



**Statement for the Record
Submitted to the
Committee on Veterans Affairs, Subcommittee on Health
U.S. House of Representatives
October 13, 2021
On behalf of the American Academy of PAs**

Dear Chairwoman Brownley, Ranking Member Bergman, and members of the subcommittee:

On behalf of the more than 151,000 PAs (physician assistants) throughout the United States, the American Academy of PAs (AAPA) appreciates the opportunity to submit testimony in support of the *Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement (VA Nurse and Physician Assistant RAISE) Act* that has been introduced by Representatives Lauren Underwood and David Joyce.

AAPA thanks the subcommittee for holding this hearing and for the ongoing dedication and commitment to ensuring our nation's veterans receive the highest quality healthcare available. The PA profession maintains a close connection to the VA, as the first PA students in the 1960s were veterans. Today, 11 percent of all PAs in the United States are veterans, active-duty military, or in the National Guard and Reserves, and 24 percent of PAs currently employed by the Department of Veterans Affairs (VA) are veterans.

The RAISE Act would amend 38 U.S.C. § 7451(c) (2) to allow an appropriate increase in current pay limitations impacting PAs (and APRNs) employed by the VA. The Act would change PA pay limitations from level V to level I in the Executive Schedule to more accurately reflect compensation levels seen in the private sector. Importantly, this change in the Executive Schedule more accurately reflects the professional responsibility and level of care that PAs provide as front-line and often principal healthcare providers for patients at VA medical facilities. AAPA appreciates the VA, as a result of federal legislation, utilizing a locality pay system that generally results in locally competitive salaries for PAs and other healthcare providers. AAPA also strongly supports the RAISE Act taking the additional necessary step of adjusting an arbitrary pay cap that in high wage areas has prevented PAs and other healthcare workers from receiving locally competitive wages. This legislation is especially important at a time when the ongoing COVID-19 pandemic continues to stress the nation's healthcare infrastructure.

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.

The RAISE Act recognizes the critical role of PAs in the delivery of healthcare services and would ensure that pay rates within VA health facilities are appropriate and competitive with private sector healthcare providers, especially in higher salary locations. The Act would also ensure that PAs employed by the VA are compensated fairly and in accordance with their education, clinical experience, and the critical services they provide. Currently, PAs are subject to an overall pay cap set to level V of the Executive Schedule, or \$161,700 in fiscal year (FY) 2021. These existing pay caps apply to PAs, most advance practice nurses (except for certified registered nurse anesthetists), and registered nurses. Currently, PAs and Nurse Practitioners comprise nearly 50 percent of the VA's primary care workforce. AAPA urges the subcommittee to consider the importance of the RAISE Act to ensure that the VA can continue to attract, recruit, and retain a viable PA workforce. This is especially important for VA health facilities in areas where the private sector market can compensate PAs and other providers at a higher rate than the current caps allow. The RAISE Act is especially important for VA healthcare facilities located in high cost of living areas.

AAPA applauds this committee and the VA for their collaborative dedication to VA patient care and outcomes. The RAISE Act is one of many appropriate steps that would improve patient access to care and remove unnecessary burdens on a vital workforce. 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 have 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 Congress to support the VA in creating strong national standards of practice for the PA profession that will improve access to high quality healthcare for America's veterans.

The model of primary care in the United States continues to evolve from an antiquated or traditional physician model to a more streamlined, efficient, and patient-centric model. As the roles and responsibilities of PAs (and APRNs) expand to meet the growing needs of an aging population, it is vital that VA healthcare facilities can attract, recruit, and retain a robust PA workforce.

AAPA strongly supports the RAISE Act to increase veterans' access to high-quality, timely care at VA medical facilities, and appreciates the opportunity to submit this testimony. We are committed to working with Congress and federal agencies to advance our common mission of improving access to healthcare in the United States. If we can be of assistance to the subcommittee on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at (571) 319-4338 or theuer@aapa.org, with any questions.