



**Statement for the Record  
Submitted to  
U.S. Senate Committee on Veterans' Affairs  
July 11, 2017  
On Behalf of the American Academy of PAs**

On behalf of the more than 115,000 nationally-certified physician assistants (PAs), the American Academy of PAs (AAPA) appreciates the opportunity to submit a statement for the record regarding S. 426, the “Grow Our Own Directive (GOOD): Physician Assistant Employment and Education Act of 2017.” AAPA strongly endorses this critically important legislation, and we commend Ranking Member Tester (D-MT) and Senator Moran (R-KS) for working together on this bipartisan initiative to improve the quality of healthcare available for our nation’s veterans. We also sincerely thank Chairman Isakson for his dedication to improving healthcare for veterans and his work on the GOOD Act.

Timely access to quality patient care is one of the most critical issues facing our nation’s veterans. PAs are a key part of any plan for increasing access to quality medical care at VA medical facilities. PAs provide high quality, cost-effective medical care in virtually all health settings and in every medical and surgical specialty. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients who present with both physical and mental illnesses. PAs are educated to seamlessly work in a healthcare team, and they manage the full scope of patient care, often handling patients with complex diagnoses or multiple comorbidities, situations which commonly occur within the nation’s veteran population.

The PA profession has long been connected and committed to veterans and veterans’ healthcare. The first PA students were Navy Corpsmen who served in the Vietnam War; and recruitment of and support for veterans in PA educational programs continues to this day. As of 2014, nearly 12% of all PAs are veterans, active duty or retired military, or in the National Guard and Reserves, and more than 2,200 PAs are currently employed full-time by the U.S. Department of Veterans Affairs.

Given the critical role of PAs at the Veterans Health Administration (VHA), AAPA has significant concerns that PAs are one of the top five medical professions experiencing shortages within the VA healthcare system. Multiple recent reports from the VA Office of Inspector General (OIG) on staffing issues at the VHA acknowledge the importance of PAs as part of VHA’s healthcare team, and identify PAs as one of the five occupations with the “largest staffing shortages” in the VHA. Additionally, the 2015 VHA Workforce Planning Report identifies PAs as having “one of the highest administrative quit rates, retirement rates and total loss rates of any of the mission critical occupations” within the VHA.

S. 426 proposes a two-part approach to improving efforts to recruit and retain a VA PA workforce – the GOOD pilot program and a VHA commitment to recruiting and retaining PAs by offering fairer and more competitive compensation.

**GOOD Pilot Program**

The Good Pilot Program is designed to create a pathway for veterans to become educated as PAs, and to add to the supply of PAs in VA medical facilities.

This pilot program would establish a scholarship program for veterans under the VA’s educational programs, giving veterans who received medical training while serving in the military an opportunity to use their skills to find jobs after separating from the military. Many veterans who served as medics or corpsmen in the military find that their training does not immediately translate to a job in civilian life. This pilot program would allow such candidates to enroll in a PA program and work towards earning a degree that would let them use those skills to transition to employment as within the VA system.

In addition to helping veterans find employment after they separate from military service, the GOOD pilot program would help alleviate the provider shortage for PAs that the VHA is currently facing, thus removing a barrier to care for the veterans who rely on the VHA for their medical needs.

Additionally, we are particularly pleased that the GOOD Pilot Program will provide priority to veterans who are from rural communities or who are willing to commit to providing care as PAs in VA facilities located in rural communities. This program would mirror the National Health Service Corps, a successful model that has been educating PAs and other healthcare professionals for decades in exchange for a commitment to serve in medically underserved areas.

### Competitive Pay for PAs

A critical component of S.426 is its requirement that the VHA implement a long overdue update for PA compensation. Under the current system, VA compensation for PAs simply does not compete with the salaries offered outside the VA.

In the private sector, PAs are highly regarded and in-demand healthcare providers who command competitive salaries. According to the National Certification Commission for the Physician Assistant, the average salary of PAs in the United States for 2016 was \$104,131. According to the 2015 VHA Workforce Planning Report, in 2015 starting pay for new PA graduates was usually 20-30% higher in the private sector than it was in the VA. This same report recommended that the VA update its compensation practices for PAs in order to become more competitive with the private sector. It is hard for the VA to recruit, hire, and retain PAs when the starting salary being offered for many PA positions is often significantly lower than what can easily be found in the private sector. The private healthcare market has embraced and rewarded the use of PAs to alleviate healthcare provider shortages; it is time for the VA to do so as well.

To AAPA's knowledge, the VHA has not expanded recruitment and retention initiatives related to fair compensation for PAs in response to the identification of PAs as one of the VA's top five critical occupation shortages. The VA has the authority to include PAs in the Locality Pay for Nurses and other Healthcare Professionals pay scale, but thus far has not taken action to do so. The addition of PAs to the VA locality pay system could assist the VA in recruiting PAs to replenish the ranks of approximately 40 percent of the VA PA workforce eligible for retirement within the next several years.

Additionally, PAs and nurse practitioners (NPs) employed by the VA frequently perform nearly identical functions and are employed in the same manner, but PAs are often paid significantly less than NPs for performing the exact same job. Because of inconsistencies in pay scales, NPs often start at a higher salary than PAs, and it is not uncommon for NPs in the VA to be compensated by as much as \$30,000 more than PAs while providing similar, if not identical, medical services.

Examples of this pay discrepancy are unfortunately very easy to find. A job posting on 3/16/2017 for a position at the Chillicothe (Ohio) VA Medical Center, for a position that could be filled by either PA or a NP, advertises a salary range of \$69,207-\$82,185 for PA candidates, while the salary range for an NP was \$93,065-\$123,766. At the William Jennings Bryan Dorn VA Medical Center, in Columbia, SC, a position posted on 5/18/2017 was open to both PAs and NPs, with the salary range for a PA starting at \$49,626 and the starting salary range for an NP starting at \$76,992. In addition to these recent listings, there are disparities in pay ranging from \$13,000 to \$26,000 per year for PAs versus NPs in cities such as Augusta, GA, New Orleans, LA, and Las Vegas, NV. Ensuring compensation for PAs takes into consideration local wages, as the VA does for NPs, is critical to improving access to care by ensuring the VA is able to better recruit and retain PAs.

### Conclusion

S. 426, the "Grow Our Own Directive: Physician Assistant Employment and Education Act of 2017," represents a significant step forward in building and strengthening the VA's PA workforce through proposals to create a five year pilot program to educate veterans as PAs and to require the VA to adopt standards leading to competitive pay for PAs employed by the VA. As the Committee moves forward with efforts to improve the quality of care available at the VHA, AAPA would be pleased to continue to serve as a resource. Thank you again for the opportunity to submit a statement for the record in support of S. 426.