



**PHYSICIAN ASSISTANT EDUCATION ASSOCIATION**  
655 K Street NW, Ste. 700, Washington, DC 20001  
PAEAonline.org • 703-548-5538

---

October 1, 2021

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

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

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the Physician Assistant Education Association (PAEA), the national organization representing the 277 accredited PA programs in the United States, which collectively graduate more than 10,000 new PAs each year, we are writing in response to the Finance Committee's request for information on policy solutions to improve access to mental and behavioral health care.

Since the creation of the profession over 50 years ago, PAs have played a critical role in ensuring patients receive the high-quality behavioral health services they deserve. In 1965, the first class of PA students, consisting of four former US Navy Hospital Corpsmen, was constituted at Duke University in order to leverage military-based medical training to address growing civilian workforce needs. These origins have influenced the PA profession up to the modern day and enabled PA graduates to be particularly critical to the care of veterans and others with acute mental and behavioral health needs.

---

**2021 PAEA BOARD OF DIRECTORS**

**Michel Statler, MLA, PA-C**  
PRESIDENT

**Kara L. Caruthers, MSPAS, PA-C**  
PRESIDENT ELECT

**Howard Straker, EdD, MPH, PA-C**  
IMMEDIATE PAST PRESIDENT

**Janie McDaniel, MS, MLS(ASCP)SC**  
SECRETARY

**Carl Garrubba, DMSc, PA-C, CPA**  
TREASURER

**Jonathan Bowser, MS, PA-C**  
DIRECTOR AT LARGE

**Shalon Buchs, MHS, PA-C**  
DIRECTOR AT LARGE

**Nicole Burwell, PhD, MSHS, PA-C**  
DIRECTOR AT LARGE

**Shaun L. Grammer, DMSc, PA-C**  
DIRECTOR AT LARGE

**Robert D. Hadley, PhD, PA-C**  
DIRECTOR AT LARGE

**Linda Sekhon, DHSc, PA-C**  
DIRECTOR AT LARGE

**Mary Ruggeri, MEd, MMSc, PA-C**  
STUDENT MEMBER AT LARGE

**Mary Jo Bondy, DHEd, MHS, PA-C**  
EX OFFICIO MEMBER



Based upon the generalist model of PA education, which enables PAs to practice in a variety of settings and specialties, the profession is uniquely equipped to respond to the complex care required for patients in need of behavioral health services. Over a rigorous, on average, 27-month, full-time training program, all PA students receive both classroom-based instruction and clinical experiences focused on the primary care and mental and behavioral health conditions they are likely to encounter as practicing clinicians. As the committee seeks to develop bipartisan mental health legislation, we welcome the opportunity to share PAEA's perspective on how federal policy can further strengthen the potential of PA graduates to ensure better outcomes for all patients.

### **Strengthening Workforce**

#### **1. What barriers, particularly with respect to the physician and non-physician workforce, prevent patients from accessing needed behavioral health care services?**

Improving access to behavioral health care services is dependent upon removing key barriers that inhibit the growth of health professions education programs. One such barrier in the case of PA education is shortages of clinical training sites and preceptors for PA students. According to a recent survey of PA programs nationwide, nearly 60% of programs report that it is either harder or much harder to secure clinical training sites in behavioral and mental health than was the case prior to the COVID-19 pandemic.<sup>1</sup> This has directly led some programs, such as the Oregon Health and Science University PA program, to reduce their class size in proportion to clinical rotation availability.<sup>2</sup>

While the federal government has historically invested heavily in physician residency training, particularly via Medicare Graduate Medical Education (GME) funding, there is currently no

---

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

<sup>2</sup> Becker's Hospital Review. (2021). *OHSU Cuts Medical School Class Size Due to Lack of Clinical Placements*. <https://www.beckershospitalreview.com/hospital-physician-relationships/ohsu-cuts-medical-school-class-sizes-due-to-lack-of-clinical-placements.html>.



comparable financing mechanism for the training of advanced practice providers. In 2019, the Government Accountability Office issued a report examining a potential expansion of Medicare GME to support PA and nurse practitioner (NP) education, finding that such an expansion would allow PA and NP programs to better plan for long-term class size growth while meaningfully reducing clinical site shortages.<sup>3</sup> Expanding Medicare GME to bolster the pipeline of advanced practice providers would further facilitate the growth of interprofessional teams, which have been shown to improve patient outcomes, increase operational efficiency, reduce burnout, and generate savings for health systems. For these reasons, PAEA concurs with the findings of this report and is strongly supportive of proposals to expand Medicare GME funding to encompass advanced practice provider training.

