



**Senate Subcommittee on Primary Health and Retirement Security**  
*A Dire Shortage and Getting Worse: Solving the Crisis in the Health Care Workforce*  
May 20, 2021  
10:30 A.M., 430 Dirksen Senate Office Building  
[View the Hearing](#)

Purpose

*The purpose of this hearing is for the Senate Subcommittee on Primary Health and Retirement Security to examine the healthcare workforce shortage that has since been exacerbated by the aging population and the COVID-19 pandemic.*

Key Takeaways

- Addressing the workforce shortage will require a multi-pronged approach, such as utilizing team-based and interprofessional care, improving technology, increasing public-private partnerships and recruiting more diverse healthcare workers to provide culturally competent care.
- Investing in and supporting the primary care workforce can lower rates of mortality amongst marginalized and underserved communities, as well as lower overall costs within the healthcare system.
- Continued support and expansion of Graduate Medical Education and increasing residency training slots is essential to keep up with the high demand for healthcare providers.
- Training more behavioral health professionals is vital to combat the mental health and substance use disorder crises.
- Collaboration with community partners can ensure access to healthcare providers in remote and rural areas.

Members Present

Chairman Sanders, Ranking Member Collins, Senators Braun, Baldwin, Kaine, Rosen, and Hassan

Witnesses

**David J. Skorton, MD**, President and Chief Executive Officer, Association of American Medical Colleges, Washington, DC  
**Leon McDougle, MD, MPH**, President, National Medical Association, Columbus, OH  
**Shelley Spires**, Chief Executive Officer, Albany Area Primary Health Care, Albany, GA  
**James D. Herbert, Ph.D**, President, Biddeford and Portland, ME

## Opening Statements

**Chairman Sanders (I-VT)** said our country is facing many healthcare crises. The cost of prescription drugs are extremely high and many people cannot afford them. Our nation does not have enough doctors, nurses, or other healthcare professionals. Primary care will see immense shortages in the future. The federal government plays a role in how many physicians we have. Graduate Medical Education (GME) is funded by the government and last year, Congress added 1,000 additional slots, but is nowhere near enough. Very shortly, legislation is going to be introduced to address this crises. There is an understanding to increase payments for direct medical school education. The crisis is not only about a shortage; it is also about where the physicians are located. We have to make sure Medicare understands that. Residents are underpaid. The average pay for a resident is \$63,000 a year. While the average resident earns that, primary care residents earn even lower. The American Rescue Plan (ARP) has introduced funding for community-based organizations.

**Ranking Member Collins (R-ME)** said many healthcare professionals have taken on the burden of caring for patients during the pandemic. In many areas of the country, there was fierce competition for health care professionals, especially for rural areas. Low Medicaid reimbursement in nursing homes translates to low wages, and it is frustrating to watch thousands of qualified nursing applicants turned away due to a shortage of clinical sites. These shortages have serious consequences. One of the highest priorities has been to increase funding to workforce programs. Many health professions need to attract more students, such as addiction medicine and geriatric medicine. There is an acute need to train more professionals and direct service workers to meet the growing demand. Incentives must be provided. Last year, the CARES Act established funding for the geriatric enhancement program. Increasing the overall number of healthcare professionals is just part of the shortage equation. Another part is ensuring that they are practicing in communities across the country. Teaching health centers to train residents in community-based settings matters because we know that people are much more likely to stay where they train. Telehealth is another avenue to address the mismatch between supply and demand, particularly in behavioral health.

