

April 30, 2015

The Honorable John Kline
United States House of Representatives
Washington, DC, 20515

The Honorable Bobby Scott
United States House of Representatives
Washington, DC, 20515

The Honorable Lamar Alexander
United States Senate
Washington DC, 20510

The Honorable Patty Murray
United States Senate
Washington, DC, 20510

Dear Chairman Kline, Ranking Member Scott, Chairman Alexander, and Ranking Member Murray:

The associations listed below have serious concerns with the U.S. Department of Education's state authorization regulation and its adverse impact across the health professions education spectrum. The state authorization regulation originated in October, 2010, and is included in the U.S. Department of Education's Program Integrity rule, 34 C.F.R. § 600.9. While the deadline contained in 600.9 (a) and (b) has been extended to July 1, 2015, rule 600.9 (c) regarding distance education was vacated in 2011 by a federal District Court and is currently being rewritten, with a draft rule likely to be proposed later this year.

As a result of the state authorization regulation, many states are now choosing to charge exorbitant fees and require compliance with numerous administrative mandates before allowing an out-of-state postsecondary institution to operate in their state. These fees are also often being applied to out-of-state institutions seeking to place one or more of their students in an out-of-state 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 many professions provide student access to an out-of-state clinical rotation due to a lack of 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.

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>

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 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 seek the committee’s support to help ensure a sufficient health care workforce equipped with the knowledge and skills to provide high quality care within an evolving health care system. We respectfully request that as you move forward with HEA reauthorization, clinical education rotations be explicitly exempted from the scope of any definition of “state authorization” in order to reverse the deleterious impact on both educational institutions and the health professions students preparing to enter the nation’s health workforce.

We would welcome the opportunity to meet with you to discuss in greater detail potential solutions to this ongoing issue and look forward to working with you as the Committee works toward the reauthorization of the Higher Education Act.

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