On behalf of the more than 104,000 nationally-certified physician assistants (PAs), the American Academy of Physician Assistants (AAPA) appreciates the opportunity to submit a statement for the record regarding S. 2134, the “Grow Our Own Directive: Physician Assistant Employment and Education Act of 2015.” AAPA is very pleased to endorse this critically important legislation.

Ready access to quality patient care is among the most critical issues facing our nation’s veterans. AAPA believes PAs are a key part of the solution to increasing access to quality medical care at VA medical facilities. PAs provide high quality, cost-effective medical care in virtually all health settings and in every medical and surgical setting. They are educated to seamlessly work in a healthcare team, and they manage the full scope of patient care, often handling patients with complex diagnoses or multiple comorbidities, conditions which commonly occur within the nation’s veteran population. The private healthcare market has embraced and rewarded the use of PAs to alleviate healthcare provider shortages; it is time the VA does too.

The PA profession has long been connected and committed to veterans and veterans’ healthcare. The first PA students were Navy Corpsmen who served in the Vietnam War; and recruitment of and support for veterans in PA educational programs continues to this day. As of 2014, nearly 12% of all PAs are veterans, active duty, or retired military in the National Guard and Reserves, and more than 2,000 PAs are currently employed by the U.S. Department of Veterans Affairs.

Given all that PAs can offer to the Veterans Health Administration (VHA), AAPA is very concerned that PAs are one of the top five medical professions experiencing shortages within the VA healthcare system. Both the January 2015 and September 2015 VA Office of Inspector General (OIG) reports recognize the importance of PAs as part of VHA’s healthcare team, and both reports identify PAs within the five occupations with the “largest staffing shortages.” S. 2134 proposes a two part approach to recruiting and retaining a VA PA workforce – the GOOD pilot program and a VHA commitment to recruiting and retaining PAs.

GOOD Pilot Program

The Good Pilot Program is designed to create a pathway for veterans to become educated as PAs and adds to the supply of PAs in VA medical facilities. We are confident this pilot program will work because:

- Medical schools and universities have recruited veterans into PA educational programs since the profession began nearly 50 years ago. In the last several years, the Health Resources Services Administration (HRSA/HHS) studied best practices for recruiting and retaining veterans in PA educational programs and GOOD will utilize these best practices.
Data compiled by the MEDEX PA Program in Washington, which has a long history of recruiting veterans into its program, reports that veterans who are educated as PAs make particularly good PAs. And, veterans who become PAs are well suited to provide medical care in medically underserved communities.

It mirrors the National Health Service Corps, a model that has been educating PAs and other healthcare professionals for decades in exchange for a commitment to serve in medically underserved areas.

The private healthcare market values PAs who were former veterans. For example, Blue Cross/Blue Shield recently invested in instituting a PA program at the University of North Carolina, whose mission will be to educate veterans as PAs for service in the state’s medically underserved areas. Recognizing the additional skill sets offered by healthcare professionals who are veterans, the American Hospital Association recently convened a series of meetings on recruiting PAs and other healthcare professionals who are veterans to hospitals.

National VHA Strategy to Recruit and Retain PAs, Including Competitive Pay for PAs

Critical to S. 2134 is its requirement that the VHA make a commitment it has not previously undertaken – a plan to grow and maintain its PA workforce. VA compensation for PAs simply can’t compete with the salaries offered in the private market. Additionally, PAs and nurse practitioners (NPs) employed by the VA perform nearly identical functions and are employed in the same manner, but PAs are at a competitive disadvantage. NPs often start at a higher grade than PAs, and it is not uncommon for NPs in the VA to be compensated by as much as $30,000 more than PAs while providing the same medical services.

To AAPA’s knowledge, the VHA has not expanded recruitment and retention initiatives for PAs in response to the identification of PAs as one of the VA’s top five critical occupation shortages. The VA has always had the authority to include PAs in the Locality Pay for Nurses and other Healthcare Professionals, but has chosen not to do so. The addition of PAs to the VA locality pay system could assist the VA in recruiting PAs to replenish the ranks of approximately 40 percent of the VA PA workforce eligible for retirement within the next five years.

The value of the PA profession is highly regarded and in demand by the private market:

- Demand for PAs increased more than 300 percent from 2011 to 2014, according to the national healthcare search firm Merritt Hawkins.
- Upon earning their certification, 63 percent of PAs accepted a clinical position and 76 percent of these received multiple job offers. (National Certification Commission for the Physician Assistant (NCCPA) 2014 Statistical Profile of Certified Physician Assistants).
- Nearly half (46.7%) of PAs who have accepted a position, indicated that they did not face any challenges when searching for a job.
- 64.7% of the recently certified PAs who accepted a position indicated they were offered employment incentives. (NCCPA 2014 Statistical Profile of Certified Physician Assistants).
Employment of PAs is projected to increase 38.4 percent between 2012 to 2022, much faster than the average for all occupations, according to the U.S. Bureau of Labor Statistics (U.S. Department of Labor, Occupational Outlook Handbook, 2012-2013 Edition, Physician Assistants). Forbes, Young Invincibles and Glassdoor.com all reported that the #1 most promising job of 2015 is becoming a PA.

U.S. News & World Report ranked the PA profession as one of the top 10 best jobs of 2015. An historic lack of attention to recruitment and retention of PAs by the VA, coupled with the high demand and economic reward for PAs in the private healthcare market, has resulted in a significant challenge for the VA to fill PA positions. Unless the VA invests in its PA workforce, AAPA believes the VA will lose its PA workforce.

S. 2134, the “Grow Our Own Directive: Physician Assistant Employment and Education Act of 2015,” represents a significant step forward in building and sustaining the VA’s PA workforce through proposals to create a five year pilot program to educate veterans as PAs and to require the VA to establish a national strategic plan to recruit and retain PAs, including the adoption of standards leading to competitive pay for PAs employed by the VA. AAPA would be pleased to serve as a resource to the Committee in making recommendations to support the VA’s PA workforce. Thank you again for the opportunity to submit a statement for the record in support of S. 2134.