## **2. What policies would most effectively increase diversity in the behavioral health care workforce?**

Under current law, the Health Resources and Services Administration operates a number of workforce development programs specifically focused on improving behavioral health workforce diversity. Prior to matriculation, the Health Careers Opportunity Program (HCOP) provides dedicated counseling support and immersive educational experiences to underrepresented minority students interested in pursuing careers in the health professions. The Scholarships for Disadvantaged Students (SDS) program provides financial aid to students after successful matriculation, enabling them to proceed to graduation and, subsequently, the workforce.

While HCOP and SDS target intervention points that often determine the ability of underrepresented minority students to successfully become clinicians, both have suffered from chronic underfunding that limits their potential to meaningfully improve workforce diversity. For example, at the current funding level of \$51.5 million annually for SDS, only five PA programs in the nation were able to obtain funding as of the last competition in 2020. Significantly increasing funding for programs with existing administrative infrastructure, such

---

<sup>3</sup> Government Accountability Office. (2019). *Health Care Workforce: Views on Expanding Medicare Graduate Medical Education Funding to Nurse Practitioners and Physician Assistants*. <https://www.gao.gov/products/gao-20-162>.



as HCOP and SDS, to be reflective of the level of investment needed to achieve proportionate workforce representation is a key step that Congress could take to improve behavioral health workforce diversity.

### **3. What federal policies would best incentivize behavioral health care providers to train and practice in rural and other underserved areas?**

Health professions education research has consistently demonstrated the critical impact that clinical training experiences have on graduates' subsequent practice patterns. According to a recent survey of graduating PA students conducted by PAEA, experiences during the clinical training phase positively influenced over 90% of students when making their first practice choice.<sup>4</sup> As such, federal policy intended to incentivize practice in rural and underserved communities must focus on facilitating high-quality clinical rotations for students in these areas.

In 2010, Congress created the Teaching Health Center Graduate Medical Education (THCGME) program to support physician residency training based upon this premise. THCGME residents complete their post-graduate training in traditionally under-resourced settings like federally qualified health centers and rural health clinics with the ultimate aim of promoting retention post-residency. The program has proven to be a remarkable success with over 56% of THCGME-supported physicians continuing to practice in a medically underserved community and/or a rural area following the completion of their training.<sup>5</sup>

As is the case with the larger Medicare Graduate Medical Education program, there is no funding mechanism comparable to THCGME to broadly support advanced practice provider training. As the committee considers options to improve retention of behavioral health providers in rural and underserved communities, PAEA supports the creation of a funding

---

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

<sup>5</sup> Health Resources and Services Administration. (2020). *Teaching Health Center Graduate Medical Education Program*. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/thcgme-outcomes-2019-2020.pdf>



structure that would incentivize preceptors in rural and/or underserved practices to train students in exchange for direct payment.

#### **4. Which characteristics of proven programs have most effectively encouraged individuals to pursue education and careers in behavioral health care?**

In response to the nationwide opioid epidemic, the federal government has invested significant resources to improve substance use disorder education for health professions students, and PAEA has been a proud partner in the implementation of these efforts. From 2018-2021, PAEA leveraged funding disseminated by SAMHSA to conduct the MAT Waiver Training Initiative, a project intended to encourage PA programs to integrate training to prescribe buprenorphine for the treatment of opioid use disorder into their curricula. These efforts resulted in an increase in the percentage of PA programs requiring or offering training from 3% in 2018 to over 70% as of 2021.

Beyond the scope of the opioid epidemic, PAEA has also leveraged SAMHSA funding via the Expansion of Practitioner Education program to develop an 8-hour substance use disorder curriculum for PA programs focusing on epidemiology, pharmacologic interventions, and the care of vulnerable populations, among other topics. These and other efforts led by organizations representing the profession have contributed to a 57% increase in the number of PAs specializing in psychiatry over the last five years, indicating that sustained investments in student education can have a demonstrable impact on future practice decisions.<sup>6</sup>

---

<sup>6</sup> National Commission on Certification of Physician Assistants. (2021). *2020 Statistical Profile of Certified PAs*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.



