



**PHYSICIAN ASSISTANT EDUCATION ASSOCIATION**

655 K Street NW, Ste. 700, Washington, DC 20001  
PAEAonline.org • 703-548-5538

---

July 29, 2022

Judith Steinberg, MD, MPH  
Senior Advisor  
Office of the Assistant Secretary for Health  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Dear Dr. Steinberg:

On behalf of the Physician Assistant Education Association (PAEA), the national organization representing all 293 accredited PA programs in the United States, we are writing in response to the recent Request for Information issued to inform the HHS Initiative to Strengthen Primary Health Care. At a time of growing workforce shortages, PAEA applauds the Administration for its dedicated efforts to expand access to primary care services and welcomes the opportunity to provide the Association's perspective on how to best achieve this goal.

The PA profession was founded more than 50 years ago specifically in response to an acute shortage of primary care physicians. Based upon an accelerated medical training model, the typical PA education program is 27 months in duration divided between classroom-based training and a series of clinical rotations in family medicine, internal medicine, pediatrics, women's health, behavioral health, emergency medicine, surgery, and other electives. While this graduate-level, generalist education model has traditionally prepared students well for primary care practice, formidable barriers have emerged in recent years which have deterred many graduates from joining the primary care workforce. Shortages of clinical training sites in primary care, rising student debt associated with programs being required to pay clinical

---

**2022 PAEA BOARD OF DIRECTORS**

**Kara L. Caruthers, MSPAS, PA-C**  
PRESIDENT

**Linda Sekhon, DHSc, PA-C**  
PRESIDENT ELECT

**Michel Statler, MLA, PA-C**  
IMMEDIATE PAST PRESIDENT

**Janie McDaniel, MS, MLS(ASCP)JC**  
SECRETARY

**Jacqueline S. Barnett, DHSc, MSHS, PA-C**  
TREASURER

**Shalon Buchs, MHS, PA-C**  
DIRECTOR AT LARGE

**Nicole Burwell, PhD, MSHS, PA-C**  
DIRECTOR AT LARGE

**Carl Garrubba, DMSc, PA-C, CPA**  
DIRECTOR AT LARGE

**Shaun L. Grammer, DMSc, PA-C**  
DIRECTOR AT LARGE

**Robert D. Hadley, PhD, PA-C**  
DIRECTOR AT LARGE

**Virginia L. Valentin, DrPH, PA-C**  
DIRECTOR AT LARGE

**Cassidy McCandless, MS**  
STUDENT MEMBER AT LARGE

**Sara Fletcher, PhD**  
EX OFFICIO MEMBER



preceptors, and limited coordination between existing federal workforce development programs are some of the most significant impediments to a strengthened pipeline of PA graduates into primary care. Within its existing authorities, the Department can begin to reduce these barriers. As such, PAEA recommends that HHS take the following actions:

#### *Increase Clinical Training Opportunities in Federally Qualified Health Centers*

A critical component of ensuring a sufficient primary care workforce is facilitating high-quality primary care clinical rotations, particularly in underserved settings like federally qualified health centers (FQHCs). These clinical experiences are one of the most significant factors in determining PA student practice choices following graduation and are an excellent opportunity to recruit future providers to work in settings where they are needed the most. However, as of 2020, 40% of PA programs indicated that they do not currently have students placed at health centers. Further, 47% of all programs reported encountering at least one barrier when attempting to facilitate health center placements for students. The most common challenges reported were the preferential allocation of training opportunities to other health professions students, administrator reluctance to allow any educational activities at their facilities, and high payment requests.<sup>1</sup>

To address some of these challenges, the Health Resources and Services Administration (HRSA) partnered with Community Health Center Inc. in 2020 to develop the Readiness to Train Assessment Tool (RTAT) – a validated instrument that assists health centers in self-assessing their ability to train students and identifying priorities for capacity-building.<sup>2</sup> While the RTAT represents significant progress toward bridging the gap between health centers and health professions training programs, additional actions must be taken to effectively apply the lessons learned from the tool. **To build upon this work, HRSA should develop targeted technical assistance resources for FQHCs based upon findings generated by the RTAT and require grantees of future supplemental funding competitions to precept students to the extent allowable by law.**

#### *Expand Existing Financial Incentives for Clinical Preceptors*

In recognition of the difficulty many health professions education programs face in securing clinical placements in primary care for students, the Centers for Medicare and Medicaid Services (CMS) finalized a new clinical practice improvement activity under the Merit-based

---

<sup>1</sup> Unpublished data. Physician Assistant Education Association. By the Numbers: Program Report 35.

