



Statement for the Record
Submitted to
U.S. Senate Committee on Health, Education, Labor, and Pensions
January 29, 2019
On Behalf of the American Academy of PAs

On behalf of more than 131,000 PAs (physician assistants), the American Academy of PAs (AAPA) welcomes the opportunity to submit a statement for the record regarding the January 29, 2019, hearing held by the U.S. Senate Committee on Health, Education, Labor, and Pensions on “Access to Care: Health Centers and Providers in Underserved Communities.”

AAPA would like to thank Chairman Alexander and Ranking Member Murray for holding this vitally important hearing, and for continuing to shine a spotlight on an issue that impacts so many individuals and communities in the United States. AAPA would also like to thank the witnesses for both their testimony and their work in providing care to underserved communities.

PAs are one of three types of healthcare professionals, including physicians and nurse practitioners, who are recognized by the Medicare program to provide primary medical care in the United States. PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications and serve as principal health care providers. PAs practice in every state, every medical setting and every specialty, and they are especially critical in rural and medically-underserved areas. There are approximately 30,000 PAs practicing as primary care providers on the “front lines” of patient care in hospitals, private practices, community health centers, rural health clinics, non-federally qualified public or community health clinics, prisons, behavioral healthcare facilities, and free clinics. According to AAPA data, as of 2018 about 16% of all practicing PAs are located in a rural county, and multiple independent studies have shown that PAs practice in rural areas at higher percentages than other providers.

By 2030, the U.S. will be facing a shortage of up to 121,300 physicians, according to the 2018 projections established by the Association of American Medical Colleges (AAMC). Per the National Rural Health Association (NRHA), “existing federal programs do not do enough to close this physician shortfall. Additional actions must be taken to increase the supply of medical professionals in rural areas as the demand for their services is projected to increase in the future.” The Centers for Medicare and Medicaid Services (CMS) estimate that the Medicare population in the United States will increase to 81 million by 2030. Given the dramatically expanding population of patients and the looming shortage of providers, expanding access for PAs to programs that incentivize practicing in rural and underserved communities, and to practice at the top of their education and experience, will increase access to high quality care for even the most complex patient.

Of the 952,000 practitioners that billed Medicare in 2017, care was provided by 589,000 physicians and by 363,000 providers such as PAs, nurse practitioners, and other providers that are not physicians. According to the Bureau of Labor Statistics, the ranks of PAs will increase by 37% over the next decade and our growing workforce is prepared to make a significant contribution to ensuring needed healthcare services are available to all Americans, and significantly those served by community health centers and those living in medically underserved areas. Federal and state policies should be re-examined to make sure the ranks of PAs are being effectively utilized to meet the needs of patients.

Title VII of the Public Health Service (PHS) Act has been instrumental in allowing increased numbers of PA students to pursue their education through the Primary Care Training and Enhancement Program (PCTE). However, this funding also helps PA programs expand opportunities for clinical rotations in rural and medically underserved areas. The PCTE program benefits PA students, but just as important, it benefits local communities that would otherwise have limited access to healthcare providers. It is common for new PAs to remain in the area in which they completed their education. A review of PA graduates from 1990-2009 showed that PAs who graduated from programs supported by Title VII were 47% more likely to work in rural health clinics than graduates of other programs.

As of the end of Fiscal Year 2017, there were more than 10,200 clinicians participating in the National Health Service Corps' (NHSC) loan repayment and scholarship programs, with a significant portion of these participating clinicians being PAs. Considering the demand for providers in the rural and medically underserved areas which are covered by NHSC, as well as the ongoing primary care provider shortage, continued support is needed to ensure this important program can reach patients who lack access to care and help grow the next generation of healthcare providers in places where they are needed most.

PAs also provide medical care in Community Health Centers (CHCs), and in some cases, serve as CHC medical directors. CHCs offer cost-effective healthcare throughout the country provide access for millions of patients who live in medically underserved areas. CHCs provide a wide variety of healthcare services through team-based care, providing high quality care to CHC patients and significantly reducing their medical expenses by focusing on primary care services. As such, AAPA urges continued support for CHCs.

AAPA appreciates the work being done by Congress and the relevant federal agencies to improve access to primary care in the United States. Far too many people in the United States face barriers to accessing medical care, with many of those in rural and underserved communities being particularly disadvantaged. PAs play a vital role in the healthcare system and will be part of any attempt to improve access to care for those communities.

AAPA is committed to working with Congress and all relevant federal agencies to improve access to primary care for underserved communities in the United States. Thank you for the opportunity to submit a statement for the record on this important issue, and please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at 571-319-4338 or theuer@aapa.org with any questions.