March 20, 2023

The Honorable Bernard Sanders
Chairman, Senate Health, Education, Labor & Pensions Committee
332 Dirksen Senate Office Building
Washington, DC

The Honorable Bill Cassidy, M.D.
Ranking Member, Senate Health, Education, Labor & Pensions Committee
455 Dirksen Senate Office Building
Washington, DC

Re: Health Care Workforce Shortages Request for Information
Submitted electronically via HealthWorkforceComments@help.senate.gov

Dear Senators Sanders and Cassidy:

We, the undersigned organizational members of The Academy Advisors, appreciate the opportunity to provide feedback in response to your formal Request for Information soliciting input on the drivers of healthcare workforce shortages and potential solutions to those shortages.

The Academy Advisors is a group of clinically integrated delivery networks that pursue innovative care efforts throughout our communities. Our health systems collectively employ nearly 500,000 community members who serve more than 36 million patients annually in 28 states across the country. We applaud your commitment to identifying bipartisan solutions to our acute and longer-term workforce shortages. Our members are among the largest healthcare employers in their regions, which make them well positioned to partner with policymakers on the creation and implementation of meaningful and sustainable healthcare workforce development initiatives. We appreciate your readiness to seek stakeholder feedback to further improve our nation’s access to a robust, sustainable, and resilient workforce.

Our organizations share your dedication to finding practical solutions to the gaps in our country’s healthcare workforce. Our workforce is at the core of all our services, and they work tirelessly to coordinate the entire continuum of patients’ health care needs to promote the best outcomes possible. But the mental, physical, and emotional strain on our doctors, nurses, and other medical and non-medical staff has been immense as their numbers are insufficient to meet the increasing patient loads and acuity our health systems are experiencing. In this environment, hospitals and other providers need to find new ways to provide high quality, integrated, and efficient care by ensuring our workforce is being used effectively, and building the infrastructure and supports necessary to strengthen it.

Workforce shortages were present and expected to escalate prior to the COVID-19 pandemic. Studies have predicted significant supply gaps in the physician and nursing professions - prior to the pandemic, the shortage of physicians was expected to be over 139,000 by 2030 and nursing shortages were forecast in 30 of 50 states, despite strong growth rates in the nursing workforce at the time.¹

¹ Physician workforce in the United States of America: forecasting nationwide shortages | Human Resources for Health | Full Text (biomedcentral.com)  
United States Registered Nurse Workforce Report Card and Shortage Forecast - PubMed (nih.gov)
COVID-19 exacerbated existing and expected shortages and worsened the workforce outlook. In April 2020, healthcare workforce growth plunged. Some workers were temporarily laid off as elective care came to a halt, while others left to take care of sick or vulnerable family members or become primary caregivers of children as schools and daycares closed. Healthcare workers on the frontlines died from COVID-19 and other pandemic-related causes. Stress and burnout accumulated – a leading cause of pandemic-era resignation.2

As the COVID-19 Public Health Emergency declaration winds down, the workforce has not fully recovered from these disruptions. While some workers have been able to re-enter the workforce, growth rates have slowed significantly. Healthcare employment was steadily increasing prior to March 2020, but the pace was not sufficient to fill pre-pandemic gaps and as of January 2023 this rate of job growth has not returned, leaving health sector employment below pre-COVID expectations and further unable meet demand.3

For the reasons above, The Academy Advisors is eager to share our thoughts on the root causes of ongoing healthcare workforce shortages and potential solutions for consideration by the Committee to support our existing workers and help us build the workforce of the future.

Concerning the Root Causes of Healthcare Workforce Shortages

The U.S. healthcare system is experiencing increasing demand for healthcare workers.

Trilliant Health found that demand for healthcare services will increase by a compound annual growth rate of between 1.7% and 2.0% between 2022 and 2026.4 Multiple factors play into these demand shifts: increasing patient load, especially the load of high-need patients; increasing complexity of services and care delivery necessary per-patient; and an increasing amount of associated per-patient work tasks.

As the baby boomer generation continues to gain Medicare eligibility and more of the population becomes insured through Marketplace and other plans, patient loads are growing.

The U.S. population is aging.

Between 2020 and 2030 the share of Americans that are 65 years old or older will have increased by over 4%, to a total share of 21% of the total population. Individuals 65 and older require more care5 and are over twice as likely to be hospitalized as any other age group6; as they continue to age, they will continue to get sicker more quickly7.

