



March 20, 2023

The Honorable Bernie Sanders
Chair
Senate Committee on
Health, Education, Labor and Pensions
Washington, D.C. 20510

The Honorable Bill Cassidy, MD
Ranking Member
Senate Committee on
Health, Education, Labor and Pensions
Washington, D.C. 20510

Dear Chair Sanders and Ranking Member Cassidy:

On behalf of the Healthcare Leadership Council (HLC), we thank you for the opportunity to submit comments on the drivers of healthcare workforce shortages and ideas on potential solutions.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, homecare providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach. We are uniquely positioned to address disaster preparedness comprehensively from all perspectives in the healthcare industry.

The healthcare workforce continues to face an extreme shortage of workers throughout America. In fact, the United States faces a physician shortage of up to nearly 124,000 physicians by 2034, including shortfalls in both primary and specialty care.¹ This shortfall could disproportionately affect rural and underserved communities. The 46 million Americans who live in rural areas often have trouble accessing care due to a shortage of healthcare workers and long distances to healthcare services that can be made more challenging by difficult terrain and severe weather. As a result, rural residents overall suffer poorer health outcomes and are at greater risk of dying from heart disease, cancer, unintentional injuries, chronic lower respiratory disease, and stroke than their urban counterparts.² Without Congressional action, workforce shortages are likely to worsen and, consequently, the state of health for people across America may worsen as well.

¹ The Complexities of Physician Supply and Demand: Projections From 2019 to 2034, Association of American Medical Colleges (June 2021) <https://www.aamc.org/media/54681/download?attachment>

² Medicaid and Rural Health, MACPAC (April 2021) <https://www.macpac.gov/wp-content/uploads/2021/04/Medicaid-and-Rural-Health.pdf>

Over the past several years, data has shown that 55 percent of the healthcare workforce is burned out, 60 percent say stress has harmed their mental health, and 75 percent of nurses have reported exhaustion.^{3,4,5} Burnout can cause poor performance, which can lead to medical errors and can also cause feelings of guilt and shame among providers. The overall effect of burnout on the healthcare industry should not be underestimated. We believe reducing administrative burdens that take clinicians away from the bedside and contribute to burnout should be better addressed. We also applaud Congress for its continuous support for mental health services and urge lawmakers to further examine ways to improve access to these services to help reduce clinician burnout and improve mental stress.

Meanwhile, the population is also aging and requiring more healthcare at a much faster pace than the supply of healthcare workers. To combat this problem, HLC expresses support for legislation introduced in the last Congress, S. 1679/H.R. 3320, the “Allied Health Workforce Diversity Act,” and urges Congress to reintroduce this legislation which would increase and strengthen the healthcare workforce while advancing diversity and inclusion. Specifically, this bill would provide scholarships and stipends to higher medical education programs and would increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds and reduce workforce shortages. In addition, we believe Congress should support the National Health Service Corp (NHSC), which also provides scholarships and loan repayment funds for medical providers who agree to practice in medically underserved areas, and Teaching Health Centers, that train medical residents to work as primary care physicians in those same areas. This support is important as many of the NHSC providers and graduates from teaching health centers serve in community health centers.

As Congress looks further into supporting the healthcare workforce, HLC also urges prioritization of the direct care workforce. The direct care workforce comprises about 4.7 million workers, including: nearly 2.6 million home care workers; 647,500 workers in residential care homes; about 471,000 nursing assistants employed in nursing homes; and about 1 million workers employed in other settings, such as hospitals.⁶ This workforce is the backbone of services and support in healthcare delivery. They play a critical role in supporting the lives of people who have functional limitations due to age or disability. The physical, emotional, and financial challenges direct care workers face cannot be overstated, and, for many, the challenges have increased over the last several years.

There is also a significant economic impact for family caregivers who provide approximately \$600 billion annually in unpaid care to their loved ones. They face out-of-pocket expenses to assist their family members, as well as foregone potential income and retirement savings. An AARP report found that family caregivers, in 2021, spent 36 billion hours caring for adults with chronic, disabling, or serious health conditions with an estimated economic value of \$600 billion.⁷ Their assistance helps save taxpayer dollars by delaying or preventing more costly nursing home care and unnecessary hospital stays. HLC urges Congress to reintroduce S. 1670/H.R. 3321, the “Credit for Caring Act” which would create a new, nonrefundable federal tax credit of up to \$5,000 for eligible working family caregivers to help address the financial

³ Medical burnout, Association of American Medical Colleges (June 4, 2021)

