Testimony from the American Academy of Physician Assistants for Fiscal Year 2015

Appropriations Concerning the Health Resources and Services Administration’s

Title VII Health Professions Program

Submitted for the Record to the House Appropriations Subcommittee on

Labor, Health and Human Services, Education, and Related Agencies

Submitted by: Sandy Harding, MSW, Senior Director, Federal Advocacy

sharding@aapa.org, 571-319-4338

On behalf of the more than 95,000 clinically practicing physician assistants in the United States, the American Academy of Physician Assistants (AAPA) is pleased to submit comments on Fiscal Year 2015 appropriations for Physician Assistant (PA) educational programs that are authorized through Title VII of the Public Health Service (PHS) Act. AAPA respectfully requests the House Appropriations Committee to approve funding at existing levels for the Title VII health professions education program - $280,000,000, with an allocation of 15% of the Primary Care Training and Enhancement program line for PA educational programs.

Federal support for Title VII is authorized through section 747 of the PHS Act. It is the only continuing federal funding available to PA educational programs. Unfortunately, in recent years, PA educational programs have received reduced support from Title VII funding, which is designed to educate PAs in primary care and to prepare PAs for practice in urban or rural medically underserved areas.

This funding is essential to the development and training of the nation’s health workforce, and is critical to providing continued access to health services in underserved and minority communities. It also encourages PAs to return to these environments with the greatest need after they have completed their educational preparation, being one of the best recruitment tools to date. According to the Health
Resources and Services Administration (HRSA), 37 percent of PAs practice in medically underserved counties, including medically underserved areas and medically underserved populations.

Additionally, Title VII funding has helped PA Programs expand clinical rotations in rural and underserved areas that have been in critically short supply and has enhanced primary care curriculum to better address the needs of disadvantaged populations.

**While the purview of the Title VII programs grant funding has expanded to include assisting returning combat veterans, funding for PA educational programs has been significantly reduced.**

Additional reductions to this budget will disadvantage new PA programs that need these funds to help with student recruitment, faculty development, and establishing clinical rotation cites.

Diverse clinical rotation sites and recruitment programs are critical to PA education and are paramount to the Title VII primary care medicine program. A review of PA graduates from 1990 – 2009 demonstrated that PAs who have graduated from PA educational programs supported by Title VII are 67% more likely to be from underrepresented minority populations and 47% more likely to work in a rural health clinic than graduates of programs that were not supported by Title VII. We wish to thank the members of this subcommittee for your historical role in supporting funding for the health professions programs, and we hope that we can count on your support to augment funding to these important programs in FY 2015.

**Overview of PA Education**

The existing 181 accredited physician assistant educational programs are all located within schools of medicine or health sciences, universities, teaching hospitals, and the Armed Services. All PA educational programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant.

The typical PA program consists of 26 months of instruction, and the typical student has a bachelor’s degree and about four years of prior health care experience. The PA curriculum includes 400 hours of
basic sciences and nearly 1,600 hours of clinical medicine. On average, students devote more than 2,000 hours, or 50 to 55 weeks, to clinical education, divided between primary care medicine – family medicine, internal medicine, pediatrics, and obstetrics and gynecology – and various specialties, including surgery and surgical specialties, internal medicine subspecialties, emergency medicine, and psychiatry.

After graduating from an accredited PA program, PAs must pass a national certifying examination developed by the National Commission on Certification of Physician Assistants and become licensed by the state to provide medical care. To maintain certification, PAs must log 100 continuing medical education hours every two years, and they must take a recertification exam every ten years.

**PA Practice**

PAs are licensed health professionals who practice medicine as members of a healthcare team. PAs exercise autonomy in medical decision making and provide a broad range of medical and therapeutic services to diverse populations in rural and urban settings. PAs perform physical examinations, diagnose and treat illnesses, order and interpret lab tests, assist in surgery, provide patient education and counseling, and make rounds in nursing homes and hospitals. PAs are nationally certified and state licensed to practice medicine and prescribe medication in all fifty states, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands.

**PAs in Primary Care**

An estimated 30,000 PAs (32 percent of the profession) work in primary care across the nation – 38.2 percent work in private practice (multi- and single specialty and solo practices); 23.3 percent in Family Medicine, 3.0 percent practice in community health centers, 3.3 percent practice in certified rural health clinics, and 2.7 percent work in a federally qualified health center.

PAs are also one of three primary care providers who provide medical care through the National Health Service Corps (NHSC). The NHSC is an important federal program with nearly 10,000 healthcare
providers, like PAs, who benefit from the program’s loan-forgiveness and scholarship awards to those providers and students who commit two years to provide medical, dental, and mental healthcare in medically underserved areas.

Additionally, PAs provide medical care in community health centers (CHCs), some as CHC medical directors. CHCs provide cost-effective healthcare throughout the country and serve as medical homes for millions in medically underserved areas. CHCs offer a wide variety of healthcare services through team-based care, providing high quality healthcare to CHC patients and significantly reducing medical expenses.

**Critical Role of the Title VII PHS Act Programs**

According to the Health Resources and Services Administration (HRSA), an additional 31,000 healthcare providers are needed to alleviate existing professional shortages. This existing shortage, combined with faculty shortages across PA education, the need to build greater diversity among healthcare providers, and an increasingly aging healthcare workforce, creates challenges in growing the primary healthcare workforce.

*Title VII programs are the only federal educational programs that are designed to address the supply and distribution imbalances in the health professions.* Since the establishment of Medicare, the costs of physician residencies, nurse training, and some allied health professions training have been paid through Graduate Medical Education (GME) funding; however, GME has not been available to support PA education. More importantly, GME was not intended to generate a supply of providers who are willing to work in the nation’s medically underserved communities – the purpose of Title VII.

Furthermore, *Title VII programs seek to recruit students who are from underserved minority and disadvantaged populations, which is a critical step towards reducing persistent health disparities among certain racial and ethnic U.S. populations.* Research shows racial and ethnic health disparities
cost the economy more than $230 billion in lost productivity and up to $1.24 trillion in indirect costs over three years; and studies have found that health professionals from disadvantaged regions of the country are three to five times more likely to return to underserved areas to provide care which would help alleviate the current health disparity crisis in America.

Support for educating PAs to practice in underserved communities is particularly important given the market demand for PAs. Title VII funding is a critical link in addressing the natural geographic mal-distribution of health care providers by exposing students to underserved sites during their training, where they frequently choose to practice following graduation. Currently, 36 percent of PAs met their first clinical employer through their clinical rotations.

**Supplementary Recommendations on FY 2015 Funding**

AAPA urges members of the Appropriations Committee to consider the inter-dependency of all public health agencies and programs when determining funding for FY 2015. For instance, while it is critical, now more than ever, to fund clinical research at the National Institutes of Health (NIH) and to have an infrastructure at the Centers for Disease Control and Prevention (CDC) that ensures a prompt response to an infectious disease outbreak or bioterrorist attack, the good work of both of these agencies will go unrealized if HRSA is inadequately funded.

HRSA administers the “people” programs, such as Title VII, that bring the results of cutting edge research at NIH to patients through providers such as PAs who have been educated in Title VII-funded programs. Likewise, the CDC is heavily dependent upon an adequate supply of healthcare providers to be sure that disease outbreaks are reported, tracked, and contained.

Thank you for the opportunity to present the AAPA’s views on FY 2015 appropriations concerning HRSA’s Title VII Health Professions Program.