

May 23, 2025

U.S. Office of Personnel Management  
1900 E Street, NW  
Washington, DC 20415-1000

*Submitted via [www.regulations.gov](http://www.regulations.gov)*

**Re: Improving Performance, Accountability and Responsiveness in the Civil Service [OPM-2025-0004]**

The Association of American Medical Colleges (AAMC) appreciates the opportunity to respond to the Office of Personnel Management (OPM) proposed rule “*Improving Performance, Accountability and Responsiveness in the Civil Service*,” which seeks to impose a dramatic and alarming shift in the well-established classification structure for federal employees. The reclassification of nonpartisan career civil service positions into a new “Schedule Policy/Career” designation poses significant risks to the impartiality, institutional integrity, and operational stability of the federal workforce. In the healthcare and research space, an elaborate and complex framework of regulations impact every aspect of the missions of academic medicine. These rules not only govern activities and funding of health care delivery and research, they also exist to protect the rights and safety of Americans who are engaged in these systems.

On April 2, 2025, [we stated](#) that “the work that the Department of Health and Human Services carries out each day touches the lives of every American,” and our concern that the mass layoffs of staff across the Department is “likely to slow scientific advancement and negatively impact the health and well-being of the American people.” We are deeply concerned that implementing this proposed rule would have precisely this impact. Given its weakening and destabilizing impact, the AAMC strongly urges OPM to rescind this proposed rule.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, biomedical research, and community collaborations. Its members are 160 U.S. medical schools accredited by the Liaison Committee on Medical Education; 12 accredited Canadian medical schools; nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe.

**Creation of new “Schedule Policy/Career” positions**

Executive Order 14171 (Jan. 20, 2025) directs OPM to propose regulations creating a new Schedule Policy/Career appointment authority which would authorize agencies to reclassify any position deemed “confidential, policy-determining, policy-making, or policy-advocating character —referred to as “policy influencing positions” into an “at will” appointment. The current proposed rule eliminates standard civil service protections, including “adverse action” appeals rights, subjects those newly reclassified

employees to “elevated accountability” for performance and conduct,<sup>1</sup> raising concerns about politicization, loss of institutional continuity in key federal roles, and erosion of merit system principals. As a result of this new classification system, OPM estimates that approximately 50,000 federal employees would be reclassified to lose established civil service protections, and other estimations suggest it could be four times that number. We are concerned that these burdens will not be felt evenly across the federal government, but will fall disproportionately on the federal employees in HHS who have the specialized expertise required to implement and advise the regulated community on the extraordinarily complex areas of health care delivery and research.

### **AAMC’s Concerns with the Proposed Rule**

The AAMC is very concerned about the impact of this rule and what it would mean for patients, research subjects, and for all of academic medicine for the following reasons.

#### **Transitioning many federal employees to the new Schedule jeopardizes expertise in highly complex regulated areas that require years of substantive knowledge development and regulatory expertise.**

The federal agencies that oversee this complicated space span all of HHS, especially CMS, NIH, FDA, and CDC. The breadth and detail of the topics these agencies cover require expertise that cannot be developed over a short period of time, including in a single administration. Examples of these topics include: the protection of human subjects, research with laboratory animals, undue foreign influence and research security, biosafety, inpatient and outpatient hospital payment systems, physician fee schedule payment and policy, patient safety regulations, quality performance programs, graduate medical education, patient privacy and security, value-based care programs, medical device and prescription drug coverage and regulation, and many more. A change of this magnitude will undoubtedly lead to the loss of existing federal experts and increased turnover throughout the agencies, leading to a disruption in required continuity and loss of unrecoverable institutional knowledge

**Health care and science rely on the impartiality of career federal positions, a reliance that would be endangered by political appointees serving in those roles.** The work of the “policy-based” experts in federal agencies that oversee the funding and conduct of biomedical research and health care delivery has historically been impartial and evidence-based. These civil servants inform and enforce regulations that are ideally developed using the experience, feedback, and input from experts within the regulated communities. The reclassification that would likely impact many or all of these experts would introduce the potential for political influence over decisions that should be grounded in evidence and subject matter expertise, not political expediency. Career experts could be replaced with political appointees who do not possess the necessary knowledge and experience to carry out the necessary duties of the federal government. Undoing many decades of assurance that career federal staff are carrying out the duties of the agency without regard to the leaders or party of the administration severs trust in the government’s actions. Concerns that this might be happening – whether or not it actually does – could result in the removal and replacement of tens or hundreds of thousands of federal employees each time a new administration is of a different political party than the previous administration, an untenable and unstable whiplash for the nation.

**Removing civil service protections jeopardizes administrative efficiency and effective regulatory oversight.** Career federal employees ensure the efficient and proper functioning of the government and have a long history of effective collaboration with political appointees. The proposed reclassification of “policy-related” positions, which is broadly and ambiguously defined, could inadvertently disincentivize employment opportunities for the non-political employees who advise, oversee, and enforce the complex areas of health care delivery and biomedical research. Delays in hiring necessary federal employees will

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<sup>1</sup> 89 Fed. Reg. 17188.

result in critical gaps in the federal workforce, with concomitant uncertainty for agencies, employees, and the regulated community. In science and policy roles where continuity of knowledge is essential, this destabilizing force puts the nation's global standing at risk.

**The reclassification proposal threatens the nation's ability to prepare for and quickly and effectively respond to public health and other emergencies.** [As described by the nonpartisan Center for Presidential Transition](#), nations are uniquely vulnerable to foreign or domestic security threats in the first year of a presidential transition. In part, this is because offices, departments, and agencies are led and staffed by individuals who may not have served in those roles and who are not as familiar with the processes, resources, protocols, infrastructure, and detailed agency activities of career staff. The presence of an experienced, knowledgeable, and stable workforce is equally important to respond to public health emergencies (see [AAMC letter to OSTP on research infrastructure and emergency clinical trials](#)). As the nation's front lines in any public health emergency, the AAMC's medical school and academic health systems are uniquely invested in ensuring that the federal workforce is ready to react with all available resources when the nation is at risk – regardless of how recently there was a change in administration.

As described above, the AAMC urges the administration to rescind the proposed rule, halting the creation of the new Schedule Policy/Career classification. Prior to implementing a change of this magnitude, we recommend that OPM undertake and publish a comprehensive impact assessment to assess potential consequences including exact numbers and titles of the personnel who would be reclassified and an analysis of the impact of the change on federal agencies' ability to fulfill their missions.

The AAMC appreciates the opportunity to respond to this proposed rule and we look forward to continued engagement with OPM and other federal agencies to ensure the federal workforce is efficient, expert, and supported. If you have any questions, please contact Heather Pierce, Senior Director Science Policy and Regulatory Counsel ([hpierce@aamc.org](mailto:hpierce@aamc.org)) and Gayle Lee, Senior Director Health Care Policy and Regulatory Counsel ([galee@aamc.org](mailto:galee@aamc.org)).

Sincerely,



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