



**Association of  
American Medical Colleges**  
2450 N Street, N.W., Washington, D.C. 20037-1127  
**T** 202 828 0400 **F** 202 828 1125  
www.aamc.org

October 12, 2007

**Sent via fax: 202-395-6974**

OMB Human Resources and Housing Branch  
Attention: Carolyn Lovett  
OMB Desk Officer  
New Executive Office Building  
Room 10235  
Washington, DC 20503

**RE: Disclosure of Financial Relationships report (DFRR); Form Number: CMS-10236 (OMB #: 0938), 72 *Federal Register* 52568.**

Dear Ms. Lovett:

The Association of American Medical Colleges is a nonprofit association representing all 126 accredited U.S. and 17 accredited Canadian medical schools; approximately 300 non-federal major teaching hospitals and health systems; and 94 academic and scientific societies. Through these institutions and organizations, the AAMC represents 109,000 faculty members, 67,000 medical students, and 104,000 resident physicians. The Association appreciates the opportunity to comment on Disclosure of Financial Relationships report (DFRR); Form Number: CMS-10236 (OMB #: 0938), *72 Federal Register* 52568.

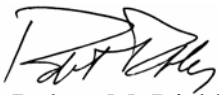
As CMS states on its website, "Section 5006 of the Deficit Reduction Act (DRA) . . . directs the Secretary of the Department of Health and Human Services (HHS) to develop a 'strategic and implementing plan' to address certain issues relating to physician investment in specialty hospitals." However, as proposed by CMS, the DFRR goes well beyond what was authorized by the legislation in terms of the number of hospitals that will have to complete the DFRR and the amount of information that they will have to submit. Rather than limiting distribution of the DFRR to those hospitals in which physicians have an investment interest, CMS proposes sending the DFRR to 500 hospitals, 290 of which were selected because they did not respond to the previous voluntary request for information, and 210 of which were selected through another method. CMS gives no indication that the selection of any of the hospitals was related to the DRA criteria established by Congress. Approval of the DFRR would, in effect, allow

CMS to broaden the scope of reporting requirements beyond what is allowed by statute or regulation. **Therefore, the AAMC urges OMB to deny approval of the CMS information collection request as submitted.**

If CMS is permitted to move ahead with the forms as proposed, the agency will be imposing a huge burden on many hospitals, especially teaching hospitals that tend to be extremely large and complex organizations that may have relationships with thousands of physicians. While the estimate of 6 hours for completion of the form is a 50% increase over the previous 4 hour estimate, it remains extremely low for institutions that will be providing an enormous amount of information for large medical staffs. Additionally, allowing hospitals only 60 days from the date on the cover letter or e-mail transmission to respond is an unreasonably short period of time, particularly when the consequence of a late response is \$10,000 for each day beyond the deadline. This enormous burden violates the first purpose of the Paperwork Reduction Act, “to minimize the paperwork burden for . . . educational and nonprofit institutions . . . and other persons. . .,” further underscoring the conclusion that the CMS request should not be approved.

If you have any questions, please contact me or Ivy Baer of my staff. We both may be reached at 202-828-0490 or by email, [rdickler@aamc.org](mailto:rdickler@aamc.org) or [ibaer@aamc.org](mailto:ibaer@aamc.org).

Sincerely,



Robert M. Dickler  
Senior Vice President  
Division of Health Care Affairs

cc: Kerry Weems, CMS Acting Administrator