

**Testimony Prepared for the Senate Subcommittee on Labor, Health and Human Services,
and Education and Related Agencies**

***Fiscal Year 2017 Appropriations for the Health Resources and Services Administration's Title
VII Health Professions Program and Related Priorities***

Submitted for the Record by the American Academy of PAs

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Contact: Sandy Harding, MSW, Senior Director of Federal Advocacy

sharding@aapa.org/(571) 319-4338

On behalf of more than 108,500 nationally-certified PAs (physician assistants), the American Academy of PAs (AAPA) is pleased to submit comments on the Fiscal Year 2017 appropriations for the Departments of Labor, Health and Human Services, and Education and related agencies. AAPA respectfully requests the Subcommittee to approve funding of \$280 million for the Title VII health professions education program administered by the Health Resources and Services Administration (HRSA) and provide \$12 million of the funding allocated to the Primary Care Training and Enhancement program (PCTE) for PA education programs. Additionally, AAPA supports continued funding for the National Health Service Corps (NHSC), community health centers (CHCs), and activities within the Substance Abuse and Mental Health Services Administration (SAMHSA) which use PAs to increase access to treatment for mental illnesses and substance use disorders.

PA Education and Practice

PAs receive a broad education over approximately 27 months which consists of two parts. The didactic phase includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by the clinical phase, which includes rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. Due to these demanding rotation requirements, PA students will have completed at least 2,000 hours of supervised clinical practice in various settings and locations by graduation.

There are currently 210 accredited PA educational programs in the U.S., all of which are located within schools of medicine or health sciences, universities, teaching hospitals, and the Armed Services. The majority of these programs award a master's degree. PAs must pass the Physician Assistant National Certifying Examination and be licensed by a state in order to practice. The PA profession is the only medical profession that requires a practitioner to periodically take and pass a high-stakes comprehensive exam to remain certified, which PAs must do every ten years.

To maintain their certification, PAs must also complete 100 hours of continuing medical education (CME) every two years.

PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, order and interpret tests, diagnose and treat illnesses, assist in surgery, and counsel on preventative healthcare. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to care for patients in every medical and surgical specialty and setting.

PAs and Title VII Funding

Title VII of the Public Health Service (PHS) Act is the only continuing federal funding available to PA educational programs. As a result, AAPA supports increased funding for Title VII, particularly for PA education grants funded through PCTE. These grants have proven successful in training new PAs; for instance, the Physician Assistant Training in Primary Care program supported the education of 4,390 PA students in the 2014-2015 school year (up from 4,071 in 2013-2014). Of those students, 29% were minorities and/or from disadvantaged backgrounds, and 13% were from rural areas. Fifty-eight percent of the institutions which were awarded grants through this program were focused on primary care, and the majority of them were in rural or medically underserved areas.

Likewise, the Expansion of Physician Assistant Training (EPAT) program under PCTE assisted 429 students during the 2014-2015 school year (equal to 2013-2014), with 48% of these students receiving training in a medically-underserved area. EPAT funds support PA students in covering the cost of tuition, fees, and training and fellowships for up to two years. 130 students supported by these grants graduated in 2015 – of these, 36% intended to practice in a medically underserved area, 22% wished to practice in a rural community, and 73% planned to work in primary care. These statistics clearly show that both programs have lived up to their intended purposes: encouraging students from under-represented groups to attend PA school and increasing PA practice in rural and medically underserved areas.

Title VII has been instrumental in allowing increased numbers of PA students to pursue their education. However, this funding has also helped PA programs expand opportunities for clinical rotations in rural and medically underserved areas. This expansion benefits PA students, but just as important, it benefits local residents who would otherwise have limited access to healthcare providers. It is common for new PAs to remain in the area in which they completed their education, and a review of PA graduates from 1990-2009 showed that PAs who graduated from programs supported by Title VII were 47% more likely to work in rural health clinics than graduates of other programs. Continued funding for PA educational programs under Title VII is a win-win scenario for underserved communities and the nation's healthcare workforce.

PAs in Primary Care

Currently, 30% of practicing PAs work in primary care settings, and PAs are one of three primary care providers along with physicians and nurse practitioners (NPs) who may participate in NHSC. There are now more than 9,200 clinicians participating in NHSC's loan repayment and scholarship programs – 12% of which are PAs. In light of the demand for providers in the rural and medically underserved areas which are covered by NHSC, as well as the ongoing primary care provider shortage, continued funding is needed to ensure this important program can reach patients who lack access to care and help grow the next generation of healthcare providers in places where they are needed most.

PAs also provide medical care in community health centers (CHCs), and in some cases, serve as CHC medical directors. CHCs offer cost-effective healthcare throughout the country and serve as medical homes for millions of patients who live in medically underserved areas. CHCs provide a wide variety of healthcare services through team-based care, providing high quality care to CHC patients and significantly reducing their medical expenses by focusing on primary care services. AAPA supports continued funding for both NHSC and CHCs.

PAs in Mental Health and Addiction Medicine

PAs typically work on the “front lines” of healthcare and they often treat patients who are experiencing mental illnesses or addiction, even when they do not specialize in these areas. AAPA is pleased HRSA acknowledged the role of PAs in the mental healthcare and addiction medicine spaces in its FY17 budget request by including them in the definition of “behavioral health workforce.” We support efforts in the budget request to further integrate primary care and behavioral healthcare by encouraging the use of screenings, referrals, and warm handoffs to specialists in the same facility or via telemedicine services, all of which have been shown to improve patient outcomes and mitigate gaps in coverage caused by too few providers.

Additionally, we are pleased both Congress and the Administration are focused on addressing the shortage of treatment options for individuals who are struggling with opioid addiction. AAPA supports funding for programs intended to allow additional healthcare providers – including PAs – to prescribe buprenorphine as a part of medication-assisted treatment (MAT). The Administration has proposed in its budget a demonstration program to gauge the feasibility of making this change, even though the majority of these providers, including PAs, can already prescribe this drug for pain management purposes. Instead, we believe it is necessary for Congress to pass a statutory fix to the Drug Addiction Treatment Act of 2000 (DATA 2000) which would remove the federal ban on PAs prescribing buprenorphine for MAT. A demonstration project is an unnecessary step that only slows down bringing in more providers to assist with this crisis.

Summary

AAPA recognizes the fiscal challenges facing the country, and we understand tough choices must be made in allocating scarce federal dollars to our nation's varied priorities. Yet, HRSA has estimated there could be a shortage of more than 20,000 physicians by 2020. The PA profession continues to experience record growth - the profession grew 36.4 percent between 2009 and 2014 - with historically high numbers of PAs currently practicing in the U.S. We believe better utilization of PAs – particularly in rural and medically underserved areas – is an important way to mitigate these projections and ensure all Americans have access to high quality healthcare. As such, AAPA urges continued federal support for programs which support PAs and PA students.

We appreciate the opportunity to present our views during the FY17 appropriations process, and we welcome the opportunity to serve as a resource to the Subcommittee. If you have any questions, please do not hesitate to have your staff contact Sandy Harding, AAPA Senior Director of Federal Advocacy, at 571-319-4338 or sharding@aapa.org.