



PHYSICIAN ASSISTANT EDUCATION ASSOCIATION
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March 19, 2020

The Honorable Chuck Grassley
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden:

On behalf of the Physician Assistant Education Association (PAEA), the national organization representing the 250 accredited PA education programs in the United States, we are writing in response to your request for information regarding proposed solutions to address poor maternal health outcomes. As the nation confronts a maternal mortality and morbidity crisis that disproportionately impacts African American, Native American, and Alaska Native women, PA programs are committed to preparing a diverse, well-trained workforce to ensure high-quality care is provided to patients. To assist the committee as it considers possible policy interventions, we would like to offer the following comments.

Women's Health Clinical Rotations

In the aforementioned request for information, you directed specific attention to the use of non-physician clinicians in maternal health care teams. While PAs are uniquely positioned to provide high-quality maternal health care, given their generalist training and ability to comprehensively address comorbidities contributing to poor outcomes, PA education currently faces significant barriers to producing this workforce. As a condition of accreditation, every PA program is required to secure a clinical rotation in women's health - including prenatal and gynecologic care - for their students.

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However, over 80% of PA programs report that securing said rotations is either difficult or very difficult.¹ As a result of this difficulty, 83.5% of PA programs report having to pay for these experiences — a previously rare practice and a new expense that is ultimately borne by students in the form of tuition increases, which may play a role in their willingness to practice in underserved areas.²

To begin addressing the challenge of limited access to women’s health clinical training opportunities, PAEA is supportive of several innovative solutions. From 2012–2018, the Centers for Medicare and Medicaid Services (CMS) funded the Graduate Nurse Education (GNE) Demonstration — a program through which CMS made payments to selected hospitals to cover the cost of clinical training for advanced practice registered nurse students. This demonstration resulted in the graduation of an additional 3,739 APRN students compared to non-GNE schools of nursing.³ To specifically address the previously discussed clinical training challenges for PA students, the committee could consider the development of a comparable program to compensate participating sites for providing clinical rotations in women’s health, ideally with exposure to diverse and/or underserved patient populations. In addition to this proposal, PAEA has also endorsed S.2373, the Rural MOMS Act, which would authorize resources to PA programs and other health professions programs to secure women’s health clinical rotations in rural areas.

Beyond the direct provision of new resources, PAEA has also supported efforts by CMS to integrate advanced practice provider workforce development into value-based payment reform. Currently, MIPS-eligible clinicians have the opportunity to train students as a clinical practice improvement activity in a manner that positively contributes to their Part B reimbursement. As the shift towards value-based payment continues, PAEA urges the committee to consider how new alternative payment models, particularly those focused on maternal care delivery, might be designed to either incentivize or compel training of future maternal care professionals.

Maternal Health Workforce Diversity

In addition to challenges regarding women’s health clinical training experiences for students, PAEA is also concerned with barriers to accessing PA education for diverse students as is also prioritized in your request for information. Due to higher costs associated with health professions education compared to other forms of graduate education, students from the communities most impacted by the maternal health crisis face significant challenges in accessing health professions programs. These barriers have resulted in only 5.7% of PAs practicing in obstetrics and gynecology being African American and 0.6%

¹ Physician Assistant Education Association, *By the Numbers: 30th Report on Physician Assistant Educational Programs in the United States*, 2015. Washington, DC: PAEA; 2015. doi: 10.17538/btn2015.001.

² 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.

³ Centers for Medicare and Medicaid Services, GNE Demonstration Project Final Evaluation. Woodlawn, MD: CMS; 2019. <https://innovation.cms.gov/Files/reports/gne-final-eval-rpt.pdf>.



being American Indian or Alaska Native, inherently limiting the ability of the existing workforce to provide culturally competent care.⁴

To address these challenges and ultimately improve the diversity of the maternal health workforce, PAEA has also endorsed S.3424 - the Black Maternal Health Omnibus Act, which would provide additional resources to PA and other health education programs to offer scholarships to students with a desire to practice in women's health. Comparable programs, such as the Scholarships for Disadvantaged Students program operated by the Health Resources and Services Administration, have resulted in significant increases in access to health professions education for students from diverse backgrounds. In FY 2018, the program supported more than 2,000 underrepresented minority students — 64% of all supported students — and PAEA believes that this approach can and should be replicated with a focus on maternal health workforce development.⁵

As the committee continues to consider solutions to our nation's maternal health crisis, we look forward to the opportunity for continued collaboration to promote the development of a high-quality maternal health workforce. Should you have any questions, please do not hesitate to contact Director of Government Relations Tyler Smith at tsmith@PAEAonline.org or at (703) 667-4356.

Sincerely,

A handwritten signature in black ink that reads "Howard Straker".

Howard Straker, EdD, MPH, PA-C
President

A handwritten signature in blue ink that reads "Mary Jo Bondy".

Mary Jo Bondy, DHEd, MHS, PA-C
Chief Executive Officer

⁴ National Commission on Certification of Physician Assistants, 2018 Statistical Profile of Certified Physician Assistants by Specialty. John's Creek, GA: NCCPA; 2019.
<https://prodcmsstoragesa.blob.core.windows.net/uploads/files/2018StatisticalProfileofCertifiedPAsbySpecialty1.pdf>.

⁵ Health Resources and Services Administration, FY2021 Budget Justification. Rockville, MD: HRSA; 2020.
<https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf>