

March 20, 2023

The Honorable Bernie Sanders  
Committee on Health, Education, Labor, and Pensions  
428 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Bill Cassidy, M.D.  
Committee on Health, Education, Labor, and Pensions  
455 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Sanders and Ranking Member Cassidy,

Thank you for the opportunity to work with the committee to inform bipartisan legislation aimed at addressing health care workforce shortages and ensuring a stronger, more resilient health care system for everyone. We applaud the Committee's bipartisan work to examine the needs of the health care workforce and assess the factors contributing to workforce shortages.

The **Alliance to Fight for Health Care** is a broad-based coalition comprised of businesses, patient advocates, employer organizations, unions, health care companies, consumer groups and other stakeholders that support employer-provided health coverage. Together, we are working to ensure that employer-provided coverage remains an available and affordable option for working Americans and their families. A patient-centered health care system requires a healthy workforce. We look forward to working collaboratively with you to develop policy proposals to shore up the health care workforce and enhance access to affordable, high-quality health care services for all Americans.

### **An urgent crisis to maintain access to care**

According to the Health Resources & Services Administration (HRSA), more than 160 million Americans live in Health Professional Shortage Areas (HPSAs) for mental health care, requiring an additional 8,020 practitioners to address the gap; more than 99 million Americans live in HPSAs for primary care requiring an additional 17,091 practitioners to address the gap; and more than 70 million Americans live in HPSAs for dental health, requiring an additional 11,957 practitioners to fill the gap.<sup>1</sup> In addition, these workforce shortages are being felt at the same time the U.S. population is aging, with all baby boomers reaching age 66 by 2030, and people over age 65 outnumbering children under age 18 by 2034.<sup>2</sup>

Health care workforce shortages are being felt across professions; the Association of American Medical Colleges (AAMC) projected by 2034 the U.S. will need an additional 37,800 to 124,000 new physicians, including between 17,800 and 48,000 primary care physicians and between 21,000 and

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<sup>1</sup> HRSA, "Health Workforce Shortage Areas."

<sup>2</sup> U.S. Census Bureau, "[Older People Projected to Outnumber Children for First Time in U.S. History](#)," March 13, 2018

77,100 non-primary care physicians.<sup>3</sup> Further, HRSA projects there will be a shortage of 78,610 registered nurses (RNs) in 2025, and a 63,720 RN shortage by 2030.<sup>4</sup> Preliminary data suggest the COVID-19 pandemic will only accelerate these shortages,<sup>5</sup> with high rates of burnout and exhaustion driving more health care providers out of the workforce<sup>6</sup> and raising the risk that workforce shortages among physicians and nurses will be felt as soon as 2025.

The Alliance works to preserve and protect employer-provided health care because it is the backbone of the US health care system and has proven to be resilient<sup>7</sup> and stable during the COVID-19 pandemic. For example, the latest estimates show about half of individuals who are likely to lose Medicaid coverage during the upcoming Medicaid redetermination process will move to the employer-provided market<sup>8</sup>. The employer-provided coverage market also produces substantial return on the federal government's investment in it—both economically and when it comes to our health—and drives innovation in benefit design and lower-cost alternative care arrangements<sup>9</sup>, such as accountable care organizations and centers of excellence. Without providers, however, there is no care. Therefore, the Alliance believes that strengthening and building a high-quality and more diverse health care workforce in communities across the country should be a priority for the Committee and Congress.

### **Strengthening the workforce and bolstering the health care system**

We urge the Committee to take needed steps to protect and grow our health care workforce. To do this, our overarching policy objectives include:

**Support frontline workers:** The Alliance is extremely grateful for the medical providers who have served on the front lines of this pandemic and the sacrifices made by them and their families. We support policies to ensure frontline workers have access to the resources, tools, and training they need to care for the health and wellbeing of their families and patients. Research shows burnout, workload, anxiety or depression due to COVID-19 and the number of years in practice were factors contributing to physicians' decisions to reduce work hours or leave the profession<sup>10</sup>. The Committee should consider investing in evidenced-based programs to improve physician well-being and prevent burnout. We applaud the Committee's work for passing the Lorna Breen Health Care Provider Protection Act in 2022 to support the mental health care needs of providers.

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<sup>3</sup> AAMC, "The Complexities of Physician Supply and Demand: Projections From 2019 to 2034," June 2021.

<sup>4</sup> HRSA, "[Nurse Workforce Projections](#)," November 2022

<sup>5</sup> Robeznieks, AMA, "[How an aging nation, COVID-19 stretch the doctor workforce thin](#)," April 6, 2022

<sup>6</sup> McKinsey, "[Assessing the impact of COVID-19 on the nursing workforce](#)," May 11

<sup>7</sup> Bundorf et al., *Health Affairs*, "[Employer-Sponsored Coverage Stabilized And Uninsurance Declined In The Second Year Of The COVID-19 Pandemic](#)," January 2023.

