

Promoting Health Equity, COVID-19 Recovery, and Access to Care: The Role of
PA Workforce Development

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Labor, Health and Human Services, Education and Related Agencies – May 19, 2021
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The Physician Assistant Education Association (PAEA), representing the 275 accredited PA programs nationwide that graduate more than 10,000 students each year, appreciates the opportunity to submit the following testimony on the Association's funding priorities for Fiscal Year (FY) 2022. Following a year of unprecedented challenges as the country has grappled, and continues to grapple, with the implications of COVID-19, substantial investment in the development of a diverse, well-distributed health workforce has become an urgent imperative.

As such, PAEA joins with the Health Professions and Nursing Education Coalition, a national alliance of more than 80 organizations, to request a total of \$1.51 billion in FY22 for the Title VII health professions and Title VIII nursing workforce development programs administered by the Health Resources and Services Administration (HRSA). By demonstrating a renewed commitment to the creation of a health workforce that is reflective of all communities, Congress can advance health equity, facilitate COVID-19 recovery, and ensure patients have access to the high-quality care they deserve.

Background on the PA Profession and the Impact of COVID-19 on PA Education

In the mid-1960s, the PA profession was created in response to significant workforce shortages similar to those experienced throughout the pandemic. To alleviate the shortage of primary care physicians, the PA profession was developed to rapidly integrate individuals with medical training acquired through military service into the civilian workforce. Based upon an accelerated model of physician training, PA students complete a rigorous, full-time curriculum over the

course of a continuous, on-average, 27-month graduate-level program. PA programs consist of approximately one year of classroom-based training followed by one year of clinical rotations. Students complete outpatient and inpatient clinical placements in family medicine, emergency medicine, surgery, pediatrics, women's health, and behavioral health in addition to electives. This preparation provides students with the broad experience and flexibility necessary to transition among specialties over the course of their careers in response to the workforce needs of their communities.

Given the hands-on nature of the PA training model, the initial spread of COVID-19 in early 2020 posed considerable and unique challenges for programs. To conserve limited supplies of personal protective equipment and protect students, many institutions and practice settings suspended scheduled clinical rotations. While these conditions have significantly improved since the spring of 2020, clinical education capacity has not yet returned to pre-pandemic levels. According to a recent survey of PAEA members, nearly 85% of responding PA programs indicated that their clinical training sites are taking fewer students than prior to the pandemic, exacerbating the clinical sites shortage that pre-dated COVID-19, which led to more than 50% of PA programs having to pay for some or all of their clinical rotations.¹ While reductions in clinical education capacity have occurred broadly, settings with pre-existing workforce shortages have been particularly affected. For example, nearly 60% of respondents indicated that it is either harder or much harder to secure clinical sites in behavioral health, and nearly 50% indicated that this is the case in family medicine.¹

Because of these challenges, it is critical that investments in existing programs designed to facilitate clinical training experiences be prioritized for increased funding in FY 22. Currently,

¹ Physician Assistant Education Association. (2021). *COVID-19 Rapid Response Report 3*. <https://paea.edcast.com/insights/ECL-c621408d-c82a-43f5-a067-75a03494d8be>.

Primary Care Training and Enhancement (PCTE) grants are one of the only sources of direct federal support available to PA programs to facilitate primary care clinical rotations in rural and underserved communities. However, due to competition with physician residency programs, fewer than 10% of PA programs are able to benefit from PCTE grants at the current funding level. Beyond PCTE grants, an additional critical source of support to expand clinical education capacity is Area Health Education Centers (AHECs), which facilitate clinical placements for PA and other health professions students in underserved areas in addition to providing continuing education opportunities for practicing clinicians. In academic year 2018–2019, AHEC grantees facilitated nearly 35,000 clinical rotations for health professions students with approximately 70% taking place in medically underserved communities.² To build upon this track record of success, **PAEA urges the subcommittee to support a funding level of \$98 million for PCTE grants and \$86 million for AHECs in FY22.**

Advancing Workforce Diversity

The disproportionate impact of COVID-19 on communities of color has placed renewed focus on structural factors contributing to long-standing health disparities based on race and ethnicity. PAEA believes that a comprehensive strategy to advance health equity must include the development of a workforce equipped to provide culturally competent care to the communities it serves. Across the health professions, students from communities of color have often faced formidable barriers to matriculation, including financial challenges and inadequate access to mentoring resources. This has contributed to inadequate representation in PA education with

² Health Resources and Services Administration. (2020). *Justification of Estimates for Appropriations Committees*. <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf>.

only 3.9% of first-year PA students identifying as Black or African American and 9.1% identifying as Hispanic or Latino as of 2019.³

PAEA applauds the Biden Administration's call for increased investments in HRSA's health workforce diversity programs. Currently, the Health Careers Opportunity Program (HCOP) provides targeted K-16 programming to provide financial, educational, and experiential resources to underrepresented minority (URM) students to increase their likelihood of successfully matriculating to a health professions program such as a PA program. In FY18, HCOP grantees provided structured support to more than 4,000 disadvantaged students, more than double HRSA's target.² For students who have already successfully matriculated into their educational program, the Scholarships for Disadvantaged Students (SDS) program provides essential financial support needed to ensure URM students can complete their training. In FY18, SDS supported more than 3,000 disadvantaged health professions students with over 65% being from underrepresented minority communities.² **To help bolster the diversity of the future PA workforce, PAEA urges the subcommittee to fund HCOP and SDS at a level of \$30 million and \$103 million, respectively, for FY22.**

Combating the Substance Use Disorder Epidemic

While addressing the immediate impact of COVID-19 has been the most significant federal policy priority of the past year, PAEA believes it is imperative that the long-term response to pre-existing and continuing health crises continue to be prioritized. This is particularly crucial in the case of the substance use disorder (SUD) epidemic given the alarming upward pressure the pandemic has placed on overdose deaths. According to the Centers for Disease Control and

³ Physician Assistant Education Association. (2020). *By the Numbers: Student Report 4: Data from the 2019 Matriculating Student and End of Program Surveys*. <https://paeonline.org/wp-content/uploads/imported-files/student-report-4-updated-20201201.pdf>.

Prevention, more than 81,000 drug overdose-related deaths occurred in the U.S. in the 12-month period ending in May 2020 — *the highest number on record*.⁴ This striking development reinforces the need to develop a health workforce with the evidence-based training necessary to provide high-quality behavioral health care to patients.

While PAEA appreciates that Congress has provided significant resources to support the development of classroom-based SUD training to students via SAMHSA’s Expansion of Practitioner Education (PRAC-ED) program, we are concerned that the resources currently available to support interprofessional clinical training are too limited. In 2020, HRSA made slightly over \$10 million available to support interprofessional behavioral health training opportunities via the Integrated Substance Use Disorder Training program. **Due to the acute shortage of clinical training opportunities in behavioral health, PAEA urges the Subcommittee to provide an additional \$7 million for this program in FY22 and to ensure that all health professions training programs identified in the authorizing statute are eligible to apply for and receive equitable funding.**

FY22 Recommendation

As the nation begins to recover from the impact of COVID-19, PAEA believes there is ample opportunity and a renewed urgency to expand access to quality care for patients by developing a sufficient, diverse supply of well-distributed health professionals. **The Association joins the Health Professions and Nursing Education Coalition in requesting \$1.51 billion in funding for the Title VII health professions and Title VIII nursing workforce development programs in FY22.** PAEA thanks the subcommittee for the opportunity to submit testimony and looks forward to the opportunity to serve as a resource to members and staff.

⁴ Centers for Disease Control and Prevention. (2020). *Overdose Deaths Accelerating During COVID-19*. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>.