



**Statement for the Record
Submitted to
U.S. Senate Committee on Indian Affairs
“Legislative Hearing to Receive Testimony on the Following bills: S. 1250, S. 1275”
June 13, 2017
On Behalf of the American Academy of PAs
2318 Mill Road, Suite 1300
Alexandria, Virginia 22314**

On behalf of the more than 115,000 nationally-certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), we appreciate the Senate Indian Affairs Committee’s work to ensure high quality healthcare is available to Native Americans through Indian Health Services.

AAPA appreciates efforts by the committee to improve the quality of care offered to American Indians and Native Alaskans at Indian Health Service (IHS) facilities and to ensure that IHS can recruit and retain needed medical providers. Currently, over 250 PAs are working to meet the healthcare needs of American Indians and Alaska Natives at Indian Health Services facilities. PAs practice medicine on healthcare teams with physicians and other providers. Within IHS, PAs work in emergency and family practice settings, as well as specialty clinics and programs, such as orthopedics, diabetes care, surgery, geriatric, pediatric, women's health, hospitalist and community health.

AAPA respects the effort made by Senators Barrasso, Thune, and Chairman Hoeven to improve recruitment and retention for needed healthcare providers at IHS in S. 1250, the Restoring Accountability in the Indian Health Service Act of 2017. However, we would like to work with the authors and the committee to ensure this legislation reaches its full potential to help IHS attract and retain needed healthcare providers, including PAs.

As introduced, S. 1250 seeks to improve the ability of IHS to recruit and retain providers by requiring the agency to establish pay scales where health providers are paid “to the maximum extent practicable” comparable to what such providers would make under the pay scales that apply to health providers at facilities operated by the Department of Veterans’ Affairs (VA). While the VA generally takes into consideration wages for providers in local geographic markets, the VA has a flawed process in relation to PAs that does not consistently take into consideration local market compensation. Under the flawed compensation system at the VA, it is not uncommon for PAs in the VA to be compensated by as much as \$30,000 less than other providers performing the exact same job. This flawed approach to compensation within the VA has resulted in VA facilities having difficulty recruiting PAs and provides PAs practicing at the VA a significant financial incentive to take positions with private employers. Recent reports by the VA Office of Inspector General consistently recognized the importance of PAs as part of VHA’s

healthcare team and identify PAs as one of the five critical occupations with the “largest staffing shortages.” Because of problems the flawed formula has caused the VA in recruiting and retaining needed providers, Senators Tester and Moran have introduced S. 426 that would ensure PA salaries at the VA take into consideration private pay rates in local markets. AAPA feels strongly that it is important to make sure any legislation intended to help IHS recruit and retain providers does not replicate inequities that exist at the VA.

AAPA is committed to working to improve access to care at IHS facilities, and we look forward to working with the Committee on this critical issue. Please do not hesitate to contact Tate Heuer, AAPA Vice President of Federal Advocacy, at (571) 319-4338 or theuer@aapa.org with any questions.