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Rule Requiring Institutions to Provide Students with Geographically Accessible Clinical Opportunities to Go Into Effect July 1 (</asahp-newsire/2024/4/18/rule-requiring-institutions-to-provide-students-with-geographically-accessible-clinical-opportunities-to-go-into-effect-july-1>)

April 18, 2024 (</asahp-newsire/2024/4/18/rule-requiring-institutions-to-provide-students-with-geographically-accessible-clinical-opportunities-to-go-into-effect-july-1>)

Last Fall, the Department of Education issued a final rule on Financial Responsibility, Administrative Capability, Certification Procedures, Ability To Benefit (ATB). The rule goes into effect on July 1, 2024.

The rule includes language in the Administrative Capability section to add § 668.16(r) to require institutions to provide students with geographically accessible clinical or externship opportunities related to and required for completion of the credential or licensure in a recognized occupation, within 45 days of the completion of other required coursework.

Last Summer, prior to the rule being finalized, ASAHP submitted comments to the Department of Education, as well as joined a joint-comment letter led by the American Council on Education (ACE), both of which expressed concern with this language.

While ASAHP welcomes more accessible clinical opportunities, we informed the Department of Education that a requirement is not the best way to address the issue. An unintended consequence of this proposed language could be that institutions, to ensure compliance, may enroll only the number of students that the institution feels certain will have accessible clinical opportunities, decreasing access to postsecondary enrollment for allied health students at a time when the demand for allied health workers is expanding rapidly.

Unfortunately, the final rule, which goes into effect on July 1 still includes this requirement. Please find below the language included in the final rule:

Department of Education on what experiences the language applies to

This language applies to the clinical or externship experiences that are needed for students to complete their programs. Thus, experiences that occur as part of credential completion, such as those in the third or fourth year of a program or at the end of a program, would be included. It does not apply to post-graduation parts of the career ladder, which include things like the national residency program for graduates from medical school. The reference to how the externship or clinical is related to licensure in a recognized occupation is to note that some licensure requirements state that there must be a clinical or externship completed as part of the credential earned. The result is that residencies, clerkships, and other similar post-graduation experiences are not covered by this requirement.

Department of Education on the 45 day timeframe

The requirement is that institutions provide the students with the opportunity within 45 days of successful completion of other required coursework. That does not mean the experiences must start exactly within 45 days. However, the Department will consider whether a pattern where these experiences start well outside reasonable periods, e.g., offering a spot that starts in a year so the student has an extended gap after finishing their coursework is in fact a sign that an institution is not abiding by this requirement and does not have sufficient spots for clinical or externships and thus should result in a finding of a lack of administrative capability. We decline to adopt a longer timeframe. Making a student wait 90 days to receive their spot and then potentially waiting longer to begin that experience risks delaying their ability to complete their program and begin entering the workforce.”

Department of Education on geographic accessibility

The Department declines to provide a specific set of metrics for measuring what is geographically accessible, as there could be programs on the edge of one commuting zone or another and that different program types could have different expectations for what is geographically accessible. For example, a clinical experience tied to a highly specialized field as part of a graduate program may see a geographically accessible option as one that is in another part of the country. By contrast, a commuting zone concept is likely to be a better fit for certificate programs where students are more likely to be staying close to where they live. The Department also declines to remove the geographically accessible requirement. This is a critical concept to maintain because we do not want institutions to otherwise get out of providing the required clinical or externship options by simply offering students an

opportunity that is completely infeasible for them to reach. We also remind commenters that this requirement only applies to precompletion situations, so concerns about how students with medical degrees participate in a national matching program would not be affected.

In terms of assessing geographic accessibility, the Department would consider how accessible distances look very different in rural areas versus urban ones. The level of the credential will also likely affect this consideration. Someone completing a professional degree in a highly specialized field is almost certainly going to have travel longer distances for a clinical and so something quite far away would still be viewed as accessible and in line with their expectations. By contrast, a student completing a 12-month certificate program is not likely expecting to move hundreds of miles away for a clinical experience. Nor would they be completing a credential with a level of specialization such that there may only be a handful of relevant placement options in the country. Preserving the concept of geographic accessibility while recognizing the need for flexibility in how that is considered based upon the credential level, type, and the physical location of the institution is appropriate.

The rule may be accessed here

(<https://www.federalregister.gov/documents/2023/10/31/2023-22785/financial-responsibility-administrative-capability-certification-procedures-ability-to-benefit-atb>).

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