

May 21, 2021

The Honorable Patty Murray
Chair
United States Senate
Committee on Health, Education, Labor
and Pensions
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
United States Senate
Committee on Health, Education, Labor
and Pensions
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to provide policy ideas on workforce development.

America's hospitals and health systems are at the center of their communities, both as providers of critical services and as large – and often the largest – employers. They train tomorrow's health care providers and cultivate future leaders by building and expanding their dynamic workforces to effectively keep pace with health care trends and evolving technology.

A talented, qualified, engaged and diverse workforce is at the heart of America's health care infrastructure. Yet COVID-19 has taken a heavy toll on health care teams who have been on the front lines of the pandemic with many suffering from stress, trauma, burnout and increased behavioral health challenges. A 2021 Washington Post-Kaiser Family Foundation survey found that nearly 30% of health care workers are considering leaving their profession altogether, and nearly 60% reported impacts to their mental health stemming from their work during the COVID-19 pandemic.

However, the daunting challenge of sustaining the health care workforce predates the COVID-19 pandemic. Recent studies show that America will face a shortage of up to 122,000 physicians by 2032, and will need to hire at least 200,000 nurses per year to meet increased demand and to replace retiring nurses. There also are critical shortages of allied health and behavioral health professionals, especially in vulnerable rural and urban communities. These potential workforce shortfalls – combined with an aging population, a rise in chronic diseases and behavioral health conditions, and advancements in the “state-of-the-art” of care delivery – all contribute to the need for supportive policies that ensure America's health care workforce



can meet the demands of today and be adequately prepared for the delivery system of tomorrow.

The health care workforce creates jobs, serves communities and spurs economic activity. Indeed, hospitals and health systems alone employed more than 6 million individuals in full- or part-time positions in 2019; purchased more than \$1 trillion in goods and services from other businesses; supported almost 18 million, or one out of nine, jobs; and supported roughly \$2.30 of additional business activity in the economy for every dollar they spent. Yet the pandemic is taking its toll on health care jobs. According to the U.S. Bureau of Labor Statistics, employment in the field is still down by over 500,000 jobs since February 2020, with hospitals reporting a drop of employment of 5,800 jobs just between March 2021 and April 2021.

The AHA urges your Committee to consider the following recommendations and prioritize programs that support the health care workforce needs of the country in the wake of the COVID-19 pandemic and into the future.

Physician shortages are growing, exacerbated by caps on the number of Medicare-funded residency slots and accelerated by the pandemic. The Association of American Medical Colleges projects a national shortage of up to 122,000 physicians by 2032, including shortages of primary care physicians and specialists such as pathologists, neurologists, radiologists and psychiatrists. While the aging of the U.S. population and the physician workforce drives some of the projected shortage, much of it stems from the caps on Medicare-funded residency slots imposed by Congress nearly 25 years ago as a cost-saving measure. While the number of medical school graduates has increased significantly over the past two decades, training opportunities for these graduates has remained frozen at 1996 levels. As a result, over 3,100 applicants lacked residency slots in 2019. Furthermore, the caps have created imbalances that favor allocation of slots toward lower-cost and higher-reimbursement specialties, rather than more urgently needed primary care and behavioral health. While some hospitals are filling in gaps by self-funding a portion of their residency slots, this model is not sustainable over the long haul, as evidenced by the -9.6% Medicare margins for teaching hospitals in 2018.

Lifting the Medicare residency slot cap would enhance access to care and help America's hospitals better meet the needs of the communities they serve. Increasing Medicare-funded residency slots would provide hospitals more flexibility to diversify and maintain more training programs, including both primary care and specialty programs. For health systems, an increase in cap slots also would allow for bringing residents to more diverse types of facilities, including those in rural areas, which may not be able to operate their own training programs. This would benefit both the quality of physician education, and the facilities they would serve. In the Consolidated Appropriations Act, 2021, Congress created 1,000 new residency positions. Now is the time to build on that foundation and help alleviate the nation's critical physician shortage.

The nursing and allied professional workforce also faces critical shortages. The U.S. needs more than 200,000 new registered nurses (RNs) each year to meet increasing health care

needs and to replace nurses entering retirement. In 2017, more than half of all nurses were age 50 or older, and almost 30% were age 60 or over. Workforce pressures also exist across a variety of allied health professions. According to one recent survey, the annual turnover rate of hospital certified nursing assistants (CNAs) was 27.7% (nearly double the turnover rate of nurses and physician assistants). Meanwhile, the Bureau of Labor Statistics projects a need for 11% more CNAs by 2025. The lack of laboratory technicians may be particularly acute – a 2017 survey conducted by the American Society for Clinical Laboratory Science concluded that there were, nationally, 7.2% lab technician positions unfilled.

