



PHYSICIAN ASSISTANT EDUCATION ASSOCIATION

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April 6, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Rethinking Rural Health: Maternal and Infant Health RFI

Dear Administrator Verma:

On behalf of the Physician Assistant Education Association (PAEA), the national organization representing all 254 accredited PA programs operating in the United States, we are writing in response to CMS' recent request for information to improve access to care and outcomes with respect to maternal health. We welcome the opportunity to submit comments for the agency's consideration on effective interventions to address existing disparities and promote our association's vision of Health for All.

As noted in the agency's RFI, a well-trained maternal health workforce is critical to addressing increasing maternal morbidity and mortality, particularly among historically underserved populations. PAEA strongly believes that meeting this challenge is dependent upon a strong federal commitment to ensuring that all health professions students receive high-quality clinical training experiences. As a condition of accreditation, all PA programs are required to provide students with clinical rotations in women's health, including prenatal and gynecologic care. However, according to recent survey data, over 80 percent of programs report that securing these rotations is difficult or very difficult.¹ Due to this challenge, 83.5 percent of PA programs report being forced to pay to secure women's health rotations for their students — a cost that is ultimately absorbed by students in the form of tuition increases,

¹ Physician Assistant Education Association, By the Numbers: 30th Report on Physician Assistant Educational Programs in the United States, 2015, Washington, DC: PAEA, 2015. doi: 10.17538/btn2015.001

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which may impact their likelihood to practice in rural areas.² PAEA has applauded recent policy changes by CMS that address the difficulty PA programs face in securing rotations, such as establishing clinical precepting in rural areas as a MIPS improvement activity and allowing the use of verified PA student documentation of E/M services for billing purposes.

To promote access to women's health clinical training experiences, we urge CMS to pursue additional payment incentives for clinical preceptors based on the success of existing compensation models. In addition to the current MIPS improvement activity, states, in particular, have recently pursued innovative payment incentive strategies to facilitate training opportunities. Since 2014, a number of states including Georgia, Colorado, and Maryland have instituted state income tax incentives for clinical preceptors. Since the institution of this tax incentive in Georgia, 932 preceptors have registered and trained physician, APRN, and PA students.³ The early success of Georgia's program illustrates the impact of incentive payments on precepting and may be replicated in the form of clinical training requirements as a component of future alternative payment models. This approach would complement the agency's previous steps to incentivize clinical precepting in rural areas through the current MIPS improvement activity and appropriately recognize the role of workforce development in CMS' broader shift to value-based care.

We welcome the opportunity to serve as a continued resource to CMS on this and other matters. Should you have specific questions, or if you would like additional information, please contact Director of Government Relations Tyler Smith at 703-667-4356 or tsmith@PAEAonline.org.

Sincerely,

A handwritten signature in black ink that reads "Howard Straker".

Howard Straker, EdD, MPH, PA-C
President

A handwritten signature in blue ink that reads "Mary Jo Bondy".

Mary Jo Bondy, DHEd, MHS, PA-C
Chief Executive Officer

² Physician Assistant Education Association, *By the Numbers: Curriculum Report 3: Data from the 2017 Clinical Curriculum Survey*, Washington, DC: PAEA; 2018. doi: 10.17538/CR3.2017.001.

³ Dubnik, M., Newton, M., Hawkins, L., Parrish, B., & Hatchett M. (2019). HB 287 Preceptor Tax Incentive Program 2019. Retrieved from: https://www.augusta.edu/ahec/ptip/documents/ptip_2019.pdf.