



PHYSICIAN ASSISTANT EDUCATION ASSOCIATION
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PAEAonline.org • 703-548-5538

November 26, 2019

The Honorable Richard Neal
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
1139 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the Physician Assistant Education Association, the association representing the 250 accredited PA education programs across the United States, we are writing in response to your request for information regarding successful models which seek to address chronic provider shortages in rural and underserved areas. To that end, we would like to share the following response:

Rural and Underserved Area Workforce Shortage Mitigation

Historically, the substantial investments made by Congress in rural health workforce development have focused on physician residencies. In 2010, Congress authorized the Teaching Health Center Graduate Medical Education program in recognition of the powerful effect that training clinicians in underserved settings can have on their subsequent employment choices. These investments have led to a high retention rate of 58% of THCGME-trained physicians in medically underserved communities and/or rural settings.¹ In the Bipartisan Budget Act of 2018, Congress reauthorized THCGME at slightly over \$125 million annually through fiscal year 2019 - a funding level which supports the training of 728 residents at a median cost of \$157,602 per resident.¹ Given the success of THCGME in expanding access to care in underserved communities, PAEA is supportive of further investments in interprofessional clinical training opportunities in rural and underserved practice settings as is currently the case to a limited

¹ Health Resources and Services Administration. (2019). Teaching Health Center Graduate Medical Education (THCGME) Program. Retrieved from: <https://bhwh.hrsa.gov/grants/medicine/thcgme>.

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extent with other programs administered by the Health Resources and Services Administration such as Primary Care Training and Enhancement grants.

While THCGME has demonstrated success, the high cost of residency training suggests that more cost-effective policy options that could replicate the success of THCGME should also be explored. Specifically, H.R. 1685 - the Physician Assistant Education Public Health Initiatives Act, would authorize a pilot program based upon THCGME to determine the efficacy of shorter clinical rotations in influencing graduate practice location and specialty choices.

Thank you for the opportunity to submit comments as the committee considers policy with the potential to address access to care in rural and underserved communities. Should you have any questions or need additional information, please contact Director of Government Relations Tyler Smith at tsmith@PAEAonline.org or 703-667-4356.

Sincerely,

A handwritten signature in black ink that reads "Jonathan Bowser".

Jonathan Bowser, MS, PA-C
President

A handwritten signature in black ink that reads "Sara G. Fletcher".

Sara Fletcher, PhD
Interim Chief Executive Officer