



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

September 26, 2023

The Honorable Jason Smith
Chair
Committee on Ways and Means
U.S. House of Representatives
1139 Longworth House Office Building
Washington, DC 20515

Dear Chairman Smith:

On behalf of the PA Education Association (PAEA), the national organization representing the 303 accredited PA programs in the United States, we are writing in response to your request for stakeholder feedback on strategies to address health care workforce shortages in rural and underserved communities. At a time of increasing challenges in ensuring access to care for all patients, we appreciate the committee's attention to this critical issue.

Since the creation of the profession more than 50 years ago, PAs across the country have played a central role in both addressing provider shortages broadly and ensuring the needs of underserved communities are met specifically. Based upon a generalist education model, PA students complete a series of clinical rotations in a wide variety of specialties, including but not limited to, family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health, and mental/behavioral health. This training equips graduates

2023 PAEA BOARD OF DIRECTORS

Linda Sekhon, DHSc, PA-C
PRESIDENT

Nicole Burwell, PhD, MSHS, PA-C
PRESIDENT ELECT

Kara L. Caruthers, MSPAS, PA-C
IMMEDIATE PAST PRESIDENT

Janie McDaniel, MS, MLS(ASCP)SC
SECRETARY

Jacqueline S. Barnett, DHSc, MSHS, PA-C
TREASURER

Shalon Buchs, MHS, PA-C
DIRECTOR AT LARGE

Jennifer Eames, DHSc, MPAS, PA-C
DIRECTOR AT LARGE

Elizabeth Elliott, MS, PA-C
DIRECTOR AT LARGE

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

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

Virginia L. Valentin, DrPH, PA-C
DIRECTOR AT LARGE

Cassidy McCandless, MS
STUDENT MEMBER AT LARGE

Sara Fletcher, PhD
EX OFFICIO MEMBER



with the flexibility necessary to switch specialties over the course of their careers to respond to emerging needs, thereby uniquely positioning the profession to address workforce gaps.

In recognition of this value, the PA profession has grown significantly in recent years with an increase in the number of accredited programs from 145 in 2010 to 303 as of 2023, graduating over 10,000 new PAs into the workforce each year. While encouraging for the profession, this rate of growth also presents challenges for programs such as increased competition for a limited pool of clinical training sites for students. As a result of said competition, more than half of all programs are now required to pay for some or all of their students' clinical rotations – significantly increasing costs, and, ultimately, tuition paid by students.¹

Health Care Workforce Development

While shortages of clinical training sites represent one of the greatest challenges to the continued growth of the PA workforce and its capacity to address workforce gaps in rural and underserved communities, limited federal resources are currently available to help solve this problem. Unlike Medicare Graduate Medical Education (GME) which provides over \$15 billion annually to support the cost of physician residency training,² less than \$8 million is guaranteed through HRSA to support clinical training costs for PA students on an annual basis, an amount that is entirely provided through discretionary funding streams.³ **To build upon the potential of the PA profession to address workforce gaps, it is critical that Congress ensure the availability of a predictable, sustainable source of funding to expand clinical education capacity for PA programs.**

¹ PA Education Association. (2020). *By the Numbers: Program Report 35: Data from the 2019 Program Survey*. <https://paeaonline.org/wp-content/uploads/2020/11/program-report35-20201014.pdf>.

² United States Government Accountability Office. (2021). *Physician Workforce: Caps on Medicare-Funded Graduate Medical Education at Teaching Hospitals*. <https://www.gao.gov/assets/gao-21-391.pdf>.

³ Health Resources and Services Administration. (2022). *Primary Care Training and Enhancement (PCTE) Program*. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/primarycare-dentist/meetings/pcte-program-update-feb-2022.pdf>.



In recent years, Congress has taken action to ensure that federal health workforce investments encourage funded trainees to practice in underserved areas. For example, in recognition of the limitations of traditional Medicare GME funding in facilitating physician practice in rural and underserved communities, Congress authorized the mandatory Teaching Health Center Graduate Medical Education (THCGME) program to support residency training in community-based settings with the ultimate goal of influencing workforce distribution. Early outcomes data for this program suggests that this strategy is effective: 65% of supported physicians continue to practice in primary care and 56% continue to practice in a medically underserved community and/or rural setting.⁴ **Based upon this success, PAEA strongly supports the replication and expansion of the THCGME model to include funding for entry-level training for PA students in rural and underserved communities as a component of any legislation advanced by the committee to respond to workforce shortages.**

In addition to federal efforts to strengthen clinical education capacity, PAEA also encourages the committee to consider the success of recent state-level tax incentives that have been instituted in efforts to increase the supply of clinical preceptors. Since 2014, states such as Georgia, Colorado, Maryland, South Carolina, and Alabama have authorized either tax deductions or credits for eligible preceptors who agree to train health professions students within their states. These efforts have significantly expanded the capacity of programs within these states to train additional students, with Georgia's tax incentive resulting in more than 3,300 student rotations since the program's inception.⁵ **As the committee seeks to respond to health workforce shortages, PAEA strongly supports the expansion of these pioneering incentives federally to significantly expand preceptor availability nationwide and particularly in rural and underserved communities.**

⁴ Health Resources and Services Administration. (2022). *Teaching Health Center Graduate Medical Education Program*. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/teaching-health-center-graduate-medical-education-annual-report-2021-2022.pdf>.

⁵ Augusta University. (2023). *Preceptor Tax Incentive Program*. <https://www.augusta.edu/ahec/ptip.php>.



PAEA appreciates the opportunity to offer comments and welcomes the opportunity for ongoing collaboration with the committee to address health care workforce shortages. Should you have any questions or need additional information, please contact Senior Director of Government Relations, Tyler Smith, at tsmith@PAEAonline.org or at 703-667-4356.

Sincerely,

Linda Sekhon

Linda Sekhon, DHSc, PA-C
President

Sara F. Fletcher

Sara Fletcher, PhD
Chief Executive Officer