



September 21, 2026

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Avenue, SW
5th Floor
Washington, DC 20202-3100

Submitted electronically via regulations.gov

RE: Accreditation, Innovation, and Modernization: The Secretary's Recognition of Accrediting Agencies: Institutional Eligibility Under the Higher Education Act of 1965, as Amended, Student Assistance General Provisions; Docket ID ED-2025-OPE-1042; RIN 1840-AD82

Dear Secretary McMahon:

On behalf of the American Academy of Family Physicians (AAFP), representing 124,500 family physicians and medical students across the country, I write in response to the Department of Education's (the Department) [notice of proposed rulemaking](#), *Accreditation, Innovation, and Modernization (AIM): The Secretary's Recognition of Accrediting Agencies: Institutional Eligibility Under the Higher Education Act of 1965, as Amended, Student Assistance General Provisions*.

The AAFP strongly supports an accreditation system that promotes educational quality, protects students and taxpayers, encourages responsible innovation, and ensures that institutions comply with federal law. We also recognize the Department's interest in transparent student outcomes; lower educational costs; academic freedom; and a recognition process that is efficient, consistent, and open to qualified new accreditors. However, accreditation of medical education performs functions that extend well beyond conventional measures of completion and short-term economic return. Medical education must prepare graduates for licensure, graduate medical education, independent clinical practice, and caring for patients. We recommend the Department work to ensure the final rule reflects these distinctions by preserving rigorous accreditation processes and avoiding recognition criteria that may inadvertently prescribe substantive accreditation standards or displace professional judgment.

Accrediting Agencies are Key to Supporting the Family Physician Workforce

Accrediting agencies play an important role in developing and sustaining the physician workforce on which patients and communities depend. For family medicine, accreditation serves as an important mechanism for ensuring that educational

September 21, 2026

Page 2 of 11

programs produce graduates who are prepared to meet the complex clinical, professional, and community health needs of patients across the lifespan. Accreditation standards influence curriculum design, clinical training opportunities, educational quality, student support services, and institutional investment decisions, all of which ultimately affect the composition and readiness of the future physician workforce. As policymakers consider reforms to the accreditation system, it is important to recognize that accreditation decisions can have downstream effects on educational capacity, workforce development, and access to care, particularly in rural and underserved communities that face persistent physician shortages.

The AAFP supports efforts to modernize accreditation, increase transparency, reduce unnecessary administrative burden, and encourage responsible innovation. At the same time, reforms [should be implemented](#) in a manner that strengthens, rather than inadvertently constrains, the educational pipeline that prepares future physicians. Medical schools and other health professions programs face growing challenges, including increasing educational costs, faculty shortages, competition for clinical training sites, and rising workforce demand. Accreditation requirements that impose unnecessary costs or administrative complexity can affect institutions' ability to maintain existing programs, expand enrollment capacity, or develop new training opportunities. Conversely, accreditation systems that appropriately balance quality assurance, accountability, innovation, and operational flexibility can help educational institutions devote more resources to faculty development, student support, clinical education, and workforce expansion while continuing to uphold high standards.

The AAFP also encourages the Department to recognize that health professions education differs in important respects from many other educational fields. Preparing physicians requires extensive clinical training, rigorous competency assessment, compliance with professional licensure requirements, and close coordination across the continuum of undergraduate medical education, graduate medical education, and lifelong professional development. Outcome measures and accountability frameworks should reflect these realities and recognize that the value of medical education extends beyond short-term completion metrics or economic outcomes alone. **As the Department moves forward with this proposal, the AAFP recommends that special consideration be given to physician education and the unique requirements associated with preparing individuals who deliver direct patient care.** Accreditation policies should support innovation and institutional sustainability while maintaining rigorous standards for patient safety, clinical competence, workforce readiness, and professional preparation. Such an approach would help strengthen the physician pipeline and expand access to high-quality primary care in communities across the country.

September 21, 2026

Page 3 of 11

Student Outcomes and Workforce-Related Measures

The AAFP supports the Department's efforts to strengthen accountability and ensure that accrediting agencies meaningfully evaluate student achievement and educational quality. Meaningful student outcomes should remain an important component of accreditation, and we agree that accreditors should be able to demonstrate that institutions are successfully preparing students for their chosen professions. At the same time, the Department should recognize that appropriate student outcome measures vary significantly across disciplines, particularly in health professions education. Medical education and physician training follow a unique pathway characterized by rigorous licensure requirements, graduate medical education, competency-based assessment, and direct responsibility for patient care. As a result, measures that may be appropriate indicators of quality in some fields may not fully capture the effectiveness or public value of health professions programs.

