Good afternoon. My name is Jennifer M. Orozco and I am the Chief Medical Officer (CMO) at the American Academy of PAs, the national membership organization for all PAs. On behalf of the more than 168,000 PAs across the nation, and as a PA, I thank the VA for hosting this listening session and for the opportunity to speak with you today.

The PA profession proudly maintains a close connection to the VA, as the very first PA students in 1965 were veterans. These first PA students were former Navy hospital corpsmen and Army combat medics who returned from the Vietnam war with considerable medical training from their military service. The VA was the first employer of PAs in 1967 and today is the largest single employer of PAs in the nation. Eleven percent of all practicing PAs and 24 percent of PAs employed by the VA are veterans, active-duty military, or serve in the National Guard and Reserves. PAs maintain a strong, personal desire and dedication to serve veterans.

PAs practice in all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, as well as the uniformed services. PAs provide high-quality, cost-effective medical care in virtually all health settings. PAs undertake rigorous education and clinical training and are established as fully qualified and prepared to manage the treatment of patients who present with physical and/or mental illnesses. PAs are educated and equipped as active members of a healthcare team while managing the full scope of patient care. Further, PAs routinely treat patients with complex diagnoses or multiple comorbidities, including the unique healthcare situations that impact the nation’s military and veteran populations.

AAPA applauds the VA for their collaborative dedication to VA patient care and outcomes. We also encourage the VA to remove undue barriers that restrict the ability of PAs to practice to the full extent of their education and experience.

It is important to stress that PAs do not provide mid-level care and are not “mid-level providers.” PAs are board certified clinicians who practice medicine and lead complex clinical teams, departments, and hospital systems. PAs are improving care for all Americans, especially our veteran population.

For decades, PAs employed by the VA have practiced medicine under federally established guidelines. The current PA utilization directive, which was issued in 2013, and was scheduled to be updated in 2018, has yet to be updated. In 2020, the VA adopted the “Authority of VA Professionals to Practice Health Care” rule after the ongoing COVID-19 pandemic demonstrated the critical need to ensure that PAs and other healthcare providers can practice to the full extent of their education and training. During the COVID-19 pandemic, PAs played a major role in providing essential services, including setting up emergency response centers, which streamlined care and increased access to healthcare for patients. AAPA has urged the VA to make use of the authority granted by the rule to adopt national standards of practice that grant full practice authority and licensed independent practitioner status to PAs within the VA healthcare system. AAPA urges the VA to create strong national standards of practice for the PA profession that will improve access to high quality healthcare for America’s veterans.
In 2019, the Medicare Payment Advisory Commission concluded in a report to Congress that “PAs provide care that is substantially similar to physicians in terms of clinical quality outcomes and patient experience. PAs have also been shown to increase access to care, improve care coordination and decrease healthcare costs.”

The PA profession thrives in team-based practice. Like all healthcare professionals, PAs have a legal and ethical obligation to consult, refer, or transfer patients when their healthcare needs are outside the PA’s level of expertise. Moreover, team-based care increases access for patients.

Batson et.al. or what is being referred to here as the “Hattiesburg study” is a non-peer reviewed, limited review of a single provider organization in Mississippi that does not differentiate between PAs and other providers. The authors themselves classify their work as “really an observational experience” and not a scientific study. Data is important in ensuring patients receive the best care possible, but the miscalculation and manipulation of poorly extrapolated findings to fit a political narrative is an indolent attempt to undercut patient care.

The NBER study referenced today is one that intentionally excluded PAs. However, the paper references studies that find PAs as primary care providers are not correlated with worse outcomes than our physician colleagues.

Peer reviewed data is critical for patient care and outcomes. PAs are dedicated to the team-based practice of medicine and AAPA is committed to ensuring that what is best for patients remains at the forefront of our work with the VA and our nation’s military and veteran populations.

AAPA supports the VA’s ongoing efforts to develop National Practice Standards that ensure our nation’s veterans receive the highest-quality healthcare available. Former VA secretary Robert Wilkie wrote to Congress in 2021 that the “VA fully supports the idea of giving PAs full practice authority that would enable Veterans Health Administration PAs to practice medicine as licensed independent practitioners...[and] increase veterans’ access to care.” AAPA supports and encourages the VA to authorize PAs to practice to the full extent of their education, training, and experience and in a manner that standardizes the professions’ practice in all VA medical facilities. Full practice authority for PAs would ensure that our nation’s veterans continue to receive the high-quality care that they deserve while also reducing burdens across the VA health system.

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