<https://www.aamc.org/newsinsights/medical-burnout-breaking-bad>

⁴ Stress in America 2020 Survey Signals a Growing National Mental Health Crisis, American Psychological Association (October 20, 2020) <https://www.apa.org/news/press/releases/2020/10/stress-mental-healthcrisis>

⁵ The Mental Health of Healthcare Workers in COVID-19, Mental Health America (June, 2021) <https://mhanational.org/mental-health-healthcare-workers-covid-19>

⁶ Direct Care Workers in the United States, PHI Quality Through Quality Jobs (September 2022) <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

⁷ AARP: Valuing the Invaluable: 2023 Update Strengthening Supports for Family Caregivers (March 8, 2023) [Valuing the Invaluable 2023 Update Strengthening Supports for Family Caregivers - AARP Insight on the Issues](https://www.aarp.org/valuing-the-invaluable-2023-update-strengthening-supports-for-family-caregivers/)

challenges of caregiving. Eligible working family caregivers caring for loved ones of all ages could receive the credit if the care recipient meets certain functional or cognitive limitations or other requirements. This tax credit would help family caregivers who care for non-dependents or who do not live with the person they are assisting.

In addition, HLC urges Congress to pass S. 100/H.R. 547, the “Better Care Better Jobs Act.” The bill would strengthen and expand the home and community-based services (HCBS) workforce. The bill enhances Medicaid funding for HCBS through increasing the Federal Medical Assistance Percentage (FMAP) by 10 percent permanently for states that expand access to HCBS and strengthen the HCBS workforce. To receive the enhanced FMAP, states would need to promote access and improve workforce recruitment and retention; update HCBS payment rates every two years with input from stakeholders; ensure increases in HCBS rates are passed through to workers to improve compensation; ensure rates are incorporated into managed care arrangements; and update, develop, and adopt qualification standards and training opportunities for workers and family caregivers.

To better address the national shortage of registered nurses, HLC believes Congress should reintroduce S. 4844/H.R. 8817, the “National Nursing Workforce Center Act.” One of the major barriers to understanding this shortage is the lack of standardized information about the landscape of nursing in each state, making it difficult to develop informed interventions to recruit and retain nurses. Nursing workforce centers advance the profession through a data driven approach throughout 39 states in America. These centers conduct local research, publish reports on nursing supply, demand, and education, and share best practices. However, not every state has a center and those centers that exist do not always have the funding essential for their work. That is why we believe this legislation is an important step forward to support our nursing workforce.

HLC continues to work on multiple fronts in support of workforce expansion and flexibility in the short term. This includes support for immigration policies that enable the entry of qualified medical professionals into the United States; flexibility for healthcare professionals to practice across state lines; and enhanced funding, especially graduate medical education funding. Currently, there is a dire need to expand immigration rules that allow recruitment of nurses and other workers critical to the healthcare industry.

As well, HLC continues to support the need for more flexibility in state licensure. The pandemic highlighted the importance of having a mobile healthcare workforce that can address needs when and where they occur. However, current state licensure restrictions create barriers to workforce mobility. HLC believes Congress should enact legislation that would provide licensing reciprocity for healthcare professionals for any type of services provided to a patient located in another state during a public health emergency (PHE) in communities where shortages exist.

We also urge Congress to reintroduce H.R. 7217, the “Equitable Community Access to Pharmacist Services Act,” to secure patient access to pharmacy services and permanently provide pharmacists the ability to care for those in need during any future public health emergencies. Pharmacists play a critical role in ensuring people in medically underserved communities have access to healthcare resources. Pharmacists are among the most accessible healthcare professionals and provide regular access to healthcare services and treatments for patients. In fact, nine in ten Americans live within five miles of a pharmacy, allowing pharmacists to serve their local communities and be a trusted healthcare resource where others may not exist. By advancing this legislation, Congress can ensure pharmacist services are covered, alleviating gaps in care, preserving vital healthcare access in the future, while also addressing health inequities.

Lastly, HLC believes Congress should further explore value-based care as a long-term way to better align the healthcare workforce and address shortages. A value-based care system will improve healthcare quality and outcomes for patients. The shift to value-based care will require numerous changes in the way our healthcare system is structured and operates. This shift will enable consistent and efficient data collection, and communication among healthcare providers which will allow for better utilization of the healthcare workforce. Additionally, value-based care will encourage greater use of appropriate telehealth and remote patient monitoring services, leading to improved patient access to healthcare for millions of Americans in rural and underserved communities.

Thank you again for considering our request to adequately address workforce shortages in America. HLC looks forward to continuing to collaborate with you on this important issue. If you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Grealy". The signature is fluid and cursive, with the first name "Mary" being the most prominent.

Mary R. Grealy
President