The AAFP therefore encourages the Department to preserve flexibility for accrediting agencies to evaluate outcomes that are most relevant to the professions they oversee. For health professions education, workforce readiness, successful licensure outcomes, clinical competency, graduate placement, and preparation to serve varied patient populations may provide more meaningful indicators of program quality than short-term economic outcomes alone. Accrediting agencies should also retain the ability to consider how educational programs contribute to broader workforce needs, including the preparation of physicians who practice in rural and underserved communities. Outcome-focused accreditation can advance accountability while still recognizing that the ultimate objective of health professions education is not simply educational attainment, but the preparation of competent physicians who are capable of meeting the nation's current and future health care needs.

The AAFP is particularly concerned about proposed changes to § 602.17 that could provide an overly narrow focus on completion rates or economic returns, thereby unintentionally disadvantaging programs that prepare physicians for primary care careers. Family physicians provide comprehensive, longitudinal care to patients of all ages and are essential to improving population health outcomes. Further, because primary care physicians earn substantially lower incomes than many subspecialists, debt-to-income ratios are already significantly worse for family physicians.ⁱ

Accreditation policies should not create incentives that discourage educational pathways leading to high-need fields or undermine efforts to address existing physician shortages. Rather, the Department should ensure that accrediting agencies maintain the flexibility to recognize the diverse ways in which educational programs contribute to physician workforce development, access to care, and the health of communities.

September 21, 2026

Page 4 of 11

Minimizing Administrative Burden

The AAFP [supports](#) the Department's efforts to reduce unnecessary administrative burden throughout the accreditation process while preserving the rigorous standards necessary to ensure educational quality, student success, and public trust. Accreditation resources should be directed toward activities that meaningfully assess institutional and program quality rather than duplicative reporting, excessive documentation, or procedural requirements that increase costs without a corresponding benefit to students. We therefore support the Department's proposal to encourage accrediting agencies to administer standards, policies, and procedures in a manner that minimizes unnecessary compliance costs and administrative burden. At the same time, any burden-reduction efforts should recognize the diversity of accrediting agencies, including smaller and less-resourced organizations that may face operational constraints when implementing new requirements or oversight frameworks. The Department should seek to promote flexibility and efficiency while maintaining appropriate guardrails that ensure transparency, consistency, and accountability across the accreditation system.

The AAFP also encourages the Department to prioritize approaches that improve the efficient exchange, use, and reporting of information rather than relying on additional manual or duplicative compliance activities. Where possible, accreditation processes should leverage standardized and readily accessible data sources to support review and oversight activities, reducing administrative workload for both institutions and accreditors while improving the quality and timeliness of information available to students, policymakers, and the public. Administrative simplification should not come at the expense of meaningful quality assurance; rather, it should enable accrediting agencies and institutions to focus their limited resources on activities most closely associated with student achievement, workforce readiness, program effectiveness, and continuous improvement. Thoughtfully designed transparency and reporting requirements can support these goals by ensuring stakeholders have access to useful information while avoiding obligations that create substantial administrative costs without improving educational outcomes.

PART 600—Institutional Eligibility Under the Higher Education Act of 1965, as Amended

Subpart A – General; § 602.2 and § 602.3

In § 602.2, the Department proposes to require the Secretary post announcements on the Department's website when an accrediting agency's recognition is limited,

September 21, 2026

Page 5 of 11

suspended, or terminated, while also continuing to publish such actions in the Federal Register. The proposal would require disclosure of the reasons for the action and the date it was taken, which the Department believes will improve transparency and provide more timely public notice of accreditation-related decisions. In § 602.3, the Department proposes to revise the definition of an “accrediting agency or agency” to remove the requirement that accrediting activities must be conducted through peer review, allowing agencies greater flexibility to use other qualified reviewers and evaluation approaches. The Department also proposes a new definition of “related, associated, or affiliated trade association” to clarify which organizations are subject to statutory and regulatory independence requirements applicable to recognized accrediting agencies.

The AAFP supports the proposed changes in § 602.2. We agree with the Department that increased transparency and more timely access to information regarding accreditation actions, including the reasons for those actions and the dates on which they occurred, will benefit students and recent graduates. The AAFP does not oppose the proposed changes in § 602.3. We agree with the negotiators’ recommendation to remove the requirement for peer review from the definitions of an “accrediting agency or agency,” because accrediting agencies may wish to include professionals and experts on site visit teams who do not directly fit within the strictest meanings implied by the word “peer” or “peer reviewers.” We appreciate the Department’s efforts to enhance flexibility for accrediting bodies, as well as the clarification that while peer review would be optional going forward instead of mandatory, an accrediting agency would remain able to use peer review where it sees fit.

Subpart B – The Criteria for Recognition (§ 602.14, § 602.15, § 602.23, § 602.24, § 602.26)

§ 602.14

The Department proposes to strengthen the requirements that accrediting agencies must meet to demonstrate that they are “separate and independent” from any related, associated, or affiliated trade association, membership organization, or professional association. The proposal would revise the regulatory definition of “separate and independent” to require that accreditor decision-makers not be selected by or serve as staff of affiliated professional organizations, agencies maintain independent budgeting and dues structures, conflict of interest controls be implemented for members of accrediting decision-making bodies, and agencies certify their compliance with these requirements as part of recognition reviews. The Department also proposes to eliminate existing provisions that permit accrediting agencies and related professional or trade associations to share personnel, services, equipment, or facilities under

September 21, 2026

Page 6 of 11

specified conditions. Additionally, it would remove the current regulatory waiver process related to certain independence requirements.

The AAFP recommends that the Department not finalize the proposed revisions to § 602.14. We agree that accrediting agencies should operate independently and maintain appropriate safeguards against conflicts of interest, and we believe the current regulations already achieve those objectives. Existing requirements establish clear standards governing the relationship between accrediting agencies and affiliated trade or professional associations while allowing agencies to utilize shared resources under carefully defined conditions and appropriate firewalls. These provisions have supported the development of robust accreditation systems that preserve independent decision-making while allowing accrediting agencies to benefit from the expertise and operational efficiencies associated with professional organizations. We are not aware of evidence demonstrating that the current framework has failed to maintain appropriate independence or that the proposed changes are necessary to address widespread deficiencies in accreditor governance.

The AAFP is particularly concerned by the proposal to eliminate the existing shared-resource framework and associated waiver process. In health professions education, accrediting agencies often benefit from close engagement with professional organizations that possess substantial expertise regarding clinical practice, educational standards, workforce needs, and professional competence. While accreditation decisions must remain independent, the current regulations appropriately balance independence with flexibility, allowing accrediting agencies to access specialized expertise without compromising their decision-making authority. The proposed changes could impose unnecessary administrative and financial burdens on accrediting agencies without a corresponding benefit to educational quality, transparency, or accountability. We therefore encourage the Department to retain the existing regulatory framework governing accreditor independence and shared resources, which has successfully promoted both organizational independence and effective accreditation oversight.

§ 602.15

The Department proposes several revisions to § 602.15 intended to strengthen accreditor governance and conflict of interest safeguards while requiring accrediting agencies to administer their standards, policies, and procedures in a manner that minimizes unnecessary compliance costs and administrative burden for accredited institutions. The proposal would establish new requirements related to organizational independence; conflict of interest controls; and oversight of relationships between accrediting agencies and affiliated trade, membership, or professional organizations.

September 21, 2026

Page 7 of 11

The proposal would also require accrediting agencies to consider the administrative and financial impacts of accreditation activities on institutions and support the implementation of lower-cost and innovative educational models. In addition, the Department proposes new requirements intended to ensure that accrediting agencies determine dues independently, maintain transparency regarding relationships with affiliated organizations, and avoid practices that may unnecessarily restrict access to employment in a profession or occupation.

The AAFP supports the Department's efforts to reduce unnecessary administrative burden and encourage accrediting agencies to administer their standards and procedures in a manner that minimizes compliance costs for institutions while maintaining accountability and educational quality. We agree that accreditation resources should be directed toward activities that meaningfully improve educational outcomes, student success, and program quality rather than duplicative reporting or unnecessarily burdensome administrative processes. The AAFP also supports appropriate conflict of interest safeguards and governance practices that help ensure accreditation decisions are made fairly, independently, and in the best interests of students and the public. We believe reducing unnecessary compliance costs can allow institutions and accrediting agencies to devote more resources toward educational programs, faculty development, clinical training opportunities, and workforce development initiatives that strengthen the physician pipeline.

