



PHYSICIAN ASSISTANT EDUCATION ASSOCIATION

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June 26, 2020

The Honorable Lamar Alexander
Chair
Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander:

On behalf of the Physician Assistant Education Association (PAEA), representing all 254 accredited PA programs that collectively graduate more than 10,000 new PAs each year, we are writing in response to your request for comments regarding future pandemic preparedness priorities. We commend your proactive leadership in this effort to ensure that our nation's clinical and public health systems have the resources necessary to efficiently respond to future disease outbreaks. Based on lessons learned while addressing the shortcomings revealed by COVID-19, PAEA believes it is possible to develop evidence-based federal interventions to bolster health system capacity and optimize patient outcomes. To that end, we offer the following recommendations for your consideration:

Telemedicine Training

As the novel coronavirus spread throughout the United States in early 2020, PA programs nationwide were forced to act quickly to both protect students from exposure and limit disruptions in their clinical education. One solution utilized by some PA programs to ensure students could advance in their training was collaborating with clinical training sites to integrate students into practices' telemedicine activities for rotations, such as behavioral medicine, that are conducive to such appointments. According to PAEA's first COVID-19 impact survey, 21.9% of programs reported that students have participated in telemedicine appointments for the first time due to COVID-19.¹ Prior to the beginning of the pandemic only 3.1% of PA programs reported that their students participated in telemedicine appointments.¹

¹ Physician Assistant Education Association. (2020). COVID-19 Rapid Response Report 1. Retrieved from: <https://paea.edcast.com/pathways/covid-19-rapid-response-reports/cards/6513153>.

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PAEA supports Recommendation 4.2 from the “Preparing for the Next Pandemic” white paper to “ensure that the United States does not lose the gains made in telehealth.” A critical component to help maintain these gains is ensuring that the future workforce receives the training and experiences necessary to deliver high-quality care virtually. Furthermore, adequate resources must be in place to permit student participation and assist with rigorous research and evaluation. This, along with appropriate flexibility under HIPAA to ensure that students in health care professions can be fully integrated into telemedicine appointments with proper protections for patient privacy, will help ensure that supplemental virtual training for some clinical rotations prepares students to the same standard of quality as fully in-person experiences.

To ensure that students receive the training necessary to serve as competent telemedicine providers, PAEA recommends the authorization of a \$15 million dedicated telemedicine curriculum development grant program. This program should include robust evaluation requirements to promote the dissemination of best practices for health professions education.

Workforce Surge Capacity

As health care settings in certain hot spots were overwhelmed with COVID-19 patients at the pandemic’s peak, the importance of a well-trained workforce became immediately apparent. While many states took actions to relieve strained providers, such as streamlining requirements for clinicians to practice across state lines and loosening certain supervision requirements, the need for greater workforce surge capacity has persisted.²

To bolster workforce capacity in anticipation of future disease outbreaks, it is critical to supplement existing volunteer surge capacity programs, such as the HHS Medical Reserve Corps, with those that actively train and incentivize clinicians to respond to public health emergencies. **PAEA supports the bipartisan Strengthening America’s Health Care Readiness Act - S. 4055 - which would establish a National Health Service Corps Emergency Service Demonstration, allowing students to receive scholarship support or practicing clinicians to receive loan repayment in exchange for participation in the National Disaster Medical System.** In the event of a public health emergency, participants would be deployed to the communities where they are most needed. The workforce surge capacity needs illustrated by COVID-19 could be met through this supplemental incentive-based system, significantly improving preparedness.

Workforce Diversity and Health Disparities

As Congress works to improve future pandemic preparedness, PAEA believes that policymakers must address the disparities in access to care based on race and ethnicity, which have contributed to

² Fitzhugh Mullan Institute for Health Workforce Equity. (2020). State Hospital Workforce Deficit Estimator. Retrieved from: <https://www.gwhwi.org/estimator.html>.



disproportionately higher COVID-19–related mortality among Black or African American individuals.³ While access to care is multifaceted, a critical component is the availability of a diverse provider workforce trained in the provision of culturally competent care. According to PAEA’s most recent Program Report, only 4% of matriculating PA students are Black/African American, yet they comprise 12% of the general population.⁴ This lack of appropriate representation has significant implications for patient care and must be addressed as a component of a broader expansion of access to care for historically marginalized communities.

In addition to bolstering workforce surge capacity, the Strengthening America’s Health Care Readiness Act would reduce long-standing barriers to health professions education for underrepresented minority students. Specifically, 40% of supplemental awards would be required to support those historically underrepresented in health care, such as racial and ethnic minority students and those from low income, urban, and rural backgrounds, thereby creating a new pathway to health careers for these individuals while ultimately expanding access to care.

We welcome the opportunity to serve as a continued resource to you and your staff on COVID-19 and other health workforce issues. Should you have specific questions, or if you would like additional information, please contact Director of Government Relations Tyler Smith, MPH, at 703-667-4356 or tsmith@PAEAonline.org.

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

cc:

The Honorable Patty Murray
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The Honorable Rand Paul
The Honorable Susan Collins
The Honorable Bill Cassidy
The Honorable Pat Roberts

³ Centers for Disease Control and Prevention. (2020). Weekly Updates by Select Demographic and Geographic Characteristics. Retrieved from: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Race_Hispanic.

⁴ 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>.



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