



May 22, 2018

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510

Dear Chairman Alexander:

As the Committee prepares to hold a hearing on the healthcare workforce, the Healthcare Leadership Council (HLC) welcomes the opportunity to share its thoughts on this important issue.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable, high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

Like you, HLC believes that the United States requires a strong and stable healthcare workforce. A growing and aging population, expanded health insurance coverage, and initiatives to improve health outcomes have all led to rising patient demand for healthcare services. To meet this demand, there needs to be a trained and highly skilled workforce that can assist consumers in receiving the care they need to maintain and improve their health. Interdisciplinary healthcare teams of physicians and nonphysician providers should work together to improve patient care, and nonphysician providers should be allowed to practice to the full scope of their training. HLC asks the Committee to support the following programs that train providers and give patients access to care.

Graduate Medical Education (GME)

GME is critical to training our nation's physicians and ensuring that patients have access to quality care. HLC's hospital and academic health center members are committed to providing this education and share a common mission of providing the next generation of doctors with excellent clinical training. Unfortunately, however, the

number of Medicare-funded GME slots is capped at 1996 levels. A report by the Association of American Medical Colleges found that the United States will experience a shortfall of between 42,600 and 121,300 physicians by 2030.¹ To help with this shortage, HLC recommends that the Committee support S. 1301, the “Resident Physician Shortage Reduction Act,” which will provide Medicare funding for an additional 15,000 residency positions over the course of five years. HLC also asks for the Committee’s support of S. 2843, the “Opioid Workforce Act,” which will provide for an additional 1,000 residency positions to hospitals with addiction medicine, addiction psychiatry, or pain management programs. This bill will help address our nation’s opioid crisis.

Teaching Health Center Graduate Medical Education (THCGME)

The THCGME program focuses on training doctors in community-based primary care settings such as Federally Qualified Health Centers (FQHCs). FQHCs bridge coverage and access gaps for vulnerable Americans, and the THCGME program provides care while also educating physicians on how best to treat this population.

Children’s Hospital GME

The Children’s Hospital GME program provides important support for pediatric hospitals. These institutions play a key role in training the future pediatric workforce. Since these hospitals treat only a small number of Medicare beneficiaries, they rely on Children’s Hospital GME to fund their residency slots. HLC thanks the Committee for supporting S. 2597, the “Children’s Hospital GME Support Reauthorization Act,” and asks Congress to pass this bill.

National Health Service Corps (NHSC)

The NHSC offers loan repayment assistance to healthcare providers who practice in underserved areas. More than 10,000 primary care medical, dental, and mental and behavioral health practitioners are currently participating in the NHSC, and more than 10 million people rely on one of these providers for their care. Additionally, the NHSC serves as an effective and efficient recruiting tool, since many providers continue to practice in underserved areas after they fulfill their NHSC commitment.

Title VII and Title VIII Programs

HLC asks the Committee to support these programs that aim to improve the supply, diversity, and distribution of the healthcare workforce. Through loans and scholarships to students, as well as grants and contracts to academic institutions and nonprofit organizations, Title VII and Title VIII support the training of our country’s health professionals. Title VII’s diversity programs increase racial and ethnic minority representation in the healthcare workforce, while the primary care programs increase the number of those providers. Title VIII supports nurses and nursing students and helps to recruit and retain nurses to serve in rural and underserved areas.

¹ IHS Markit Ltd., Prepared for the Association of American Medical Colleges, “2018 Update: The Complexities of Physician Supply and Demand from 2016 to 2030, Final Report,” March 2018, https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ec129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf.

Scope of Practice

HLC urges the Committee to reduce barriers to care by supporting legislation that will allow nurse practitioners and physician assistants to practice to the full scope of their training. For example, the Committee should support S. 445, the “Home Health Planning Improvement Act,” which will allow nurse practitioners and physician assistants to certify that their patients need home healthcare. HLC also asks the Committee to support legislation similar to H.R. 1617, the “Promoting Access to Diabetic Shoes Act,” which would allow a nurse practitioner or physician assistant to prescribe special shoes for their patients with diabetes.

Community Health Workers (CHWs)

CHWs specialize and play a critical role in addressing the health needs of low-income, minority, disenfranchised, and underserved communities. These individuals have a unique understanding of their patients’ needs because they are members of their patients’ communities and have had similar life experiences. They are also able to spend time with patients in their community and their home. This understanding allows them to address social determinants of health by linking patients to the support they need to become, and stay, healthy. The support can include nonmedical social services such as transportation to medical appointments, access to healthy foods, and assistance in finding safe housing. HLC recommends that the Committee support the increased use of CHWs.

Thank you for your commitment to the healthcare workforce. HLC looks forward to continuing to work with you on our shared priorities. Should you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,



Mary R. Grealy
President