



March 20, 2023

The Honorable Bernard Sanders
Chairman
U.S. Senate Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
U.S. Senate Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Sanders, Ranking Member Cassidy, and members of the committee:

On behalf of the more than 168,000 physician associates/assistants (PAs) throughout the United States, the American Academy of Physician Associates (AAPA) wants to thank the committee for its commitment to the healthcare workforce and dedication to funding solutions to ensure a robust future workforce in all corners of the country. We thank the committee for holding its February 16th hearing on the way forward and appreciate the opportunity to submit comments as the committee considers how to best meet the needs of patients while ensuring a thriving healthcare workforce in the future. We applaud the committee's past work to support providers throughout the pandemic period, including passage of the Lorna Breen Act to address provider burnout and the mental healthcare crisis, and through funding of workforce programs aimed at bolstering the provider workforce, particularly in rural and underserved communities.

AAPA recognizes the complex and multifaceted issues surrounding the challenges facing the healthcare workforce in the United States, especially on the heels of a global pandemic and record levels of burnout. AAPA applauds the committee for their ongoing dedication to ensuring that all Americans have access to high-quality healthcare. As our nation's population continues to age and additional factors increase demand for healthcare services, we know PAs can be an integral part of the solution. The PA profession was established in the 1960s at a time when the nation was facing another primary care shortage and was intended to improve access especially in rural and underserved communities.¹ Today, PAs again stand ready to respond to a national demand for greater access to high-quality healthcare services and have the medical education, training, and experience to do so.

¹ Cawley JF, Cawthon E, Hooker RS. Origins of the physician assistant movement in the United States. JAAPA. 2012 Dec;25(12):36-40, 42.

As with other healthcare providers, it is expected that the need for PAs will also increase.² In 2019, more than one in seven practicing PAs in the United States was aged fifty-five or older, with a majority predicting they would retire by age sixty-five.³ PAs practicing in rural areas are approaching retirement in larger numbers than urban or other areas.⁴ As aging PAs and other providers retire, we must look to build and strengthen the workforce pipeline of the future in a way that ensures adequate access across all geographies, addresses the areas of the most acute need, such as primary care and behavioral healthcare, and ensures concordant healthcare. We must also fully utilize our current workforce by eliminating barriers, embracing new models of care, and avoiding burdensome requirements that do not improve patient care. PAs provide high-quality healthcare across the nation and stand ready to support the Committee as it develops solutions to meet current and anticipated demands for healthcare services, particularly in rural and underserved areas.

Background: PAs in Primary and Behavioral Healthcare

PAs are nationally certified, licensed clinicians who practice medicine, with broad medical education that prepares them to serve in all specialties and settings, especially primary care, family medicine, and across various specialties. PAs diagnose illness, develop and manage treatment plans, manage their own patient panels, and often serve as a patient's primary healthcare provider. The profession's commitment to a team-based approach is well-suited for the patient-centered medical home and other value-based integrated care models.

PAs also serve in many specialty areas, including areas experiencing significant provider shortages, such as psychiatric and mental health, where PAs provide high-quality, evidence-based care across the spectrum of behavioral health settings. PAs are also recognized in federal law as providers in opioid treatment programs and are instrumental in providing care for patients with substance use disorder (SUD) and other mental, physical, and behavioral health concerns. PAs are authorized to prescribe controlled medications in all 50 states and the District of Columbia. Including PAs in workforce programs will benefit patients seeking care in both primary and specialty care areas.

As the committee considers policies to ensure timely access to high-quality care for all patients, AAPA encourages the committee to embrace opportunities to reduce provider barriers and burdens wherever they interfere with optimizing patient care and access. AAPA also encourages the committee to reauthorize current programs to address workforce challenges, such as those listed below. AAPA stands ready to work together with the committee to consider new ideas to ensure quality care is available to all Americans, particularly those in rural and underserved communities.

² Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Physician Assistants, at <https://www.bls.gov/ooh/healthcare/physician-assistants.htm> (visited March 03, 2023).

