



May 9, 2007

Dennis Deziel
Mail Stop 8100
Department of Homeland Security
Washington DC 20528-8100

**Association of
American Medical Colleges**
2450 N Street, N.W., Washington, D.C. 20037-1127
T 202 828 0460 F 202 862 6161
www.aamc.org

Darrell G. Kirch, M.D.
President

Re: Docket ID No.2006-0073, Chemical Facility Anti-Terrorism Standards, specific to
Appendix A to part 27

Dear Mr. Deziel:

I am writing on behalf of the Association of American Medical Colleges (AAMC) in response to the publication of the interim final rule on Chemical Facility Anti-Terrorism Standards in the *Federal Register* (72 FR 17688-17745, April 9, 2007). Our comments are specific to the inclusion of the proposed screening thresholds for the Chemicals of Interest in Appendix A and their implications for academic organizations. Appendix A lists many chemicals commonly used at academic institutions, and often does not specify threshold amounts, or only specified amounts in aggregate, meaning that the relatively small quantities of subject chemicals dispersed in laboratories across a university campus would bring that institution under the purview of the rule. The information in the Appendix and its implication were absent from earlier notices about the proposed rule; had it been included, we are certain that many more university organizations would have commented earlier.

The AAMC represents all 125 U.S. allopathic medical schools, some 400 teaching hospitals, and 94 academic and scientific societies that represent 109,000 faculty members. Our organizations are major venues for the conduct and performance of biomedical research in the United States, receiving, for example, about 56% of the extramural research sponsored by the National Institutes of Health.

The AAMC is deeply concerned with the potential extension of the rule through Appendix A to include disposition of incremental amounts of chemicals as noted above, and thus to embrace academic institutions. The Association endorses the analyses and recommendations of the Council on Governmental Relations (COGR) and the Campus Safety Health and Environmental Management Association (CSHEMA), which speak for the broader university community in their comments on this notice.

Dennis Deziel
May 9, 2007
Page 2

The rule as developed appears far more appropriate for—and its effectiveness would be limited to—a typical industrial facility, and not for the circumstances of a research university, academic medical center, or other academic organization. Moreover, the impact of compliance with the rule would be far more deleterious for these latter organizations. As noted by COGR, the administrative burden for inventory control alone would require hundreds of hours, far more than the 30-40 hours estimated by the DHS.

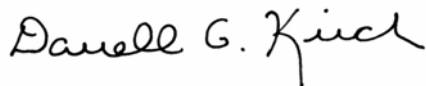
Accordingly, the AAMC strongly recommends that the rule specifically exempt academic research laboratories, and those of similar, non-profit research organizations.

Our members are also responsible for the oversight and operation of the most renowned hospitals and clinics in the country and the world, in which there are extensive programs of medical education and research. The institutions themselves are highly regulated by both federal and state governments, as well as accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which contain specific requirements for diagnostic laboratories that extensively address safety issues regarding the storage, use and disposal of chemical reagents. In particular, the entire corpus of federal CLIA regulations was enacted specifically to address the operations of diagnostic laboratories, and these regulations, too, address safety issues relating to chemical and biological reagents.

Given this extensive body of federal and state law and regulation addressed to hospitals and clinics, as well as the accreditation programs of the JCAHO addressed to clinics and hospitals, and of the College of American Pathologists addressed to diagnostic laboratories, we argue that the rule would be redundant and disruptive to patient care and strongly urge that clinical diagnostic laboratories be exempted from it.

Finally, the Association urges that the public comment period be extended beyond the mere 30 days provided, given that many universities and other organizations have major interest in the provisions of Appendix A and have only recently become aware of the implications.

Sincerely,



Darrell G. Kirch, M.D.