



**Statement for the Record
Submitted to the
Committee on Health, Education, Labor & Pensions, Subcommittee on Employment and Workplace
Safety Hearing: "Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce
Shortage"
United States Senate
February 10, 2022
On behalf of the American Academy of PAs**

Dear Chair Hickenlooper, Ranking Member Braun, and members of the subcommittee:

On behalf of the more than 151,000 PAs (physician assistants) throughout the United States, the American Academy of PAs (AAPA) appreciates the opportunity to submit this testimony and thanks the subcommittee for holding this important hearing on issues impacting our nation's healthcare workforce.

PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and are often a patient's primary healthcare provider. PAs are highly trained professionals with thousands of hours of medical education and training who practice in all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and in the uniformed services. Additionally, PAs are one of three healthcare professions, including physicians and advanced practice registered nurses (APRN), who are recognized in Medicare to provide both primary and mental health medical care in the United States.

The typical PA education program provides students with an intensive, master's degree level, medical education over approximately three academic years, or 27 continuous months.¹ However, PA education does not end with graduation. To practice, PAs must pass the PA National Certifying Examination and obtain state licensure. To maintain certification, PAs must also complete 100 hours of continuing medical education (CME) every two years and pass a comprehensive examination every ten years.² Many PAs seek additional educational opportunities following graduation and throughout the duration of their careers.

As the model of primary care in the United States continues to evolve from a traditional, physician-centric model to a more streamlined, efficient, and patient-centric model, the roles and responsibilities of PAs and other highly qualified non-MD/DO healthcare professionals will continue to evolve.

¹ PAEA. Program report 35, Table 6, page 7

² NCCPA. Certified PAs: Improving health, saving lives, making a difference.

<https://prodcmstorgesas.blob.core.windows.net/uploads/files/PatientBrochure.pdf>

It is also critical that PAs and other providers are authorized to practice to the full extent of their education and training.

The ongoing COVID-19 pandemic and public health emergency (PHE) has highlighted just how critical a robust and secure healthcare workforce is to our nation's security and overall wellbeing. Access to high-quality, evidence-based healthcare is critical for positive patient outcomes, and it begins with a strong workforce. Providers throughout the United States' healthcare system have faced increased stress and high rates of burnout. PAs also face an increasing demand for healthcare services while healthcare provider shortages, especially in rural and low-income areas, continue to grow.³ Challenges to meet the increasing demand for healthcare services are only projected to increase in the coming years, and AAPA urges Congress to advance legislation to ensure we maintain a strong, diverse, well-qualified workforce. Healthcare professional well-being is a critical component in the maintenance of a strong healthcare workforce and the successful delivery of high-quality patient care.

Post-graduate fellowship and residency programs for PAs began in the 1970s, and today there are more than 70 programs across a wide range of medical and surgical specialties, including primary care. Fellowship and residency programs are voluntary for PAs in the United States, and there is an increasing trend towards including PAs in more post graduate education opportunities.⁴ As critical members of the healthcare team, federally funded programs providing voluntary fellowship or residency opportunities for healthcare practitioners should include opportunities for PAs to fully participate.

AAPA thanks the subcommittee for their ongoing dedication to our nation's healthcare workforce. We are committed to working with Congress and the federal agencies to advance our common mission of improving access to healthcare in the United States. If we can be of assistance to the subcommittee on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at (571) 319-4338 or theuer@aapa.org.

³ <https://www.aamc.org/media/45976/download?attachment>

⁴ Kidd VD, Vanderlinden S, Hooker RS. A National Survey of postgraduate physician assistant fellowship and residency programs. BMC Med Educ. 2021 Apr 14;21(1):212. doi: 10.1186/s12909-021-02613-y. PMID: 33853588; PMCID: PMC8045993.