The U.S. population is more insured than ever.

With policy successes such as the historically high participation in the Affordable Care Act insurance marketplaces, the rate of uninsured Americans is at an all-time low.8 This has led to an increase in utilization of and demand for healthcare services, particularly in outpatient services.9

Additionally, patient care is becoming more complex.

The healthcare sector at large is facing higher acuity and sicker patients. For each patient that a physician, nurse, or caregiver interacts with, there are also numerous screenings and paperwork

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2 Press Release: State of Automation (notablehealth.com)
3 How has health sector employment recovered since the pandemic? - Peterson-KFF Health System Tracker
4 Projected Growth in Demand for Healthcare Services is Tepid - Trilliant Health
5 Health Status and Health Care Service Utilization - Retooling for an Aging America - NCBI Bookshelf (nih.gov)
6 Health, United States 2019 (cdc.gov)
7 Disability incidence and functional decline among older adults with major chronic diseases - PMC (nih.gov)
8 State of U.S. Health Insurance in 2022: Biennial Survey | Commonwealth Fund
9 ACA-Hospital-Utilization-Relabeling-Reabling.pdf (bea.gov)
Higher Healthcare Utilization, Intensity Drive Healthcare Spending (revcycleintelligence.com)
that must be completed. This complexity of care intensifies the increasing demand as healthcare workers have more tasks per patient.

The supply of healthcare workers to meet this demand is insufficient. The well-known shortage of registered nurses exemplifies some of the most acute workforce supply shortages, though the extent of these shortages goes far beyond nursing staff challenges. As integrated delivery networks, our health systems are experiencing hiring backlogs in dozens of different job positions – from physicians, to nurses, nursing assistants and critical support staff. While each of these gaps puts strain on the healthcare system, the challenges in bedside nursing are most acute. There are short and long-term challenges that complicate efforts to grow the nursing workforce to meet demand.

The U.S. lacks the infrastructure necessary to educate and train nursing students quickly enough to meet demand. U.S. nursing schools turned away over 90,000 qualified applications from baccalaureate and graduate nursing programs in 2021, citing reasons ranging from an insufficient number of faculty, clinical sites, and classroom space, to budget and clinical staff preceptor constraints. In 2022, there were over 2100 faculty openings in across 909 nursing schools. There is a substantial pay differential for nurses working in the field versus those employed as educators and standard nurse rotation schedules may impede nurses who would otherwise be willing to serve as part-time adjuncts or faculty members from seeking these positions.

The costs associated with infrastructure projects to open new nursing schools or expanding existing classroom settings can also be prohibitive in areas with significant land and construction costs. Many health systems and hospitals rely on partnerships with community colleges to support nursing pipelines, but there is a lack of infrastructure and funding to support these programs and partnerships, especially after the disruptions caused by COVID-19.

There are barriers to entry for individuals seeking training to become a nurse, including tuition costs and time to complete degree requirements. For many potential nursing students, the expense of a two or four-year degree may prevent them from seeking education – and these expenses can include hidden costs for courses that need to be completed as pre-requisites for admission as well as costs for wraparound supports like childcare or transportation. Many students prefer or need to pursue either 1) “earn-and-learn” options in which they receive funding for the training they are pursuing or 2) programs which are arranged to offer students the opportunity to continue to work throughout the degree. Although local, state, and federal scholarships exist for bachelor and associate degree seeking students, these scholarships are not often well known or advertised and may involve too high a burden of paperwork for students to pursue the scholarship opportunity.

Restrictive immigration laws have made it difficult to employ already-credentialed healthcare professionals who are ready and eager to enter the U.S. healthcare workforce. Thousands of international students come to U.S. higher education institutions each year to study healthcare and pursue careers in nursing and other essential clinical and non-clinical roles. However, current federal laws make it difficult for nursing students trained in the U.S. to receive the necessary post-education employment visas to stay and work in the country after graduation. Furthermore, foreign-trained healthcare workers face steep challenges with visa and credentialing requirements, which could deter those who want to immigrate to the U.S. and work in these high-need positions.

