

Improving Access to Opioid Use Disorder (OUD) Treatment in Rural and Underserved Areas Through Investments in PA Clinical Training

*Submitted for the Record to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies – May 22, 2019
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The Physician Assistant Education Association (PAEA), on behalf of the 243 accredited PA programs in the United States, is pleased to submit the following testimony in support of increased investment in Title VII health workforce programs under the Public Health Service Act in Fiscal Year (FY) 2020. At a time of both growing public health crises, including the national opioid epidemic, and looming provider shortages, Title VII programs have become increasingly critical to ensure continued access to high-quality care for patients. In alignment with our health professions education colleagues, **we request a total of \$690 million for both Title VII health professions and Title VIII nursing programs in FY 2020.** This level of federal support will provide PA education, as well as our health professions peers, with needed investments to prepare the next generation of health care providers to care for all Americans.

The Role of PAs in Care Delivery in Rural and Medically Underserved Areas

Throughout our profession's history, PAs have been on the frontlines of health care delivery in the United States as critical components of the health workforce in rural and medically underserved areas. Through an intensive training process, PAs complete one year of classroom-based instruction followed by full-time clinical rotations in the fields of family and internal medicine, pediatrics, emergency medicine, obstetrics and gynecology, general surgery, and behavioral health, in addition to elective rotations. Our member programs graduated 8,336 PAs in 2017, with a plurality of graduates going on to serve in primary care practices.¹ As a result of both the origins of the profession as well as the emphasis on primary care during clinical rotations, PAs currently constitute a significant portion of the primary care workforce, with more 32,864 certified PAs currently practicing in primary care specialties.²

Clinical training site shortages have emerged as the preeminent barrier to program expansion. Fueled by health system consolidation and increasing demands on clinician time, among other factors, clinicians are less able to donate their clinical training expertise. The national clinical site shortage threatens to hinder PA workforce development at a time where an aging population and growing public health threats necessitate considerable workforce expansion. According to a recent PAEA Curriculum Report, 43.7% of PA programs now pay for clinical training sites, up from 21% five years ago, a cost which is ultimately borne by students in the form of increased

¹ Physician Assistant Education Association. (2018). *By the Numbers: Program Report 33: Data from the 2017 Program Survey*, Washington, DC: PAEA. doi: 10.17538/PR33.2018

² National Commission on Certification of Physician Assistants. (2018). *2017 Statistical Profile of Certified Physician Assistants by Specialty*. Johns Creek, GA: NCCPA.
<https://prodcmsstoragesa.blob.core.windows.net/uploads/files/2017StatisticalProfilebySpecialty.pdf>

tuition due to limited federal support for PA clinical training.³ To resolve this issue, **PAEA urges the committee to support innovative policy interventions such as the Rural and Underserved PA Workforce Demonstration proposed in H.R. 1686, which would invest in PA clinical rotations in federally qualified health centers, rural health clinics, and critical access hospitals, thus addressing both the clinical site shortage and the issue of health workforce maldistribution.**

The Opioid Crisis: PA Education Is Part of the Solution

In spite of the recent enactment of comprehensive legislation by Congress to address the national opioid epidemic, the number of opioid-related overdose deaths nationally has continued its dramatic rise. According to the National Institute on Drug Abuse, 47,600 people perished in 2017 as a result of opioid overdoses.⁴ A critical component of an effective national response to the opioid epidemic is a well-trained behavioral health workforce equipped to ensure access to evidence-based therapies such as medication-assisted treatment (MAT). In 2018, PAEA partnered with the American Academy of Addiction Psychiatry in a SAMHSA-supported effort to integrate the training required to prescribe buprenorphine, a common office-based form of MAT, into the curricula of PA programs throughout the country. Through this federal investment in PA education, PA graduates are beginning to enter the workforce prepared to apply for the waiver to prescribe buprenorphine, illustrating the valuable impact of existing federal investments as well as the potential achievements made possible through new resources.

Specifically, we encourage the committee to provide \$25 million for the Substance Use Disorder Workforce Loan Repayment program authorized in the SUPPORT for Patients and Communities Act to incentivize our graduates to fully utilize this training following graduation. We further urge the committee to provide \$10 million for the Mental and Substance Use Disorder Workforce Training Demonstration, which was authorized in the 21st Century Cures Act.

Clinical Training Sites: New Investments Needed

An additional component of a broader national response to the opioid epidemic must be improving both the availability and quality of clinical training sites. In a 2014 survey of PA programs, behavioral and mental health clinical training sites and preceptors were found to be the third most difficult to recruit.⁵ Increased demand for providers with the skills necessary to treat OUD will be a growing source of pressure on the nation's already limited supply of clinical training sites in primary care. Continuing support of Title VII health workforce programs as well as innovative new solutions such as the Rural and Underserved PA Workforce Demonstration remain crucial steps Congress can take to improve the capacity of PA programs to prepare practice-ready graduates.

³ Physician Assistant Education Association, *By the Numbers: Curriculum Report 3: Data from the 2017 Clinical Curriculum Survey*. Washington, DC: PAEA, 2018. doi: 10.17538/CR3.2017.001.

⁴ National Institute on Drug Abuse. (2019). *Overdose Death Rates*, Bethesda, MD: NIDA.

⁵ Physician Assistant Education Association. (2014). *2014 PAEA Program Survey*. Alexandria, VA: PAEA.

Existing Title VII Investments

Beyond the need for new investments to improve the availability of clinical rotations, and particularly behavioral health and primary care rotations in traditionally underserved settings, PAEA is strongly supportive of existing Title VII programs with a successful track record in training students. The Primary Care Training and Enhancement (PCTE) program, for example, provides PA programs with the resources necessary to integrate curricular innovations such as student-run medical clinics into their programs in order to direct more students to primary care following graduation. **Recognizing the importance of a well-trained PA workforce in primary care, Congress enacted a 15% allocation requirement for PA education under the PCTE program. This funding floor has been an invaluable tool for stimulating innovation in PA primary care education — with demonstrable positive implications for student training and patient care.** Citing the most recent outcomes data available as of FY 2017, the Health Resources and Services Administration (HRSA) has reported that the PCTE program significantly exceeds targets both in the number of PAs graduating from funded programs (357 compared to a goal of 120 in FY 2017) as well as those trained in and going on to practice in underserved areas.⁶

Diversity and Care for Underserved Populations

As a core principle, PAEA believes that the delivery of high-quality care is dependent upon the development of a health workforce that reflects the communities it will serve. To this end, in addition to the innovation in primary care instruction made possible through PCTE grants, **PAEA also strongly supports increased funding for Scholarships for Disadvantaged Students, the Health Careers Opportunity Program, and the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program.** These programs have served to create a pipeline to PA education for diverse students while providing the incentives necessary for them to practice in underserved communities following graduation.

Recommendations for FY 2020 Appropriations

To facilitate continued innovation in PA education, PAEA urges the Subcommittee to reinforce its commitment to Title VII health workforce programs in FY 2020. **Along with our partners in the health professions, we support funding Title VII and Title VIII programs at a total level of \$690 million for FY 2020.**

PAEA thanks the Subcommittee for its ongoing support of Title VII health workforce programs and their role in supporting PAs in extending access to care in rural and medically underserved areas. We look forward to the opportunity for continued engagement with the Subcommittee and its members in devising innovative solutions to the challenges facing health professions education.

⁶ Health Resources and Services Administration. (2019). *FY 2020 Congressional Budget Justification*. Rockville, MD: HRSA.