

Strengthening Access to Care: Title VII Investments and PA Workforce Development

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The Physician Assistant Education Association (PAEA), representing the 287 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) 2023. Throughout the COVID-19 pandemic, the issue of provider shortages, particularly in historically underserved communities, has received renewed attention. As providers have experienced unprecedented strain during the past two years, increasing rates of burnout and attrition has made congressional action to support workforce development an urgent imperative. To address these challenges, it is critical that Congress make bold investments in programs that support the development of a sufficient supply of well-trained, diverse providers where they are needed most.

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 FY23 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 significant increase from the \$799 million allocated for Title VII and VIII in FY22, would provide the resources necessary to meet workforce demand and promote equitable outcomes for all patients.

Background on the PA Profession and PA Education

As Congress seeks to bolster the health workforce following the pandemic, PAs are uniquely equipped to be a key part of the solution given the accelerated training model and wide practice

flexibility that has characterized the profession since its inception. All PA students complete a rigorous graduate-level curriculum based upon the traditional model of medical student training. The PA program curriculum consists of approximately one year of classroom-based training followed by one year of clinical rotations under the supervision of practicing preceptors. During their clinical year, students complete placements in family medicine, emergency medicine, surgery, pediatrics, women’s health, and behavioral health in a wide array of practice settings. This generalist approach provides graduates with the knowledge and experience needed to switch specialties over the course of their careers without additional required post-graduate training. In recognition of the quality of services rendered by PA graduates, the number of PA programs has risen significantly in the past decade, growing from 149 in 2010 to 287 as of 2022. While the promise of this expansion to combat workforce shortages is considerable, its sustainability depends upon PA programs having access resources to ensure high-quality training for students. Despite reduced pressure on health systems as COVID-19-related hospitalizations have fallen, nearly 85% of PA programs indicate that their existing clinical training sites continue to take fewer students than prior to the pandemic.¹ **This reduction in clinical education capacity is the most daunting challenge facing PA programs across the nation and, if left unaddressed, threatens the ability of programs to meet demand for graduate services.**

In response to this challenge, HRSA has taken steps to expand clinical site access but currently has limited resources to address the crisis. In September 2021, HRSA released the Primary Care Training and Enhancement – Physician Assistant Rural Training funding opportunity, explicitly allowing grantees to pay preceptors to train students in rural communities to expand access to placements. Unfortunately, current PCTE funding levels only allowed 7 PA programs to receive

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

an award through this competition. If the program is to meaningfully achieve its intended aim, significantly increased funding will be needed to broaden the scope of this opportunity.

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 through community partnerships. In academic year 2020–2021, AHEC grantees facilitated over 27,000 clinical rotations for health professions students with approximately 70% taking place in medically underserved communities and 60% occurring in primary care settings.² To further expand clinical education capacity, **PAEA urges the subcommittee to support a funding level of \$98 million for PCTE grants and \$86 million for AHECs in FY23.**

Promoting Workforce Diversity

As Congress works to address the toll that COVID-19 has taken on the nation’s health workforce, particular emphasis must be placed on reducing barriers that prevent the workforce from reflecting the communities that it serves. Across disciplines, students from marginalized communities often face daunting socioeconomic challenges to entering the health professions and practicing in the communities where their services are needed most. In the case of PA education, only 3.9% of first-year PA students identify as Black or African American and 9.1% identify as Hispanic or Latino as of 2019.³ Representation steadily declines among graduates with 3% identifying as Black or African American and 6.8% identifying as Hispanic or Latino.³

² Health Resources and Services Administration. (2022). *Justification of Estimates for Appropriations Committees*. <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2023.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>.

To promote the availability of culturally competent care for patients, PAEA believes it is critical to significantly increase the scale of HRSA's workforce diversity programs, which aim to provide support to marginalized students throughout the continuum of their education.

Specifically, the Health Careers Opportunity Program (HCOP) provides targeted K-16 programming targeted to marginalized students to expose them to the possibility of pursuing a career in the health professions and ensure they have the resources necessary to matriculate into a program. In FY20, HCOP grantees provided this type of support to 2,452 underrepresented minority students interested in pursuing careers in the health professions.²

Beyond HCOP, HRSA programs also seek to ensure that students are retained in their programs through graduation. The Scholarships for Disadvantaged Students (SDS) program provides financial support to meet this aim. In FY20, SDS supported more than 2,600 disadvantaged health professions students with 65% being from underrepresented minority communities.² **To ensure that these programs are scaled to meet patient demand for a diverse health workforce, PAEA urges the subcommittee to fund HCOP and SDS at a level of \$30 million and \$103 million, respectively, for FY23.**

Combating Maternal Mortality Disparities

While COVID-19 has been the predominant focus of national public health policy since 2020, other long-standing public health challenges have persisted throughout the pandemic. Currently, the United States has one of the highest maternal mortality rates among industrialized nations at a rate of 23.8 deaths per 100,000 live births as of 2020 with many deaths concentrated in historically underserved areas.⁴ Black or African American women continue to be disproportionately affected by this crisis with a mortality rate of 55.3 deaths per 100,000 live

⁴ Centers for Disease Control and Prevention. (2022). *Maternal Mortality Rates in the United States, 2020*. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>.

births – nearly three times the rate of non-Hispanic white women.⁴ While the causes of maternal mortality disparities are multifactorial, a key concern is limited access to well-trained providers with the capacity to provide the culturally competent care that patients deserve.

Ensuring the availability of a high-quality workforce requires investments in clinical training in the communities where care is most needed. However, at a time when providers are most needed to address this issue, the availability of training opportunities for students is significantly declining. 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

Recognizing this challenge, Congress authorized a new Rural Maternal and Obstetric Care Training demonstration program in the omnibus appropriations legislation enacted for FY22. This program is intended to provide funding to PA education and other health professions programs to support clinical training opportunities in community-based settings with the aim of strengthening the pipeline and increasing the supply of providers practicing in these communities. **PAEA strongly supports this program’s authorization and urges the subcommittee to provide \$5 million for its initiation in FY23.**

FY23 Recommendation

To mitigate the toll that COVID-19 has taken on providers across the country, Congress must seize the opportunity to make bold investments to strengthen the supply and diversity of the health workforce and ensure access to high-quality care for all patients. **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 FY23.** 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.