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10 AACN Fact Sheet - Nursing Faculty Shortage (aacnnursing.org)
11 AACN Fact Sheet - Nursing Faculty Shortage (aacnnursing.org)
12 Impact of the COVID-19 Pandemic on the Future of Nursing Education - PMC (nih.gov)
Communities are struggling to retain healthcare professionals amid regional shortages.

Rural, low income, and high minority population areas suffer some of the most acute nursing shortages, despite being home to many nursing schools and nursing education programs. Individuals studying in these programs are often drawn in by lower tuition and student costs of living, but upon graduation these trainees move to larger, more metropolitan areas to seek higher wages and better work opportunities. This cycle perpetuates the nurse workforce shortages experienced in these communities, who struggle to receive the long-term gains of local training programs. Furthermore, federal and state incentivization programs to increase the workforce in these high-need communities have been insufficient to combat this trend.

Acute shortages can also impact urban hospitals in different ways. As hospitals and health systems are more densely populated in urban areas, these areas can also be subject to severe physician and healthcare professional shortages. The density of hospitals and health systems can lead to acute competition for a finite number of workers in these areas, especially for specialists.

Licensure restrictions make it challenging for health systems to leverage their workforce across the expanse of their networks and fill critical shortages.

Integrated delivery networks are increasingly concerned with the challenges associated with licensure laws across state lines. State-by-state licensure requirements ensure appropriate oversight but can also act as a barrier to the employment of trained, experienced members of the workforce when those individuals want or need to move or work in a different state. Transferring a nursing license from one state to another can be costly and time consuming. This is of particular importance to integrated delivery networks, which often have hospitals throughout multiple states and may be able to otherwise retain an employee within the system who may need to move or work from home.

The expense of travel nursing contracts and the implications for workplace culture create a cycle of turnover in critical positions.

Travel nursing also has implications for the overall healthcare workforce supply. Nurses are pursuing higher wages by seeking short-term contracts and working with nursing agencies rather than engaging in traditional, full-time employment. During the height of COVID-19, travel nurses were essential to manage spikes in cases and to cover for sick colleagues, but the costs associated with employing travel nurses make it unsustainable as a staffing solution at current levels and in the long-term. While leading health systems have driven cultural change to effectively integrate more travel nurses into the care team, overreliance on travel nurses can have a negative impact on staff nurses employed at an organization due to the discrepancy in pay and constant turnover. This can create a challenging cycle of staff nurses leaving to pursue travel wages, leading the health system to potentially fill their spot with a travel nurse – and if the original nurse chooses to return as a full-time employee, they often do so at a higher wage.

This dynamic may also have a negative impact on patient care, as travel nurses may be less familiar with an organization’s culture and care practices and onboarding and training activities can divert the time and attention of more tenured nurses. Hospitals and health systems that face extreme shortages of nurses may be forced to rely on travel nurses, which comes with significantly increased employment costs driven up by agencies. These increased costs then constrain a hospital or health system’s overall budget and its ability to employ additional nurses or increase pay for nurses already on staff. Combined, these factors create a complex cycle of burnout that could inspire existing workers to leave to pursue higher-wage jobs, requiring the hospital to engage even more travel nurses, further exacerbating the issue.

Burnout is being driven by administrative tasks.

Administrative burden is contributing to workers no longer feeling connected to the reasons they trained in clinical care and entered a healthcare profession. Increased patient loads and
modernization have come with a documentation burden that is taking over clinic staff’s schedules. Nurses are spending on average a quarter of a 12-hour shift on nonclinical work – predominantly documentation. Doctors, too, are spending an average of 15.6 hours a week on documentation tasks. As clinical staff are spending increasing amounts of time on forms and related tasks, they are concurrently losing time with patients, leading to loss of passion for their work and burnout.

Workplace violence is negatively impacting workforce morale and increasing retention risk. Employees are exposed to verbal and physical threats, sometimes daily, and often without a pathway for recourse. Instances of workplace violence in hospitals and other healthcare settings have also led to retention and burnout issues. Despite hospital and health systems’ internal workforce violence protection programs, there is an opportunity for additional governmental support for accountability and infrastructure to reduce these threats against our workers. Without action, workers may continue to exit the field and others may choose not to enter it.