<sup>2</sup> Community Health Center, Inc. (2022). Readiness to Train Assessment Tool. Retrieved from: <https://www.chc1.com/rtat/#h-hp-et-project-updates>.



Incentive Payment System (MIPS) in 2017. The “Provide Education Opportunities for New Clinicians” improvement activity allows MIPS-eligible clinicians to claim credit for serving as a preceptor for clinicians-in-training, including PA students. However, CMS restricted initial eligibility to clinicians “in community practices in small, underserved, or rural areas” when the activity was finalized, thereby excluding a significant number of primary care practices from participation. **As HHS seeks to maximize the primary care workforce in alignment with the Initiative’s goals, CMS should expand eligibility for this improvement activity to include MIPS-eligible clinicians in all community-based practices to fully utilize existing training capacity.**

#### *Encourage Clinical Precepting Through HHS Notices of Funding Opportunities*

Beyond financially incentivizing practicing clinicians to train students through programs like MIPS, HHS also can increase primary care training capacity through Department-issued Notices of Funding Opportunities. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) specified allowable activities for grant recipients in its most recent funding opportunity for the Certified Community Behavioral Health Clinic (CCBHC) Planning, Development, and Implementation Grant program. Although SAMHSA identified “training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues” as an allowable activity, precepting students and preparing future providers to deliver high-quality and integrated primary/behavioral health care was not included.<sup>3</sup> **PAEA encourages the Department to specifically include precepting PA students as an allowable activity in all future CCBHC and other applicable Notices of Funding Opportunities to encourage grantees to expand clinical education activities.**

#### *Strengthen Coordination Between Health Workforce Diversity Programs and the National Health Service Corps*

In the fiscal year 2022 National Health Service Corps Loan Repayment Program cycle, HRSA provided a funding priority to individuals who completed a fellowship through the Primary Care Training and Enhancement: Training Primary Care Champions Program, the Addiction Medicine Fellowship program, or the Teaching Health Center Graduate Medical Education program. This was an effort to strengthen coordination between existing health workforce programs and ultimately improve the supply of primary care providers in historically

---

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2022). Certified Community Behavioral Health Clinic (CCBHC) - Planning, Development, and Implementation Grants. Retrieved from: <https://www.samhsa.gov/grants/grant-announcements/sm-22-002>



underserved communities.<sup>4</sup> Despite being an important first step toward reducing geographic health disparities, this strategy does not address the need to also improve the diversity of the primary care workforce as a means of advancing health equity. **HRSA should further strengthen coordination between its workforce programs by providing a National Health Service Corps Loan Repayment funding priority for participants in the Health Careers Opportunity Program and the Scholarships for Disadvantaged Students program.**

We appreciate the opportunity to share the Association's perspective on effective strategies to strengthen the primary care workforce and would welcome further collaboration with the Office of the Assistant Secretary for Health to achieve this critical goal. Should you have any questions or need additional information, please contact Senior Director of Government Relations Tyler Smith at [tsmith@PAEAonline.org](mailto:tsmith@PAEAonline.org) or at 703-667-4356.

Sincerely,

A handwritten signature in black ink that reads "Kara Caruthers".

Kara Caruthers, MSPAS, PA-C  
President

A handwritten signature in black ink that reads "Sara F. Fletcher".

Sara Fletcher, PhD  
Interim Chief Executive Officer

---

<sup>4</sup> Health Resources and Services Administration. (2021). National Health Service Corps Loan Repayment Program Fiscal Year 2022 Application & Program Guidance. Retrieved from: <https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/lrp-application-guidance.pdf>