

Addressing COVID-19, Maternal Mortality, and Other Emerging Health Crises: Investment Needed in the Clinical Training and Diversity of PA Students

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On behalf of the 254 accredited physician assistant (PA) education programs in the United States, the Physician Assistant Education Association (PAEA) welcomes the opportunity to submit the following testimony regarding the critical need for continued investment in health professions education in Fiscal Year (FY) 2021. As illustrated starkly by the COVID-19 pandemic and other emerging health crises, ensuring that patients have access to timely, high-quality care is dependent upon a strong federal commitment to improving the supply, distribution, and diversity of the national health workforce. As such, PAEA joins with our colleagues to request a total of \$790 million in FY21 for both the Title VII health professions and Title VIII nursing programs. As the health professions education community works to prepare the future health workforce, this level of support will represent the investment necessary for programs to address key challenges, pursue innovation, and promote quality patient care.

Background on PA Practice/Current Issues in PA Education

Since the creation of the profession in the mid-1960s in response to growing physician shortages, PAs have played a critical role in the practice of medicine by ensuring timely access to quality care, particularly in rural and underserved areas. Following the completion of a rigorous, seven semester, curriculum consisting of both classroom-based and clinical education, PAs have broad flexibility to fill workforce gaps based upon their generalist training. During their clinical education, PA students are required to complete one calendar year of core rotations in family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health, and behavioral health - in addition to electives - providing them with the skill set necessary for flexible practice throughout their careers. Currently, a plurality of PAs practice in primary care, with over 25,000 primary care PAs practicing in communities throughout the United States.¹

To meet the projected 31% growth in PA practice openings from 2018-2028, the number of accredited PA programs nationwide has grown significantly in recent years, rising from 149 in 2010 to 250 in 2020, with more than 50 additional programs in development.² While this remarkable expansion appropriately reflects demand for PA services, the rapid rate of growth has presented formidable challenges as PA educators work to provide high-quality education to students. The most acute concern is increased competition for clinical training sites and clinician preceptors - a supply that has significantly contracted as a result of COVID-19. Shortages of clinical training sites prior to the pandemic have resulted in a growing number of programs being

¹ National Commission on Certification of Physician Assistants (2019). 2018 Statistical Profile of Certified Physician Assistants by Specialty. Retrieved from: <https://prodcmsstoragesa.blob.core.windows.net/uploads/files/2018StatisticalProfileofCertifiedPAsbySpecialty1.pdf>.

² Bureau of Labor Statistics. (2019). Physician Assistants. Retrieved from <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>.

forced to pay for training sites. According to PAEA's most recent survey of members, 52% of programs nationwide, up from 27.9% as of 2015, are now paying for some or all of their clinical rotations at an average cost of \$245 per week, per student.³ Given the current lack of dedicated federal funding to support PA clinical training comparable to Graduate Medical Education for physicians, this cost has ultimately been borne by students in the form of higher tuition.

In the absence of a direct funding stream for PA clinical training, a small number of PA programs have traditionally relied upon existing Title VII programs to facilitate limited training opportunities. For example, Primary Care Training and Enhancement (PCTE) grants have long served as a critical resource for PA programs seeking to direct graduates to practice in primary care through curriculum development and clinical training experiences. In FY18, 577 PA students graduated from a PCTE-funded program, well in excess of the 200 student target set by HRSA.⁴ In addition to PCTE grants, Area Health Education Centers (AHECs) partner with PA programs, along with other health professions programs, to facilitate clinical rotations in rural and underserved settings. In FY18, AHECs throughout the country supported clinical rotations for 12,385 health professions students, including PA students.⁴ In FY20, Congress also appropriated more than \$26 million to establish a Mental and Substance Use Disorders Workforce Training Demonstration to support, among other priorities, clinical rotations in behavioral health. **Given the severity of clinical training site shortages for PA programs, PAEA specifically urges the Subcommittee to prioritize increased appropriations for PCTE grants, AHECs, and the Mental and Substance Use Disorders Workforce Training Demonstration in FY21.**