Considerations for Solutions to the Healthcare Workforce Shortages

Acknowledging the causes described above and their impacts on the size and resiliency of the healthcare workforce, The Academy Advisors urges Congress to consider the following solutions:

1. Advance policies to increase the number of nurses and physicians that can be educated and licensed in the United States.
   - Congress should invest in nurse faculty salaries and hospital training time to increase nurse faculty numbers, including reimbursement for hospitals and health systems that make their nurses available to colleges of nursing as faculty.
   - Build and support “earn-and-learn” and on-site education pathways to help potential college students and current full-time workers pursue healthcare careers or continuing education through concurrent education and work opportunities.
   - Expand opportunities for grants and funding to build additional healthcare education infrastructure such as new nursing schools or additional classrooms in existing schools, along with onsite hospital educational programs.
   - Include Bachelor of Nursing degrees as part of the Department of Homeland Security’s Science, Technology, Engineering, and Mathematics (STEM) designated degree list and in other STEM-designated immigration pathways to retain international nursing students in the U.S. after graduation.
   - Expand scholarship opportunities and wraparound supports for individuals pursuing healthcare careers.
   - Address the backlog of visa applications for foreign trained healthcare workers looking to migrate to the U.S. to work in the healthcare sector. Ease the visa application process for foreign-trained healthcare workers and prioritize the approval process for this class of applicants.
   - Support the U.S. licensure of foreign trained healthcare workers looking to work in high need positions with significant shortages in the U.S.
   - Build upon previous investments to grow a sustainable physician workforce with additional graduate medical education (GME) slots.

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13 Survey shows nurses spend most of their time on paperwork | Healthcare IT News
14 Are doctors spending less time with patients? - Mobius MD
2. **Create opportunities for healthcare workers to be employed where they’re needed most.**
   - Increase scholarship opportunities aimed at retaining new healthcare graduates in high-need areas such as rural and low-income communities and smooth application processes to reduce access barriers and increase application volume.
   - Establish a 21st century national telehealth policy, starting with making telehealth flexibilities created under the COVID-19 Public Health Emergency declaration permanent to improve patient access to care and enable health systems to flex their workforce to meet their communities’ needs.

3. **Support programs that improve workforce retention goals and the worker’s experience.**
   - Advance bills that help protect healthcare workers against workplace violence and create grants to support hospitals’ efforts to reduce this violence, such as the proposed *Safety from Violence for Healthcare Employees Act* introduced in the 117th Congress.
   - Promote solutions to reduce administrative burdens across the healthcare system for all types of healthcare workers, including:
     - Reducing time spent documenting in electronic health records (EHRs) and improve interoperability between EHRs.
     - Finalize the Centers for Medicare and Medicaid (CMS) proposed rule to expand access to health information and improve the prior authorization process for payers, including Medicare Advantage.
     - Advance Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and Merit-Based Incentive Payment System (MIPS) reforms, including easing paperwork requirements in the respective payment systems.

4. **Invest in workforce development solutions that aim to upskill and develop the workforce of tomorrow across all sectors.**
   - Support the broader workplace development environment by increasing investments in major workplace development legislation that support all sectors including healthcare, such as the *Workforce Innovation and Opportunity Act*.
   - Invest in community colleges and local and state workforce development programs, especially those with structures that include active partnerships with hospitals and health systems.

These solutions alone will not fully address the ongoing shortages but offer a pathway for significant strides forward that will help the healthcare sector support its workforce. Hospitals and health systems have faced unprecedented financial challenges and inflationary pressures in recent years and relief from these pressures would aid health systems’ efforts to continuously invest in their employees. A fix to the hospital market basket update to correct for lag times, protection from continuing Medicare and Medicaid physician payment cuts, and long-term stability of rewards for those taking on risk as they transition to value-based care models would all aid in creating a more sustainable, resilient, and robust healthcare workforce.

We applaud your commitment to addressing the workforce crisis in the healthcare sector and appreciate the opportunity to provide feedback to your formal Request for Information soliciting input on solutions to this issue. We would welcome the opportunity for our coalition, or individual clinically integrated delivery network members, to serve as a resource for you and your staff. Please do not hesitate to reach out to Stephanie Bernardes, Managing Director, Health Policy & Strategy (sbernardes@hmacademy.com) with any questions.
Sincerely,

The Academy Advisors
AdventHealth
Adventist Health
ChristianaCare
Inova Health System
Novant Health
Ochsner Health
Sharp HealthCare
Sutter Health
UnityPoint Health
WellSpan Health