However, the AAFP encourages the Department to ensure that implementation of these provisions does not unnecessarily restrict the ability of health professions accreditors to benefit from the expertise and perspectives of affiliated professional organizations. Professional medical organizations frequently possess substantial knowledge regarding clinical practice, professional competencies, workforce needs, and educational standards that can inform accreditation activities and support continuous improvement in health professions education. While accrediting agencies should maintain appropriate independence and conflict of interest protections, the final rule should preserve sufficient flexibility to allow accreditors to continue drawing upon legitimate profession-specific expertise. We therefore encourage the agency to balance its goals of independence, transparency, and accountability with the practical realities of health professions accreditation and the important role professional communities play in preparing a clinically competent physician workforce.

§ 602.23

The Department proposes to amend § 602.23 by establishing new requirements intended to ensure accrediting agencies operate in a manner consistent with applicable federal and state laws and maintain appropriate safeguards against

September 21, 2026

Page 8 of 11

anticompetitive conduct. Under the proposal, accrediting agencies would be prohibited from maintaining policies that require institutions or programs to violate federal or state law, including federal civil rights laws. The Department also proposes to require accrediting agencies to maintain internal controls designed to ensure compliance with antitrust laws, including measures to prevent coordination or collusive activities among institutions and to avoid unnecessarily restricting access to employment within a profession or occupation.

The AAFP supports the Department's objective of ensuring that accrediting agencies operate in a manner consistent with applicable federal and state law and do not require institutions or programs to engage in conduct that violates those laws. Accreditation standards should promote educational quality, accountability, and student success without compelling unlawful differential treatment or prohibited preferences. We also support the Department's efforts to ensure that accrediting agencies maintain appropriate safeguards against anticompetitive conduct and avoid practices that unnecessarily restrict access to employment within a profession or occupation. These guardrails can help reinforce public confidence in the accreditation process while ensuring that accrediting agencies remain focused on evaluating educational quality and program effectiveness.

However, the AAFP encourages the Department to clarify that these proposals would not restrict lawful activities that support educational opportunity, workforce development, research, or patient care. Specifically, the final rule should make clear that accrediting agencies and institutions may continue to collect and analyze demographic data; conduct recruitment and outreach efforts focused on rural, low-income, first-generation, and underserved communities; consider applicants' individual experiences consistent with applicable law; and deliver evidence-based instruction necessary to prepare students to care for diverse patient populations. **We further recommend that any determination of unlawful conduct be tied to clearly applicable law and supported by an adequate factual basis, with institutions and accrediting agencies afforded appropriate notice, an opportunity to respond, and a reasonable period for corrective action before adverse consequences are imposed, except where immediate action is necessary to protect students.**

§ 602.24

The Department proposes several revisions to § 602.24 intended to strengthen protections for students when institutions experience significant operational changes or closures and to improve the transfer of academic credit between institutions. In addition to modifying certain teach-out requirements, the proposal would require accrediting agencies to make information regarding transfer options and transcript

September 21, 2026

Page 9 of 11

access more readily available when institutional disruptions occur. The Department also proposes new transfer credit requirements that would require institutions to publicly disclose more detailed transfer credit criteria, prohibit denials based solely on the institution or accreditor from which credits originated, establish a presumption in favor of accepting comparable coursework completed at institutions accredited by agencies recognized by the Secretary, and provide students with a written explanation and appeals process when transfer credit is denied.

The AAFP supports the proposed changes in § 602.24 that seek to strengthen protections for students affected by institutional disruptions and improve the transfer of academic credit between institutions. We agree that students should have access to clear information regarding transfer options, transcript access, and other protections when educational programs are discontinued, or institutions undergo significant changes. These safeguards can help promote educational continuity and reduce the risk that students experience unnecessary delays, additional costs, or loss of academic progress as a result of circumstances beyond their control.

The AAFP also supports the proposed reforms related to transfer-credit policies and practices. Requiring institutions to disclose more detailed transfer-credit criteria, provide written explanations when credit is denied, and offer students an appeals process would improve transparency and consistency across institutions. These changes can help students make more informed educational decisions, facilitate educational mobility, and reduce the time and expense associated with degree completion. Consistent with [AAFP policy](#) supporting student choice and workforce development, reducing unnecessary obstacles to educational progression can help expand access to programs that prepare future physicians and strengthen the family physician workforce.