## Testimony

**Dr. David J. Skorton** said addressing the workforce shortage will require a multi-pronged approach such as team-based care and using better technology. The demand for physicians will outstretch supply, which will result in a shortage. The shortage reflects a wide range of scenarios, such as increased use of physician assistance registered practice nursing. The shortage is ominous and requires their best efforts. Not surprisingly, the nation's growing aging population continues to be the main driver of shortages, especially in Substance Use Disorder (SUD) and COVID-19. It can take more than a decade to complete medical school and GME. This is required for licenses. Increasing residency training slots is necessary to keep up with the demand. Children's hospitals and teaching hospital's GME are critical to complement Medicare GME. Public-private efforts are necessary, and we must increase diversity. With intervention earlier in the education pipeline, the medical field can be more

successful in recruiting from more diverse backgrounds. There has been minimal progress in improving diversity in the workforce, which is inexcusable. Speaking with families and students to better identify barriers is necessary to expose more to science and medicine.

**Dr. Leon McDougle** said the COVID-19 pandemic has served as a stress test to communities made vulnerable by socioeconomic status, racism and other factors. Primary care access results in cost savings and reduced health disparities. Primary care physicians (PCP) take a person focus as opposed to a disease focus to healthcare. Urban and rural areas with PCPs have lower rates of mortality compared to other areas. A higher supply of PCPs is associated with a lowering of mortality amongst African Americans and other ethnic minorities. Priority should be given to funding primary care within rural and urban shortage areas, as well as to hospitals affiliated with medical schools with higher social mission scores. The percentage of black men in the healthcare workforce has remained the same for the past 80 years.

**Ms. Shelley Spires** said the people who do this work are dedicated, and federal support to the underserved is crucial. Many patients suffer chronic conditions, some of which are neglected or untreated. High numbers are low-income and many live in poverty. Most of the patients are from racial and ethnic groups, meaning culturally competent care is necessary to support patient needs. Burnout is a huge topic amongst providers, and new demands heavily exacerbated burnout due to the pandemic. Recruiting staff to work in underserved areas is tough. However, programs exist to support this recruitment. It is vital to recognize that health equity and equality are at the core of healthcare delivery. Ensuring greater ethnic diversity is important to ensuring culturally competent care. Many facilities are not positioned financially to support behavioral health professionals. The salary is the barrier.

**Dr. James D. Herbert** said Maine has the oldest population in the nation and is also very rural. The challenges in Maine are a reflection of challenges in the rest of the country as urbanization creates pockets of need. The first thing is to increase the number of healthcare providers they train, meaning there needs to be partnerships between education and hospitals through GME. Standing up new educational facilities requires a large startup cost. Another barrier is the difficulty to retain qualified professors. The second thing is training more healthcare students who look like the communities they serve. Minority patients seek out providers who look like them, which can improve health outcomes. Encouraging providers to practice in rural areas is necessary. Using the power of technology such as telemedicine has the potential to change healthcare. Finally, they must change the educational model. The practice of healthcare is siloed, but programs now are emerging to facilitate interprofessional education, which can improve clinical outcomes and increase patient satisfaction. Successfully addressing the workforce crisis will require seamlessly integrating components and partnerships.

### Questions and Answers

**Chairman Sanders** said an interesting point is that many people cannot get to the care they need, but getting to primary care physicians can save lives and also save money. He asked if this statement is true, that giving more access to primary care physicians (PCPs) can save the system more money. **Dr. Skorton** stated he agrees, but they need a variety of providers. The idea of interprofessional teams is very important. **Dr. McDougale** said he agrees. **Ms. Spires** also said she agrees and have seen that PCPs provide care that patients need and decreases hospitalization. **Dr. Herbert** said yes, research shows investments in PCP can ultimately lower prices. **Chairman Sanders** inquired about PCPs work long hours while being paid less than other providers. **Dr. Skorton** said it has to do with how payment systems are set up. **Dr. McDougale** said PCPs are person-focused, but that does not lead to increase revenue or pay. **Ms. Spires** said PCPs are underpaid, but they take care of the entire person and are managing multiple issues. **Dr. Herbert** said the payment is based on payment codes that incentivize the wrong things.

