

Addressing the Health Care Provider Shortage Crisis: Title VII Programs and PA Workforce Development

*Submitted for the Record to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies – May 9, 2023
Testimony of Sara Fletcher, PhD, Chief Executive Officer
PA Education Association*

The PA Education Association (PAEA), representing the 300 accredited PA programs in the United States 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) 2024. As the issue of health care workforce shortages has grown increasingly dire in communities throughout the country, a vigorous federal response to this crisis has become urgent. While Congress has long provided support for health workforce development programs that invest in curriculum development, clinical education, and other needs, funding levels have not kept pace with inflation in recent years, thereby limiting the potential of these programs to meaningfully shape the size, distribution, and diversity of the national health workforce.

To address critical provider shortages, PAEA joins with the Health Professions and Nursing Education Coalition, a national alliance of more than 90 organizations, to request a total of \$1.51 billion in FY24 for the Title VII health professions and Title VIII nursing workforce development programs administered by the Health Resources and Services Administration (HRSA). This funding level, a notable increase from the \$885 million allocated for Title VII and VIII in FY23, would more accurately reflect the scale of the national health workforce crisis and ultimately ensure all patients have access to high-quality care.

The Role of PAs in Responding to Workforce Challenges

Throughout the history of the profession, PAs have uniquely been called upon during times of national workforce shortages given the accelerated training model in PA education and the capabilities of PA graduates once they enter practice. The PA program curriculum, taking place at the graduate-level, consists of approximately one year of classroom-based training followed by at least one year of clinical rotations in a wide array of specialties and settings. During their clinical year, students complete rotations in family medicine, emergency medicine, surgery, pediatrics, women’s health, and behavioral health, among other electives. This provides all PA graduates with the education necessary for high-quality practice in the specialties that their communities need the most.

As projected health workforce shortages have continued to grow, the number of PA programs has risen significantly in the past decade, growing from 149 in 2010 to 300 as of 2023. However, the potential of this impressive growth assumes an adequate supply of clinical training sites necessary for students to progress to graduation. Nearly 85% of PA programs indicate that their existing clinical training sites continue to take fewer students than prior to the pandemic.¹ **As the**

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

FY24 appropriations process takes place, restoring and expanding the supply of clinical training sites must be a top priority to ensure an adequate supply of providers.

Currently, few opportunities exist with the potential to bolster clinical site supply at the scale necessary to meet workforce demand. The Primary Care Training and Enhancement – Physician Assistant Rural Training program, which explicitly allows grantees to pay preceptors to train students in rural communities to expand access to placements, is a model that Congress should significantly expand through the appropriations process. However, since the PCTE-PAR competition’s creation, only 7 PA programs nationwide receive funding under this program, far below the level necessary to significantly shift workforce supply and distribution patterns. In order to meaningfully increase the supply of primary care PAs entering the workforce, it is critical that increased funding for this program be prioritized.

Beyond the Primary Care Training and Enhancement program, an additional 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 through community-academic partnerships. In academic year 2021–2022, AHEC grantees facilitated over 28,000 clinical rotations for health professions students with approximately 70% taking place in medically underserved communities and 57% occurring in primary care settings.² To ensure an adequate supply of clinical training sites for students, **PAEA urges the subcommittee to support a funding level of \$98 million for PCTE grants and \$86 million for AHECs in FY24.**

Promoting Health Equity

In addition to ensuring an adequate supply of health professionals, Congress must also prioritize long-standing representation gaps in the composition of the future health workforce as a means of promoting health equity. Due to formidable socioeconomic barriers, students from marginalized communities have historically been significantly underrepresented across health professions education. As of 2019, only 3.9% of first-year PA students identify as Black or African American and 9.1% identify as Hispanic or Latino.³ Addressing the national health workforce crisis requires significant new investments to reduce these disparities and ensure access to high-quality care in underserved communities.

To promote the availability of culturally competent care for patients, Congress can act by increasing funding for HRSA’s existing training for diversity programs, which address the unique needs of underrepresented minority students at each stage of their path to becoming a health professional. The Health Careers Opportunity Program (HCOP), for example, introduces the possibility of becoming a health professional to students at the K-16 level while providing enrichment and direct exposure to health professions programs that equips them for ultimate

² Health Resources and Services Administration. (2023). *Justification of Estimates for Appropriations Committees*. <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>.

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>.

success in matriculation. In academic year 2021-22, HCOP grantees provided this type of support to 4,640 students, 68% of whom were underrepresented minority students.²

Beyond the matriculation phase, HRSA programs also work to ensure that students have the financial support necessary to successfully complete their programs. The Scholarships for Disadvantaged Students (SDS) program provides financial aid critical to ensuring students progress to graduation. In academic year 2021-22, SDS supported more than 2,670 disadvantaged health professions students with 65% being from underrepresented minority communities.² **To reflect the scale of the current health workforce crisis PAEA urges the subcommittee to fund HCOP and SDS at a level of \$30 million and \$103 million, respectively, for FY24.**

Combating Maternal Mortality Disparities

Ensuring that the United States has a health care workforce reflective of current and future needs requires Congress to dedicate particular attention to recent public health trends. In 2021, maternal mortality rates spiked nearly 40% over the previous year's level with 1,205 women dying.⁴ Black or African American women continue to be disproportionately affected by this crisis with a mortality rate of 69.9 deaths per 100,000 live births – over 2.5 times the rate of non-Hispanic white women.⁴ To address this growing epidemic, Congress must ensure that there is a sufficient supply of diverse, well-trained obstetrics providers in the communities most impacted by maternal health disparities.

Shortages of clinical training sites impacting PA programs nationwide are particularly acute in the field of women's health, obstetrics, and gynecology. Nearly 75% of PA programs indicate that it is either harder or much harder to secure clinical rotations in obstetrics/gynecology than prior to the COVID-19 pandemic.¹ To respond to this challenge, Congress should fully fund the Rural Maternal and Obstetric Care Training demonstration program authorized in the FY22 omnibus appropriations law. This program will ensure that PA education and other health professions programs have an adequate supply of training opportunities in rural communities. **PAEA urges the subcommittee to provide \$5 million for this purpose in FY24.**

FY24 Recommendation

As the issue of workforce shortages continues to challenge communities nationwide, Congress must provide funding for health workforce development efforts commensurate with the scale of this crisis. **PAEA 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 FY24.** The Association 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. (2023). *Maternal Mortality Rates in the United States, 2021*. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>.