Faculty shortages constrain ability to meet future nursing needs. According to the American Association of Colleges of Nursing, American nursing schools turned away over 80,000 qualified applicants from baccalaureate and graduate programs in nursing due to an insufficient number of qualified faculty, clinical sites, classroom space, clinical preceptors and budget constraints. The low salaries for nursing faculty also are not commensurate with their level of educational preparation (i.e., master's degree level, or above), making recruitment a dire challenge.

Several mechanisms provide good starting points for addressing workforce and faculty shortages. Without decisive intervention, workforce shortages threaten hospitals' ability to care for patients and communities. Additional detail on key programs are described below.

The Nursing Workforce Development programs under Title VIII of the Public Health Service Act support nursing education but also seek to add diversity to the nursing profession and improve access in rural and underserved communities. Nurses are integral members of the health care team. Each year, nursing schools must deny admission to thousands of potential students because they do not have enough faculty to teach these aspiring nurses.

The COVID-19 pandemic heightened the nursing shortage our country was already facing. Recognizing the need to grow and support the nursing workforce, Congress included the bipartisan Nursing Workforce Reauthorization Act in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. **It is imperative that funding for these programs reflects the heightened needs of our communities, especially as nurses across the country remain on the front lines of this public health crisis.**

The AHA also supports passage of the Healthcare Workforce Resilience Act.

This bipartisan legislation would expedite the visa authorization process for highly-trained nurses, who could support hospitals facing staffing shortages and ensure hospitals are better positioned to provide patient care. The legislation also would provide protections to U.S.-trained, international physicians who are vitally important to patient care in their communities but whose visa status puts them at heightened risk should they get sick.

Primary care medicine, pediatric subspecialty loan repayment, and oral health training programs improve health care access and quality in underserved areas by training general

internists, family medicine practitioners, general pediatricians, pediatric subspecialists, oral health providers and physician assistants.

Title VII health professions programs play an essential role in improving the diversity of the health care workforce and connecting students to health careers by supporting recruitment, education, training and mentorship opportunities. Inclusive and diverse education and training experiences expose providers to backgrounds and perspectives other than their own and heightens cultural awareness in health care, resulting in benefits for all patients.

The National Health Service Corps (NHSC) awards scholarships to health professions students and assists graduates of health professions programs with loan repayment in return for an obligation to provide health care services in underserved rural and urban areas.

Centers of Excellence and the Health Careers Opportunity Programs focus on recruiting and retaining minorities into the health professions to build a more diverse health care workforce. The Centers of Excellence grants strengthen the national capacity to train students from minority groups that are under-represented in allopathic and osteopathic medicine, dentistry and pharmacy, and behavioral or mental health. The Health Careers Opportunity program provides support for increasing the number of individuals from disadvantaged backgrounds in the health and allied health professions.

America's behavioral health needs are reaching a crisis point rising amid gaps in the behavioral health workforce. One in five American adults had a behavioral health condition before the pandemic, and nearly 60% of adults with behavioral health disorders reported not receiving services for their conditions. The stresses of the COVID-19 pandemic have compounded these concerns: one in three adults reported symptoms of an anxiety disorder in 2020, compared with one in 12 in 2019. Yet, over 100 million Americans live in areas that have a shortage of psychiatrists, as designated by the Health Resources and Services Administration (HRSA). HRSA also projects shortages of psychiatrists and addiction counselors to persist through 2030.

The AHA urges the Committee to enact the remaining provisions of the Dr. Lorna Breen Health Care Provider Protection Act, which aims to reduce and prevent suicide, burnout and behavioral health disorders among health care professionals. The legislation would authorize grants to health care providers to establish programs that offer behavioral health services for front-line workers. In addition, the bill would require the Department of Health and Human Services to study and develop recommendations on strategies to address provider burnout and facilitate resiliency, and it would direct the Centers for Disease Control and Prevention to launch a campaign encouraging health care workers to seek assistance when needed.

Rising clinician burnout calls for a national strategy. A recent National Academy of Medicine report suggests that between 35% and 54% of U.S. nurses and physicians have symptoms of burnout, which it characterizes as high emotional exhaustion, high depersonalization (i.e.

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cynicism), and a low sense of personal accomplishment from work. Hospitals and health systems are deploying a range of programs and interventions to assist their workforce, but given the financial pressures posed by the pandemic, **Congress should provide additional funding to support national research and demonstration programs related to clinician well-being.**

Thank you again for the opportunity to provide feedback. We stand ready to discuss any of these proposals in more detail. Please do not hesitate to reach out if you have additional questions.

Sincerely,

/s/

Stacey Hughes
Executive Vice President