³ <https://www.aapa.org/download/76536/?tmstv=1678371710>

⁴ <https://www.aapa.org/news-central/2019/02/thinking-retirement-youve-got-company/>

1) Reauthorize the National Health Service Corps

The National Health Service Corps (NHSC) is a critical program in ensuring our nation's healthcare workforce is distributed in areas where qualified providers are needed most. Loan repayment and scholarships in exchange for a post-graduation commitment to practice in designated underserved areas and communities ensures that the areas most impacted by workforce shortages have access to highly qualified providers. This significant investment by the federal government remains a critically important tool needed to address growing shortages. **AAPA strongly recommends that NHSC is reauthorized at a level that will fund all eligible applicants.**

2) Support Programs to Enhance Workforce Diversity and Community Representation

AAPA is committed to ensuring that the PA profession continues collective action to increase racial and ethnic diversity and inclusion⁵ to better address healthcare disparities. Increasing diversity in the healthcare workforce, particularly in communities experiencing poor health outcomes, is just one factor to address key inequities in social determinants of health. Research shows positive benefits to patients when there is greater diversity among healthcare providers. AAPA is committed to implementing partnerships and programs that attract more underrepresented demographics to the profession and providing the tools and resources to support them – prior to and during PA school, as well as while they are practicing. **AAPA strongly recommends programs that educate and recruit from communities that reflect the needs of our diverse country.**

3. Fully Fund Title VII and Title VIII and Ensure Additional Clinical Preceptor Funding

Title VII of the Public Health Service Act (42 U.S.C 292 et. Seq) contains federally funded training and education programs that directly impact the diversity and distribution of health professions, including PAs, to address current, emerging, and re-emerging challenges to the national healthcare workforce. Full funding of the programs within Title VII would ensure that all necessary healthcare professions, like physicians and PAs, are adequately trained and prepared to practice in areas that need their expertise most. The Primary Care Training and Enhancement (PCTE) Physician Assistant Rural Training funding opportunity explicitly allows grantees to pay preceptors to train PA students in rural communities to expand access to placements in these communities. AAPA is an active participant in the Health Professions and Nursing Education Coalition (HPNEC). **AAPA recommends the committee work closely with appropriators to fund Title VII and Title VIII at \$1.51 billion as requested by HPNEC and ensure that robust funding for preceptors is included as a priority.**

4. Fund Postgraduate Fellowships for PAs

PAs are rigorously trained professionals who enter the work force with the proven clinical and educational experience to practice in their field of choice. Increasingly, PAs are choosing to pursue postgraduate fellowships,

⁵ <https://www.aapa.org/about/aapa-governance-leadership/from-aapa-leaders/our-commitment-to-diversity-equity-and-inclusion/>

either immediately after PA school or during the course of their career. These optional fellowships in specialties like primary care often mimic what a residency program for physicians might look like. Congress has, in recent years, included language in HRSA appropriations legislation to fund fellowship programs for nurses, but not PAs. These efforts by policymakers to grow and train the primary care workforce must treat PAs equitably to ensure full utilization of the existing healthcare workforce. The sponsors, HRSA and other federally funded fellowship programs, should have the opportunity to strengthen the primary care workforce by providing additional training for both PAs and NPs. **AAPA urges authorizers and appropriators to include PAs in any legislation funding or creating optional healthcare fellowship programs.**

5. Support the PA Higher Education Modernization Act

To fully maximize the potential of the PA profession in addressing health workforce shortages, it is necessary to implement reforms that address long-standing exclusions of the profession from critical federal programs. In line with this goal, AAPA supports the *PA Higher Education Modernization Act*, comprehensive legislation that seeks to address key components of the Higher Education Act. The PA Higher Education Modernization Act would make investments in program development at historically Black colleges and universities, Hispanic-serving institutions, and other minority-serving institutions that have previously excluded PA programs. The bill also aims to reduce financial barriers for students by restoring access to subsidized direct loans for PA and other graduate-level health professions students, thus limiting long-term borrowing costs. As a component of legislation seeking to address health profession shortages, **AAPA urges the committee to support the PA Higher Education Modernization Act.**

AAPA thanks the committee for the opportunity to submit these recommendations and for your ongoing dedication to our nation’s healthcare systems and a robust workforce. We are committed to working with Congress to advance our shared mission of improving access to healthcare in the United States. If we can be of assistance on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at theuer@aapa.org.

Sincerely,



Jennifer M. Orozco, DMSc, PA-C, DFAAPA
President and Chair, Board of Directors



Lisa M. Gables, CPA
Chief Executive Officer