<sup>8</sup> Tepper, *Modern Healthcare*, "[A state-by-state look at the impact of Medicaid determinations](#)," March 15

<sup>9</sup> Mulligan, National Bureau of Economic Research, "[The Value of Employer-Sponsored Health Insurance](#)," March 2021

<sup>10</sup> *Mayo Clinic Proceedings: Innovation, Quality & Outcomes*, "[COVID-Related Stress and Work Intentions in a Sample of U.S. Health Care Workers](#)," December 2021

**Expand and diversify the health workforce** through federal programs that recruit diverse students, particularly into primary care and behavioral health professions, and financially support their training. Data show that the health care workforce is not reflective of the population it serves. In 2019, 56 percent of U.S. physicians were white, 17 percent were Asian, 5.8 percent were Hispanic, and 5 percent were black/African-American. This is less diverse than the U.S. population as a whole, which is 62 percent white and 38 percent racial/ethnic minority<sup>11</sup>. Studies find that patients who shared the same racial or ethnic background as their physician had higher patient satisfaction and that race concordance may enhance the quality of care provided<sup>12</sup>. In addition, the Alliance supports extending mandatory funding for programs like the National Health Service Corps, which provides scholarships and loan repayments to health care providers who agree to work in underserved areas, as well as reauthorizing the Teaching Health Centers Graduate Medical Education program and the Children's Hospital Graduate Medical Education program. Employers in rural areas need a stronger provider network to offer quality care to their rural employees.

**Further extend current telehealth flexibilities that allow employers that offer high-deductible health plans (HDHPs)** paired with health savings accounts (HSAs) to cover telehealth services before the deductible, as well as other telehealth and licensing flexibilities that enable health care providers to see patients using more accessible modes of care. Employers support passing federal legislation that allows health care providers licensed in one state to treat—via telehealth—patients in any other state, as well as continued access to audio-only telehealth and investments in broadband and telehealth infrastructure. Not surprisingly, mental health, emotional well-being, and health and lifestyle coaching are the most prevalent virtual services offered by employers. The growth in virtual care is something that employers have prioritized for the past several years, and the pandemic fueled adoption. The Alliance strongly believes that telehealth is a vital component to enhancing access amid workforce shortages and increased demand. Telehealth can bring care to people as soon as they are willing or able to access it (which is important in addressing behavioral health needs) in addition to addressing other access issues that include barriers like child care, concerns of privacy, time, and other constraints.

**Support care models that integrate primary and behavioral health care and incentivize providers to address patients' holistic needs**, including mechanisms that incentivize provider uptake, such as behavioral-health specific metrics, including metrics encouraging timely access to care, as well as other financial incentives. Through better integration, the health care system can expand access, reduce redundancies, and ease the care process for patients.

**Support workforce training programs and increase educational opportunities.** In addition to a workforce shortage, the health care workforce, particularly nurses, are dealing with an experience-complexity gap as older nurses retire, and the number of new and younger nurses grows. This dynamic is compounded by the fact that as the patient population ages, it also becomes more complex, with more chronic comorbidities, meaning newer nurses will be left delivering more complex care. To ease that knowledge gap, the Committee should support workforce training programs to strengthen the expertise and skillset of the workforce, while providing a career path ladder for

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<sup>11</sup> AAMC, [Diversity in Medicine: Facts and Figures 2019](#)

<sup>12</sup> JAMA. "Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings," November 9, 2020

individuals. For example, the Committee should support programs to help certified nurse's assistants to be LPNs, the LPN to be a certificate RN, and the certificate RN to be a bachelor's RN.

*Including employer-provided coverage as part of the solution can help us build on our success as we work hand-in-hand to expand access to high-quality health care for all Americans*

The Alliance aims to support continued employer innovation while taking on health care costs directly by implementing policies that make health care more affordable, strengthen job-based coverage, and improve the health care system for all patients. We look forward to discussing our current set of policy proposals aimed at reducing premiums and helping consumers afford care – including vital mental health care and enhanced access to telehealth services. You can find a list of recommended policies on our website at [www.fightforhealthcare.com](http://www.fightforhealthcare.com). We hope that as policymakers work to improve our health care system, they will consider measures that reduce costs and improve care for all individuals seeking and enrolling in coverage, including for those with employer-provided coverage.

Thank you again for the opportunity to comment. Please do not hesitate to contact us if we can provide further information about any of the policies outlined in this letter.

Sincerely,

**The Alliance to Fight for Health Care**