COVID-19 and Maternal Mortality

In addition to addressing the broader clinical training site crisis, PAEA is also committed to preparing the future PA workforce to respond to emerging public health issues, such as the COVID-19 pandemic and maternal mortality. As an organization, PAEA's vision is Health for All. The achievement of this vision requires the elimination of persistent health disparities, and PAEA is particularly concerned with both the elimination of clinical training opportunities for students as a result of COVID-19 and rising rates of maternal morbidity and mortality disproportionately impacting African American, Native American, and Alaska Native women. According to a 2019 report issued by the CDC, these women die from largely preventable pregnancy-related causes at a rate three times higher than white women.⁵ PAs have a critical role in addressing maternal health disparities once they enter practice, however, competition for clinical training experiences in women's health has been a particular barrier to ensuring students are best-equipped to meet this challenge. According to a recent survey report of PAEA member programs, 83.5% of programs that pay for clinical sites currently pay for women's health

³ Unpublished data. Physician Assistant Education Association. (anticipated publication 2020). By the Numbers: Program Report 35: Data from the 2019 Program Survey.

⁴ Health Resources and Services Administration. (2020). Justification of Estimates for Appropriations Committees. Retrieved from: <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf>.

⁵ Centers for Disease Control and Prevention. (2019). Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. Retrieved from: https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w.

rotations - the highest rate of any required PA specialty rotation.⁶ Another report revealed that 83.9% of programs characterized women's rotations to be very difficult or difficult to obtain.⁷ To begin addressing this issue, PAEA has endorsed H.R. 4995 - *the Maternal Health Quality Improvement Act* - which would authorize the Rural Maternal and Obstetric Care Training Demonstration, a program which would support women's health clinical training experiences in rural areas for PA and other health professions students as a means of increasing access to care. **In FY21, PAEA urges the Subcommittee to provide appropriations at the proposed authorization level of \$5 million.**

Promoting Diversity

PAEA strongly concurs with the body of evidence supporting the value of a diverse health workforce to address broader disparities through the provision of culturally competent care.⁸ Traditionally, underrepresented minority students have faced daunting financial and other barriers in entering health professions education. According to PAEA's most recent Student Report, these barriers have resulted in only 4% of matriculating PA students being African American and 7.8% being Hispanic compared to 13.4% and 18.3% of the general population, respectively.⁹ PAEA is grateful for existing federal investments to promote diversity, such as Scholarships for Disadvantaged Students (SDS), which provides PA programs and other disciplines with the resources necessary to promote access to health professions education for disadvantaged students who are more likely to practice in underserved areas following graduation. In FY18, SDS awards supported the training of 3,155 health professions students, exceeding HRSA's target of 2,930 students.⁴ Prior to matriculation, the Health Careers Opportunity Program (HCOP) plays a complementary role by investing in K-16 health education programs that help recruit diverse and disadvantaged students into the health professions pipeline. In FY18, 4,082 disadvantaged students participated in structured HCOP programs, double HRSA's target of 2,000 students.⁴ **PAEA strongly supports continued and increased investments in the SDS and HCOP programs in FY21.**

FY21 Recommendation

As PA education programs across the nation work to prepare the future PA workforce to address emerging health crises, continued federal commitment to address challenges such as clinical training site shortages and workforce diversity is critical. To improve the supply, distribution, and diversity of the national health workforce, PAEA joins in the request of the health professions education community for \$790 million to support the Title VII health professions

⁶ Physician Assistant Education Association. (2018). *By the Numbers: Curriculum Report 3: Data from the 2017 Clinical Curriculum Survey*. Retrieved from: <https://paeaonline.org/wp-content/uploads/2018/10/paea-curriculum-report-33-20181015.pdf>.

⁷ 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

⁸ Cohen, J.J., Gabriel, B.A., & Terrell C. (2002). The Case for Diversity in the Health Care Workforce. *Health Affairs*, 21(5). 90-102. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.21.5.90>

⁹ Physician Assistant Education Association. (2019). *By the Numbers: Student Report 3: Data from the 2018 Matriculating Student and End of Program Surveys*. Retrieved from: <https://paeaonline.org/wp-content/uploads/2019/08/sr3-program-report-20190814.pdf>.

and Title VIII nursing programs in FY21. PAEA thanks the Subcommittee for the opportunity to submit testimony and looks forward to continuing to serve as a resource to members and staff.