**Ranking Member Collins** said nursing schools turned away many nursing students due to faculty shortages. How can Congress help with the faculty side of the equation? **Dr. Herbert** said it is a challenge, but one of the things that can be done is training nurse educators who can become faculty. The loan repayment programs are vital. **Ranking Member Collins** said it is very distressing that the number of black physicians has remained flat for 80 years. There has been a legacy of mistrust between the black population and medical professionals. She asked how they can get more ethnic minorities to apply to medical schools. **Dr. McDougale** said going to younger students and partnering with their families and academic health centers can create a pathway of opportunity, in addition to the existing pathways funding programs could help with this issue.

**Senator Baldwin (D-WI)** stated that one of the challenges for preparing providers in palliative care is lack of training for educators. She asked how Congress can better attend to training programs for providers, as well as programs to train the trainer. **Dr. Skorton** said these programs, including geriatric and behavioral health, has trained providers on how to care for patients. More funding going into these programs can support training. **Senator Baldwin** said the current healthcare workforce shortages are only going to continue to grow. In the shorter term, there may be one palliative care provider for every 26,000 patients. Growing the palliative care workforce is necessary for healthcare equity. She asked how workforce development programs can advance health equity. **Dr. McDougale** said that physicians from underrepresented groups have a concordance with patients, which has led to increase compliance to care. Visibility in the community and being a trust messenger is important. There is a need to broader public health education.

**Senator Braun (R-IN)** said that many rural hospitals are in peril and many are bought by an urban chain. He asked how much of the nature of the industry has contributed to people not wanting to seek out a profession in healthcare. **Dr. Skorton** said there is an increasing desire to go to medical school and there is enthusiasm to do the right thing. Specific areas that are disincentives need to be focused on. **Dr. Herbert** said that this is a big problem: the payment structure issue that creates misalignment in incentives. Rural hospitals need to develop GMEs so they can become teaching hospitals. To start the process is between \$1.5-

3.5 million. The small investment may be just enough to develop a new residency program. **Senator Braun** said transparency is key.

**Senator Kaine (D-VA)** said the mental health impact of COVID-19 has been significant. Recruiting people needs to be focused on the address the workforce shortage, which means supporting providers in their mental health. Many counties are experiencing a shortage of mental health providers and asked what can be done to ensure there are more mental health providers. **Dr. Skorton** said the mental health issue is getting worse and the country is suffering from SUD. Stigma is the single biggest issue, as many providers are scared to ask for help. They must develop ways to reduce the stigma to ensure providers can be cared for.

**Senator Hassan (D-NH)** said students and children have been struggling with mental health issues. The pandemic has made it harder for kids to seek out mental health care, and asked how access to pediatric mental health care can be improved. **Dr. McDougale** said that PCPs are able to manage mental health concerns, but many may result in referrals to other professionals. Congress must continue funding telehealth and prioritizing training of licensed social workers. This is a national crisis that everyone must step up to. **Senator Hassan** said the ARP increased funding to home health services, but this funding is temporary. She asked how home health workers contribute and how funding can strengthen the healthcare service. **Dr. Herbert** said they need additional funding to support home health workers. It is critical they train more behavioral health professionals, as well as train all healthcare professionals to recognize and diagnose behavioral health problems. They have made tremendous progress in pharmacological interventions. **Senator Hassan** said addressing the social determinants of health is critical.

**Senator Rosen (D-NV)** said they desperately need more doctors and nurses, especially training providers to stay in underserved communities. She asked what challenges patients face in accessing specialty and primary care, and asked what support can result in positive outcomes for these patients. **Ms. Spire** said the barrier is lack of resources. They try to integrate interprofessional teams, but limited resources pose as challenges. Transportation is also an issue for remote areas. Funding that would support opportunities to collaborate with partners will help. Continuing to have conversations with partnership organizations is vital. **Senator Rosen** said that they must work on GME slots, especially redistributing unused slots. She said that even with the increase in GME slots, many are still not matched. She asked how unmatched students can be utilized. **Dr. Skorton** said that volunteerism is an option for that medical students waiting to be matched. **Senator Rosen** said a must do everything they can to enhance collaborative models of patient care.