SENATE HELP EXAMINES HEALTH CARE WORKFORCE SHORTAGE

EXECUTIVE SUMMARY

Today, the Senate Health, Education, Labor and Pensions’ (HELP) Subcommittee on Employment and Workplace Safety held a hearing to discuss ways to bolster recruitment, retention, and diversification within the health care workforce in light of the shortage facing the industry. Members paid particular attention to increasing services in rural and underserved communities, providing proper funding for universities to boost enrollment in health care related studies, and promoting workforce retention.

Witnesses offered a full scope view of the issue, highlighting the need to reimagine the industry's practices from as early as primary education students to late career professionals. Discussion surrounding the need for lower cost education and student loan repayment programs arose as means to increase interest in the field and discourage financial barriers. Witnesses suggested a particular focus on primary care providers when contemplating incentives such as these.

OPENING STATEMENTS

Subcommittee Chair John Hickenlooper (D-CO) called for the improvement of the recruitment, retention, and upscaling opportunities of health care workers. Specifically, Chair Hickenlooper suggested easing burden for those without college degrees, with children, and without prior experience to enter the field and fill these early-stage health care roles. With regard to diversity and representation, he called for a workforce that mirrors the community it serves.

Subcommittee Ranking Member Mike Braun (R-IN) discussed the weaknesses of the health care system, highlighting the high costs of health care that were exacerbated by the pandemic. He noted that the industry is catered to remediation rather than prevention and asserted the need to alleviate this paradigm, which would ease the burden of the health care workforce shortage.

Full Committee Chair Patty Murray (D-WA) (statement) discussed the need for diversity within the health care workforce in order to bolster health care for minority communities whilst simultaneously increasing health equity. Chair Murray highlighted the effects of the COVID-19 public health emergency (PHE) on the health care workforce shortage as clear indication that need exists for: (1) increased compensation for health care workers; (2) proper supply of proper personal protective equipment (PPE) for these workplaces; and (3) adequate protection from infectious diseases and workplace violence.

WITNESS TESTIMONY
Dr. Margaret Flinter (testimony), of Community Health Center, Inc., and National Nurse Practitioner Residency and Fellowship Training Consortium, highlighted the need to ensure that high quality primary care is both available and accessible, advocating for necessary resources to be allocated towards the training of nurse practitioners to fill this role. Citing the need for nurse practitioners who act as primary care providers — particularly in community health centers and rural and underserved areas — Dr. Flinter discussed her creation of the first postgraduate residency program to provide for nurse practitioner preparation at Community Health Center, Inc.

Dr. Reynold Verret (testimony), of Xavier University of Louisiana, discussed how the university — in which he is President of — addresses the underrepresentation of Black individuals in the fields of medical and health sciences. He elaborated on the need to recognize the shortage of practitioners of color in these fields and offered several recommendations to increase production of health professionals, including increased institutional and student funding.

Ms. Norma Quinones (testimony), of Clinica Family Health, explained that her organization faced difficulty in locating qualified medical assistants who were capable of carrying out their duties in the environment that Clinica Family Health operates within. She discussed Clinica Family Health’s work with the National Institute for Medical Assistant Advancement (NIMAA), dubbing it a model for: (1) addressing primary care health workforce shortages; (2) creating an accessible entry point for long-term health careers; and (3) diversifying the U.S. workforce.

Ms. Rachel Greszler (testimony), of The Heritage Foundation, stated that the federal government plays a limited role in affecting the supply of health care workers, explaining that state licensing boards regulate professional licenses and the medical services performed by these individuals. Ms. Greszler further claimed, however, that the federal government does play a large role via federally funded health care programs which contribute to the workforce shortages as a result of rules and regulations set forth by these federal programs.

**DISCUSSION AND QUESTIONS**

- Chair Hickenlooper inquired about what can be done at the federal level to replicate — for other universities across the country — the successes that Xavier University of Louisiana has exuded. Dr. Verret cited the need for increased awareness among middle and high school students about opportunities afforded as a result of secondary education, adding that many times students are unaware of these programs until the tail end of their high school careers.
- In response to Chair Hickenlooper’s question surrounding ways in which upscaling opportunities — including nurse practitioner training programs — help reduce burnout and address long term retention among health care workers, Dr. Flinter called for an increase in services for populations which historically receive care for all ailments through a primary care physician rather than a group of specialists.
- Ranking Member Braun asserted his belief that the industry does not embrace transparency, competition, and prevention whilst boasting barriers to entry in the health care workforce.
Ms. Greszler agreed with the Ranking Member’s sentiments, adding that an “excessive level” of federal funding and regulations dictate the system.

- **Sen. Tammy Baldwin (D-WI)** asked panelists for their thoughts on the relationship between the nursing workforce shortage and students seeking training to become a nurse who are turned away because of a lack of nursing faculty. Dr. Flinter affirmed that a lack of nurse faculty will inevitably decrease the ability to train new nurses, noting a visible compression in clinical training sites. She added that community health centers face a similar burden and called for emphasis on three pathways: research, practice, and education. Dr. Verret called for a decrease in barriers — namely high cost of education — to access the field.

- With regard to training and education of nurses looking to enter the field, Sen. Baldwin articulated concern over an aging nursing population and the likelihood that nursing faculty will decrease as a result.

- Sen. Baldwin raised concerns over morbidity and mortality rates for Black women. She touted her legislation — the Perinatal Workforce Act, located within the Black Maternal Health Momnibus Act (H.R. 959) — as an avenue to address maternal health inequities.

- In response to Sen. Baldwin’s question of why it is important to fully build out the workforce and training pipeline for primary care — specifically with regard to shortages in the areas of infectious disease, palliative and hospice care, and perinatal services — Dr. Flinter talked about the need to ensure that the primary care workforce is functioning at its most effective capacity before patients are referred to specialists, similar to those mentioned by Sen. Baldwin.

- In a line of dialogue pertaining to nursing staffing agencies, **Sen. Tommy Tuberville (R-AL)** expressed concern over the high costs associated with supplying “travel” nurses to hospitals experiencing shortages and questioned what the root cause of the need for these nurses may be. Dr. Verret explained that the nursing shortage is causing hospitals to compete amongst one another for this staff, essentially promoting an environment where facilities that are able to compensate the highest are prioritized and adequately staffed while those which offer lower “travel” salaries are left without staff.

- Touting her legislation to allow medical and dental residents interest-free deferment on their student loans while serving in a medical or dental internship program, **Sen. Jacky Rosen (D-NV)** addressed the financial barriers that may attribute to the health care workforce shortage.

- In response to Sen. Rosen’s question surrounding the impact of pausing student loan interest accruing during residency and its ability to provide flexibility for providers, Dr. Flinter noted that providers would be better equipped to serve patients — and would be more likely to enter the career field in general — if the price to receive this education and training were to be lower. To do so, Dr. Flinter suggested federal loan repayment programs for certain specialties as well as those who choose to practice in rural and underserved areas.

- When discussing an increase in better quality and more accessible health care, Dr. Flinter highlighted telehealth as a means to achieve these desired results.

- **Sen. Bill Cassidy (R-LA)** inquired about challenges that universities face in attempting to be more competitive for federal research funding and highlighted his John Lewis NIMHD Research and Endowment Revitalization Act (H.R. 189), which seeks to revitalize the research endowment program at the NIH for minority serving universities. Dr. Verrett
explained that revitalizing this program is “imperative” for universities as it allows their programs to become more competitive through funding for enhanced research facilities and the ability to hire and retain top tier staff.