

September 21, 2026

Submitted electronically via www.regulations.gov

Office of Postsecondary Education
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202

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]

Dear Secretary McMahon:

The American Association of Colleges of Pharmacy (AACP) appreciates the opportunity to comment on the Department's proposed rule on Accreditation, Innovation, and Modernization. AACP is a national association representing colleges and schools of pharmacy and the faculty, administrators, staff, and others responsible for education and preparing the next generation of pharmacists. Our member institutions educate student pharmacists who ultimately serve patients and communities across the United States. We are also informed by the unique role that programmatic accreditation plays in licensed health professions education.

We support the Department's goals of strengthening accountability, encouraging innovation, improving transparency, protecting students, and reducing unnecessary administrative burden. We also support provisions in the proposal, including stronger teach-out protections, transcript access, transfer-credit transparency, research integrity, and efforts to eliminate genuinely duplicative requirements. At the same time, reforms designed for higher education generally must account for the distinct role of programmatic accreditation in licensed health professions, where accreditation helps ensure professional competency, licensure readiness, educational quality, and patient safety. We therefore recommend several targeted revisions and clarifications to avoid unintended consequences for pharmacy and other licensed health-professions programs.

Preserve Meaningful Subject-Matter Expertise in Programmatic Accreditation

We raise concern about the proposed removal of existing regulatory language that expressly requires participation by educators, practitioners, and employers in programmatic accrediting bodies. The proposal would instead require agencies to use competent and knowledgeable individuals qualified by education or experience, while removing the specific expectation that health-professions educators and practitioners be represented in accreditation activities. We understand the Department's intent to provide accrediting agencies with greater flexibility in governance and operations. However, in licensed health professions, subject-matter expertise is not merely procedural. Accreditation decisions frequently involve evaluation of professional competencies, licensure preparation, faculty qualifications, experiential education, and patient-safety requirements.

These determinations benefit from direct participation by individuals with relevant educational, clinical, regulatory, and practice expertise. Removing this long-standing federal safeguard could inadvertently weaken peer-informed quality assurance in fields where graduates are entrusted with significant responsibilities affecting public health and safety. The issue is especially important in pharmacy education because accreditation serves as a foundational component of professional preparation and licensure readiness. Accordingly, the Department should ensure meaningful participation by individuals with demonstrated subject matter expertise, including educators, practitioners, employers, and other relevant professionals.

Protect Independent Health-Professions Accreditation While Preserving Appropriate Stakeholder Input

AACP supports strong conflict-of-interest safeguards and agrees that accreditation decisions must be independent from improper outside influence. However, we are concerned that the proposed independence provisions could unintentionally disrupt established structures used by many health-professions accrediting agencies. Programmatic accreditation in the health professions depends on ongoing engagement with the communities responsible for education, practice, public protection, and workforce development.

Eliminating opportunities for meaningful stakeholder consultation could make accreditation standards less responsive to changes in patient care, emerging practice needs, and professional competencies. The Department should revise the final rule to explicitly distinguish consultation on accreditation standards, policies, and professional expectations from involvement in individual accreditation determinations. The rule should preserve accreditor authority to seek input from relevant professional stakeholders while maintaining strict prohibitions on interference with specific accreditation decisions. This clarification would advance the Department's objective of independence while preserving the multi-stakeholder expertise that supports educational quality, professional readiness, and patient safety.

Ensure Program-Level Outcomes Are Assessed Using Multiple Measures Appropriate to Professional Education

AACP supports accountability and meaningful assessment of student outcomes. We agree that completion, employment, licensure, and economic outcomes can provide valuable information regarding program performance. However, no single metric should be determinative of program quality for professional education programs. Pharm.D. graduates may pursue residencies, fellowships, graduate education, academic careers, research positions, public service roles, or practice in vulnerable communities. These pathways may temporarily reduce short-term earnings while generating substantial long-term value for patients, communities, and the healthcare system. Similarly, licensure examination performance is an important indicator but should be interpreted within a broader framework that includes completion, competency attainment, employment, and professional readiness.

The Department should clarify that accrediting agencies retain authority to employ multiple measures assessed over appropriate time horizons, and that no individual outcome measure should be treated as dispositive. The final rule should also affirm accreditor discretion to select outcome measures appropriate to professional programs and their educational missions. Such an approach would strengthen accountability while avoiding unintended incentives that could undervalue important professional pathways or narrow educational objectives.

Additional Clarifications

With respect to transfer-credit provisions, the Department should clarify how these requirements apply to pre-pharmacy coursework, direct-entry pathways, integrated undergraduate-professional curricula,

and competency-based professional education models. Professional programs must retain the ability to consider prerequisite sequencing, laboratory instruction, competency verification, course age, experiential preparation, and licensure-related requirements when evaluating transfer credit. We support provisions related to academic freedom, intellectual inquiry, and open exchange of ideas. The Department should clarify that implementation will remain viewpoint-neutral and consistent with scientific integrity, institutional mission, and evidence-based health-professions education. Accrediting agencies and institutions must remain free to require instruction grounded in established scientific evidence and standards of patient care.

Conclusion

AACP supports effective accountability, innovation, transparency, student protection, and accreditor independence. We also support the Department's efforts to modernize accreditation and remove unnecessary regulatory burden. At the same time, licensed health-professions education presents unique considerations that warrant careful treatment in the final rule. The revisions and clarifications recommended above would advance the Department's objectives while preserving the quality, consistency, and integrity of programmatic accreditation that supports professional competence, licensure readiness, and patient safety. Thank you for considering these comments. We would welcome the opportunity to provide additional information as the Department continues its work on this rulemaking. Please contact AACP staff at governmentaffairs@aacp.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee Vermeulen".

Lee Vermeulen, BSPharm, MS, FCCP, FFIP
Executive Vice President and CEO
American Association of Colleges of Pharmacy