§ 602.26

The Department proposes several revisions to § 602.26 intended to modernize accreditor notification requirements, increase transparency, and align disclosure practices with contemporary communication methods. Specifically, the proposal would require accrediting agencies to provide a formal decision letter or other clear written explanation describing the basis for accreditation decisions, including adverse actions, rather than relying on brief summary statements. Agencies would be required to promptly update their public website directories to reflect accreditation actions and maintain a publicly accessible record of accreditation decisions and actions for at least five years. The proposal would also establish a new provision allowing the Department, in limited circumstances, to continue an institution's access to Title IV funding when

September 21, 2026

Page **10** of **11**

an accreditor has issued a final adverse accreditation decision that is subsequently challenged through arbitration or judicial review.

The AAFP supports the proposed changes in § 602.26. We agree with the Department that requiring accrediting agencies to provide clear written explanations of accreditation decisions and making those decisions more readily available through public websites will improve transparency and provide students, institutions, and other stakeholders with more accessible and meaningful information regarding accreditation actions. We also support maintaining publicly available records of accreditation decisions, as these disclosures can help promote accountability and informed decision-making. Finally, we appreciate the Department's efforts to provide procedural protections for institutions that are pursuing arbitration or judicial review of an adverse accreditation decision while preserving the integrity of the process.

PART 668—Student Assistance General Provisions

Subpart D – Institutional and Financial Assistance Information for Students

The Department proposes several revisions to § 668.43 intended to increase transparency and provide students with more complete information regarding the transfer of academic credit before they make enrollment or financial commitments. The proposal would require institutions to disclose additional information in their transfer-of-credit policies, including transcript submission timelines and whether credits earned through non-degree or non-credit programs may be transferred or articulated into degree programs. Institutions would also be required to provide students with advance information regarding which transfer credits will and will not be accepted, explain the rationale for transfer credit denials on a course-by-course basis, and disclose the potential time and coursework needed to replace credits that are not accepted.

The AAFP strongly supports the proposed changes in § 668.43, and we agree with the Department that these changes will improve transparency, support informed student decision-making, strengthen consumer protections, and promote more consistent transfer credit practices across institutions. Requiring institutions to provide students with timely information regarding transfer credit determinations will help students better understand the educational and financial implications of enrollment decisions before making significant commitments. These disclosures can reduce uncertainty, promote fairness, and help students more effectively navigate increasingly diverse educational pathways.

September 21, 2026

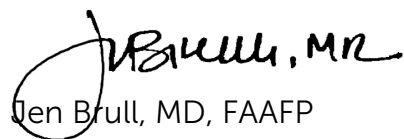
Page 11 of 11

The AAFP believes that greater transparency regarding transfer credit policies supports our longstanding commitment to [student choice](#) and the development of a robust family physician workforce. AAFP policy recognizes that educational, institutional, and financial factors play an important role in shaping career pathways and specialty choice. Students are best positioned to pursue educational opportunities aligned with their interests and career goals when they have clear, accurate information regarding program requirements, transferability of prior learning, and the time and cost associated with degree completion. By helping students make more informed educational decisions and minimizing unnecessary barriers associated with transferring academic credit, these proposed changes would support more efficient educational progression and improve access to programs that prepare future physicians.

Conclusion

Thank you for the opportunity to provide written comments on this important topic and its potential impact on primary care access in the U.S. The AAFP reiterates its support for the Department's efforts to improve transparency and accountability across higher education programs, and we urge the Department to preserve the proposal's focus on lawful conduct, student protection, accountability, and responsible innovation. We strongly encourage the Department to ensure the final rule reflects the distinct requirements of physician education by preserving rigorous accreditation and professional judgment, considering profession-specific and workforce-related outcomes, minimizing unnecessary administrative burden, and maintaining strong transparency and transfer-credit protections for students. The AAFP remains committed to working with the Department and other stakeholders to advance higher education policies that will help bolster our health care workforce and advance access to high-quality primary care for every individual. For more information or questions, please contact Mandi Neff, Senior Strategist, Federal Policy and Regulatory Affairs, at mneff2@aaafp.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jen Brull, MD".

Jen Brull, MD, FAAFP
Board Chair
American Academy of Family Physicians

ⁱ Friedman AB, Grischkan JA, Dorsey ER, George BP. Forgiven but Not Relieved: US Physician Workforce Consequences of Changes to Public Service Loan Forgiveness. J Gen Intern Med. 2016 Oct;31(10):1237-41. doi: 10.1007/s11606-016-3767-2. Epub 2016 Jun 13. PMID: 27295187; PMCID: PMC5023611.