



November 30, 2024

National Biodefense Science Board,

The American Academy of Physician Associates (AAPA), on behalf of the more than 168,000 PAs throughout the United States, thanks NBSB for the opportunity to speak on disaster preparedness and response from the PA (physician assistant/associate) perspective.

PAs are licensed medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and perform procedures. PAs are highly trained clinicians with thousands of hours of medical education and training who practice in every medical and surgical specialty in all 50 states, the District of Columbia, U.S. territories, and in the uniformed services.¹ PAs are one of three types of healthcare providers, including physicians and advanced practice registered nurses, who are recognized by Medicare to provide primary care, behavioral/mental health, and specialty medical care in the United States.²

PAs are often a patient's principal healthcare provider, especially among rural and underserved populations.^{3,4} In addition, PAs are routinely on the front line in critical care environments, such as in hospitals, emergency rooms, and intensive care units. With PAs' broad medical training and generalist board certification,⁵ PAs are well-positioned to be flexible and adapt to the needs of a health system facing public health emergencies and disasters.⁶

For example, during the COVID-19 pandemic, nearly three-quarters (70.7%) of PAs (more than an estimated 100,000 PAs) were involved in the diagnosis and treatment of patients with COVID (See Table 1). Numerous PAs, with or without just-in-time training, were able to pivot to manage critically ill patients. One published report⁷, which represents the experience of thousands of PAs during the public health emergency, details how PAs worked outside their usual area of practice to serve hospitalized and critically ill patients – performing intubations, central lines, rapid responses, and hospital rounds.

Despite the essential role of PAs in the US healthcare system and to emergency response, AAPA found there were some barriers to the optimal utilization of PAs during the pandemic. For example, communications from government agencies, regulatory waivers, and declarations under the PREP Act used physician-centric or nurse-centric language. Unfortunately, this lack of an express mention of PAs led administrators, regulators, and others to erroneously assume PAs could not provide essential services.

AAPA encourages NBSB to explicitly include PAs as essential healthcare practitioners in disaster preparedness, planning, and response. As nationally certified, state licensed practitioners, PAs are well-positioned as to meet the needs of patients and health systems during disasters and public health emergencies. Furthermore, PAs are proven healthcare practitioners with demonstrated safety and outcomes similar to physicians.^{8,9}

A 2023 national patient survey conducted by The Harris Poll found that 89% of patients believe PAs improve health outcomes for patients.¹⁰ AAPA and the PAs we represent have a deep commitment to building and maintaining that patient trust.

PAs are also one of the fastest growing health professions in the United States, and researchers have predicted that PAs will provide an increasing total number and relative percentage of healthcare services to Americans, making them an essential component of future disaster preparedness and response.^{4, 11}

AAPA thanks you for the opportunity to speak with you, and would be happy to work with you in preparing and responding to disasters and public health emergencies.

Sincerely,



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Table 1

Percent of PAs who responded “yes” to the following question on the AAPA 2021 PA Practice Survey: “During the COVID-19 pandemic (March 1, 2020 until now), have any of the following occurred?”

	Yes, and it is still occurring Percent (%)	Yes, but it is no longer occurring Percent (%)
I have tested, diagnosed, or treated patients for COVID-19	60.70%	10%

Source: Unpublished data from the AAPA 2021 PA Practice Survey, Full Year Data Set