



NATIONAL HEALTH COUNCIL

March 20, 2023

The Honorable Bernard Sanders  
Chair  
United State Senate  
Committee on Health, Education, Labor, and Pensions  
Washington, DC 20510

The Honorable Bill Cassidy, M.D.  
Ranking Member  
United State Senate  
Committee on Health, Education, Labor, and Pensions  
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the National Health Council (NHC), I would like to thank you for issuing the request for information on the drivers of the health care workforce shortage. We appreciate that you are reaching out broadly to identify challenges and solutions to this important issue. As you know, the Association of American Medical Colleges has found that we face significant coming shortages. By 2034, they estimate we will have a shortage of between 17,800 and 48,000 primary care physicians and between 21,000 and 77,100 physician shortages across the non-primary care specialties.<sup>1</sup> Your attention to this issue is timely and crucial to the over 160 million Americans with chronic diseases and disabilities.

Created by and for patient organizations more than 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 150 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

There are several areas that our members have identified in relation to the health care workforce. The needs of people with chronic diseases and disabilities and how they interact with the health care system can look different. It is important that we think broadly about addressing workforce shortages to be inclusive of the whole health care ecosystem.

### **Access to a Diverse Health Care Workforce**

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<sup>1</sup> [The Complexities of Physician Supply and Demand: Projections from 2019 to 2034 | AAMC](#)

Creating a diverse health care workforce has benefits for all aspects of the health care ecosystem. But particularly for patients. Specifically having providers that better understand a patient's lived experience<sup>2</sup>, enhancing trust in providers<sup>3</sup>, and reducing health disparities.

In addressing the workforce shortage, we have a unique opportunity to also increase the diversity of the health care workforce. The NHC historically has engaged in health equity advocacy through much of the work that we do with our members. The COVID-19 pandemic and the national dialogue on equity that emerged in 2020 strengthened our resolve to focus on a more coordinated, mission-focused approach to our health equity work.

Through engagement with leaders in the health and other sectors, we found consensus on defining the problem and areas of prioritization, reflected in the recommendations of this report "[Access, Affordability and Quality: A Patient-Focused Blueprint for Real Health Equity](#)"<sup>4</sup>

Within that report there are two specific recommendations from the report that touch on the health care workforce. The are:

- Utilizing K-12 evidence-based pipeline programs and
- Increasing the number of HBCU and minority-serving institution (MSI) Medical and Nursing Schools residency slots.

We encourage you to address these goals in the initiative to address the workforce shortage and include additional efforts to increase the diversity of the workforce,

### **Access to Primary Care and Specialists**

For many people with chronic conditions and disabilities, they rely on their specialists for access to some aspects of primary care such as care coordination to ensure care from other specialists does not negatively impact the care their specialist is providing to treat a primary health concern. This is out of necessity to help minimize the number of doctor visits and the time and energy burden they can take up. As we are considering access to primary care and the availability of primary care providers, we urge you to consider this need.

While there is a real need to address the shortage of primary care physicians, for people with chronic diseases and disabilities, especially very complex and rare conditions, increasing access to specialists can be just as important. While there will likely never be access to specialists at the same level as there is for primary care providers, we need to ensure that conversations about the workforce include specialists.

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<sup>2</sup> [Promoting Inclusion, Diversity, Access, and Equity Through Enhanced Institutional Culture and Climate](#)

<sup>3</sup> [Does Diversity Matter for Health? Experimental Evidence from Oakland.](#)

<sup>4</sup> [Health Equity Policy Proposals - National Health Council](#)

## **Strengthening the Primary Care and Nursing Workforce**

The Health Resources and Services Administration (HRSA) administers several programs intended to bolster the health care workforce. These include:

- Workforce Diversity Programs;
- Primary Care Workforce Programs;
- Interdisciplinary Care and Community-Based Linkages;
- Nursing Workforce Development Programs;
- National Health Service Corps; and
- Native Hawaiian Health Scholarship Program.

These programs have a demonstrated track record of diversifying the health workforce, encouraging emerging health professionals to choose primary care as their chosen specialty, and making it more feasible for them to practice in underserved communities. The President's FY 2024 budget provides \$2.7 billion to HRSA workforce programs, including \$947 million in mandatory resources, to expand workforce capacity across the country. It specifically includes \$966 million in 2024 to expand the National Health Service Corps. Implementing these increases and continuing to expand and strengthen these important programs should be a part of any health care workforce initiative.

## **Utilizing Telehealth**

One way to increase access to both primary care and specialists is to put long-term telehealth policies in place. The pandemic drove increased utilization of telehealth and provided learnings on how it can be utilized to deliver high-quality, convenient, patient-centered care. While we appreciate the extension that was included in the Consolidated Appropriations Act, 2021 (CAA), we need to continue to work to create a sustainable model – with appropriate patient safeguards – to ensure telehealth is equitably available when appropriate. Telehealth should be an option for patients and providers, when preferred and clinically appropriate, that does not supplant in-person care. In addition, payment policies, including cost-sharing requirements, and provider networks must still support access and in-person availability.

## **Access to All Aspects of Health care Workforce**

While access to the clinical care workforce is important, it is just as important that we include efforts to address the needs of the direct care workforce in long-term services and supports (LTSS). According to the Administration on Community Living, more than three-quarters of service providers are not accepting new clients and more than half have cut services as a result of the direct care workforce shortage.<sup>5</sup> A turnover rate averaging nearly 44 percent across states<sup>6</sup> further exacerbates barriers to service. In addition, efforts to address the health care worker shortage should include efforts to increase access to peer supports and community health workers.

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<sup>5</sup> [ACL Launches National Center to Strengthen the Direct Care Workforce | ACL Administration for Community Living](#)

<sup>6</sup> [National Core Indicators® Intellectual and Developmental Disabilities Staff Stability Report](#)

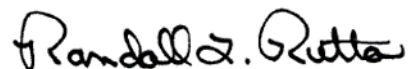
## Reducing Provider Burnout

In addition to strategies to increase the number of new health care providers, the Committee should consider ways to prevent providers from leaving the workforce due to factors that increase burnout. The COVID-19 pandemic created overwhelming stress to the men and women on the frontlines of the pandemic, leading to a significant number of them leaving the workforce<sup>7</sup>. Additional burdens were prevalent before the pandemic and will continue to be so after the pandemic without direct action. The American Medical Association has identified the significant burden of utilization management on providers who must take time away from caring for patients to comply with processes such as prior authorization and step therapy.<sup>8</sup> While we understand the potential benefit of utilization management in some cases, the chronic disease and disability community has become greatly frustrated by the additional burden placed on patients, families, and health care providers. We are appreciative of the steps the Administration has taken to establish an electronic process for prior authorization, but we have identified additional steps that should be taken to streamline utilization management processes<sup>9</sup>. By addressing utilization management in a comprehensive way so that it is more efficient and effective, you will reduce provider burnout and enhance care for patients.

## Conclusion

Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable via e-mail at [egascho@nhcouncil.org](mailto:egascho@nhcouncil.org).

Sincerely,



Randall L. Rutta  
Chief Executive Officer

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<sup>7</sup> [ASPE Report - Impact of the COVID-19 Pandemic on the Hospital](#)

<sup>8</sup> [Prior Authorization and Utilization | AMA \(ama-assn.org\)](#)

<sup>9</sup> [NHC Comments on Interoperability and Prior Authorization Proposed Rule - National Health Council](#)