

Expanding Access to Care: The Role of HRSA Investments in PA Workforce Development

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Testimony of Sara Fletcher, PhD, Chief Executive Officer
PA Education Association*

The PA Education Association (PAEA), representing the 309 accredited PA programs in the United States which 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) 2025. In response to the aging of the nation's population and increased pressure on health care providers to meet the needs of patients, the issue of health workforce shortages has gained significant attention in recent years. In recognition of the critical federal role in ensuring access to care, Congress has long supported investments in health workforce development via the Health Resources and Services Administration's Title VII and VIII programs. However, recent findings by the Bureau of Health Workforce that more than 100 million Americans now reside in primary care health professional shortage areas illustrate the urgent need for additional resources.¹

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 FY25 for the Title VII health professions and Title VIII nursing workforce development programs administered by HRSA. This funding level, a bold increase from the \$886 million allocated for Title VII and VIII in FY24, would reflect congressional commitment to fully addressing the crisis of health workforce shortages while ensuring better health for all patients.

The PA Contribution to Expanded Access to Care

Since the creation of the profession, PAs have played a critical role in responding to acute workforce shortages by virtue of the accelerated training model of PA education. 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 the clinical year, students complete rotations in family medicine, emergency medicine, surgery, pediatrics, women's health, and behavioral health, among other electives. This comprehensive education, along with the flexibility to switch specialties throughout the course of their career, provides PA graduates with the capacity to rapidly respond to areas of need, particularly in underserved communities.

As health workforce shortages have grown more dire, the number of PA programs has risen significantly in response, growing from 149 in 2010 to 309 as of 2024. However, to continue this growth in the profession, PA programs must have adequate access to the resources necessary to train students. Due to limited supplies of clinical sites and preceptors, more than 65% of PA

¹ Kaiser Family Foundation. (2023). *Primary Care Health Professional Shortage Areas (HPSAs)*. <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

programs now report needing to pay for some or all of their rotations at an average cost of \$306 per week per student.² **As funding decisions for FY25 occur, this bottleneck must be the first priority that Congress addresses in order to ensure a sufficient number of providers to meet patient demand.**

In recent years, HRSA has responded to the clinical site shortage by developing innovative funding competitions targeted directly at compensation for clinical sites and preceptors. The Primary Care Training and Enhancement – Physician Assistant Rural Training program and the Primary Care Training and Enhancement – Physician Assistant Rural Training in Behavioral Health programs are both models of direct compensation that Congress should expand through the appropriations process to address the most significant challenge facing PA programs in expanding the number of graduates they produce.

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 by facilitating community-academic partnerships. In academic year 2022–2023, AHECs supported over 4,700 clinical training sites providing training to more than 29,000 health professions students with 64% of participants practicing in primary care, medically underserved communities, and/or rural areas one year after program completion.³ 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 FY25.**

Ensuring Health Equity

In addition to investing in an adequate supply of health professionals, another priority for PA education is ensuring that the future health workforce is prepared to effectively meet the needs of the communities it serves. Based upon consistent evidence that the delivery of culturally competent care improves outcomes, PAEA urges the subcommittee to protect and expand investments in health workforce diversity. As of 2021, only 4.9% of first-year PA students identify as Black or African American and 9.5% identify as Hispanic or Latino, significantly below the representation of the general population.² By expanding access to health professions education to students from underrepresented communities, Congress can play an important role in ensuring the availability of culturally competent, high-quality care.

In pursuit of this goal, Congress can act by increasing funding for HRSA’s existing Training for Diversity programs, which target multiple intervention points in the career development of a future health care professional. The Health Careers Opportunity Program (HCOP), one of PAEA’s top priorities, 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

² PA Education Association. (2023). *By the Numbers: Program Report 36: Data from the 2021 Program Survey*. https://paeaonline.org/wp-content/uploads/2024/02/PAEA-PR36-final-v5-3_updated-2-9-24.pdf

³ Health Resources and Services Administration. (2024). *Justification of Estimates for Appropriations Committees*. <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2025.pdf>

that equips them for ultimate success in matriculation. In academic year 2022-23, HCOP grantees provided this type of support to 4,805 students from disadvantaged backgrounds.³

Beyond the matriculation phase, Congress can also ensure that students have the financial resources 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 2022-23, SDS supported more than 2,600 students from disadvantaged backgrounds in completing their health professions programs.³ **To make meaningful progress in strengthening the diversity of the health care workforce, PAEA urges the subcommittee to fund HCOP and SDS at a level of \$30 million and \$103 million, respectively, for FY25.**

Reducing Maternal Mortality Rates

In addition to responding to health workforce shortages, the generalist training of PA graduates uniquely prepares them to respond to emerging public health crises such as the national maternal health crisis. In 2021, maternal mortality rates spiked nearly 40% over the previous year's level with 1,205 women dying as a result of maternal complications. 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 Congress can take important steps in addressing this unacceptable disparity by ensuring that there is a sufficient supply of diverse, well-trained obstetrics providers in the communities where they are needed most.

While shortages of clinical training sites are a major concern broadly, these shortages are particularly challenging in the field of women's health, obstetrics, and gynecology, which all PA students must complete as a condition of accreditation. 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, similar to the Primary Care Training and Enhancement – Physician Assistant Rural Training competition, will provide the resources necessary for programs to develop high-quality obstetrics rotations in underserved communities, thereby reducing health disparities. **PAEA urges the subcommittee to provide \$5 million for this purpose in FY25.**

FY25 Recommendation

Given the scale of the issue of inadequate access to health care providers, **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 FY25.** By making this bold investment, Congress can promote the development of a robust future workforce with better health outcomes for all Americans. 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>.