## **Expanding Telehealth**

### **1. How can Congress craft policies to expand telehealth without exacerbating disparities in access to behavioral health care?**

To limit disparities in access to both behavioral health services specifically and telehealth broadly, it is important that Congress support the development of a behavioral health workforce with the standardized skills necessary to meet patient needs. As PA programs throughout the country were forced to rapidly transition to distance learning at the beginning of the COVID-19 pandemic, many programs used this opportunity to strengthen the education provided to students pertaining to the delivery of telehealth services. According to PAEA's most recent survey of programs, 32.1% of respondents indicated that students were newly receiving telehealth content in their didactic year, while just over 10% of programs indicated that they were already providing telehealth content prior to the pandemic.<sup>1</sup> As demand for telehealth services continues to rise post-pandemic, PAEA believes it is critical that all students graduate with the skills necessary to effectively participate in this new paradigm of care delivery.

To this end, PAEA has endorsed H.R. 3890 – the Physician Assistant Education Public Health Initiatives Act. This legislation would authorize \$3 million annually through fiscal year 2026 to support the development and dissemination of a standards-based telehealth curriculum throughout PA education. This curriculum would be required to include content on the legal obligations that clinicians have pertaining to privacy and security when participating in telehealth; effective patient communication principles; and the social, cultural, physical, and linguistic barriers that patients may face when attempting to access telehealth services. By ensuring that all PA graduates leave their programs with these critical skills, Congress can facilitate broader access to telehealth services while reducing current access disparities.



## **Improving Access for Children and Young People**

### **1. How should shortages of providers specializing in children's behavioral health care be addressed?**

Throughout the COVID-19 pandemic, PAEA has been alarmed by reports of significantly increased suicidal ideation among children and adolescents. According to a June 2021 report from the Centers for Disease Control and Prevention, emergency department visits for suicide attempts among adolescent girls have increased by more than 50% during the pandemic when compared to 2019.<sup>7</sup> This dramatic increase constitutes a new and daunting public health crisis and illustrates the urgency of addressing shortages of providers to respond to the behavioral health needs of children and adolescents.

Strengthening provider education on the screening, diagnosis, and treatment of common mental and behavioral health conditions among young people is an important first step that Congress can take to both improve workforce preparedness broadly and increase the likelihood that graduates will choose to specialize in this field. In August, PAEA endorsed H.R. 5035 – the Child Suicide Prevention and Lethal Means Safety Act. This critical legislation would authorize \$10 million annually through fiscal year 2025 to support the development of curricular content on topics such as validated screening and risk assessment techniques with respect to suicide and the use of firearms as well as communication strategies with patients and families concerning lethal means safety and injury prevention.

Beyond increased resources for didactic curriculum development, investments in pediatric and behavioral health clinical education would also contribute significantly to graduate likelihood to specialize in these fields. According to PAEA's most recent COVID-19 impact survey, nearly 75% of programs are reporting that it is either harder or much harder to secure clinical placements in pediatrics than prior to the pandemic.<sup>1</sup> Limited high-quality clinical

---

<sup>7</sup> Centers for Disease Control and Prevention. (2021). *Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic - United States, January 2019-May 2021*.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm?s\\_cid=mm7024e1\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm?s_cid=mm7024e1_w).



training opportunities threaten to exacerbate current child and adolescent behavioral health workforce shortages, and PAEA encourages the committee to consider prioritizing direct payments to preceptors in pediatrics and behavioral health, in addition to those who practice in underserved settings, when developing bipartisan mental health legislation. A possible model to consider for this policy is the demonstration proposed in H.R. 3890 - the Physician Assistant Education Public Health Initiatives Act, which would provide funding to PA programs to support clinical rotations at federally qualified health centers, rural health clinics, and critical access hospitals with priority given to rotations in pediatrics and behavioral health.

We appreciate the opportunity to offer the perspective of PA education in response to the Committee's RFI. Should you have specific questions or if you would like additional information, please contact Director of Government Relations Tyler Smith at 703-667-4356 or [tsmith@PAEAonline.org](mailto:tsmith@PAEAonline.org).

Sincerely,

A handwritten signature in black ink that reads "M Statler".

Michel Statler, MLA, PA-C  
President

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

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