s mission in its current process in matters such as focus on preparation of graduates for primary care, emphasis on research and goals for diversity. LCME’s concession to an institution’s mission, should it stray from the interests of public health, would contradict LCME’s civic responsibilities. This new requirement seems to suggest that some accreditation standards could be over-ridden by other concerns related to institutional mission. For example, would consideration of the “stated mission” of a for-profit medical school require the LCME to relax or waive its standards relating to minimization of student debt, maintenance of an environment of scholarly productivity, or participation of the faculty in governance? The LCME must ensure that graduates of accredited medical schools are prepared, by both the educational experience and the example of their teachers, to provide competent, compassionate care for all. Consequently, the AAMC would recommend deletion of mission-related language from reauthorization legislation.

Should you have any questions regarding the AAMC’s concerns, please do not hesitate to contact Matthew Shick at <mshick@aamc.org>, or 202-828-0525. Thank you again for the opportunity to share the AAMC’s recommendations on behalf of the LCME and the medical schools we represent.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordan J. Cohen". The signature is fluid and cursive, with the first name "Jordan" being the most prominent part.

Jordan J. Cohen, M.D.