

ALSTON & BIRD

TO: Academy of General Dentistry (AGD)

FROM: Alston & Bird LLP

DATE: March 16, 2023

RE: A&B Summary – Senate Committee on Health, Education, Labor and Pensions (HELP) hearing on Examining Health Care Workforce Shortages: Where Do We Go from Here?

On February 16, 2023, the Senate Committee on Health, Education, Labor and Pensions (HELP) held a hearing entitled, *Examining Health Care Workforce Shortages: Where Do We Go from Here?* The hearing examined the current and anticipated workforce shortages among health care personnel and addressed potential ways to mitigate the shortages. The committee heard testimony from doctors and nurses from leading academic institutions as well as from a large, nonprofit health care system. Witnesses expressed concern with the exacerbated health care staffing challenges experienced during the COVID-19 pandemic, provided examples of efforts their organizations have taken to alleviate workforce shortages, and issued recommendations to Congress to improve the staffing challenges. Members focused their questions and comments on how to utilize opportunities to alleviate workforce pressure and to incentivize providers to practice in underserved areas.

This was a bipartisan hearing, with Members on both sides of the aisle expressing concern for patient's access to health care given the enormous staffing shortages and challenges. Democrats and Republicans asked how to increase educational opportunities and supports for health care professionals, how to improve access to care in rural and underserved areas, how to improve diversity in the workforce to advance health care equity, and how to alleviate provider burnout. Committee members also expressed concern that the U.S. health system focuses on providing sick care rather than preventative care.

All of the witnesses highlighted the importance of taking immediate and long-term actions to address the health care workforce shortage. They recommended that stakeholders, including the government, take steps to expand educational opportunities, recruit a diverse workforce, support the current workforce, incentivize providers to work with underserved populations particularly in primary care and mental health care, and encourage innovative programs and policies to address staffing shortages. The witnesses emphasized the importance of expanding programs that provide financial support for providers, utilizing data to better track staffing challenges, and leveraging technology and pandemic-era flexibilities to expand access to health care.

Witnesses present included:

- **James Herbert, Ph.D.**, President, University of New England;
- **James E.K. Hildreth Sr., Ph.D., M.D.**, President and CEO, Meharry Medical College;
- **Sarah Szanton, Ph.D., RN, FAAN**, Dean, Johns Hopkins School of Nursing;
- **Leonardo Seoane, M.D., FACP**, Chief Academic Officer, Ochsner Health; and
- **Douglas Staiger, Ph.D.**, Professor, Dartmouth College.

Opening Statements

Committee Chair Bernie Sanders (I-VT) opened the hearing by stating that there are 99 million Americans who live in an area with a shortage of primary care health professionals, 70 million live in an area with dental care shortages, and 158 million (half of the U.S. population) live in an area with mental health care shortages. He lamented that the U.S. faces many health care crises, including health care provider shortages, despite spending twice as much per capita on health care than any other country. He noted provider shortages are present in all disciplines, including among physicians, nurses, nurse practitioners, mental health providers, pharmacists, dentists, and dental hygienists. Chair Sanders also said that these shortages are even more worrisome given that they are heightening at a time when the U.S. is experiencing declining life expectancies. He emphasized that a lack of medical professionals leads to increased human suffering and unnecessary death. He added that a lack of access to medical professionals, particularly in primary care, also leads to increased health care costs for both patients and the health care system due to an overutilization of emergency room services. Chair Sanders said that studies show disease prevention saves costs. He noted that the shortage of health care personnel was a problem even prior to the pandemic, but that it has been exacerbated during the COVID-19 public health emergency (PHE), including with escalating rates of violence in health care settings. He stated that the U.S. will have a shortage of 120,000 doctors over the next decade, need 450,000 more nurses and 100,000 more dentists over the next few years. Chair Sanders noted that the staffing shortage crisis is especially acute in minority and underrepresented communities. Finally, Chair Sanders issued five recommendations to address the health care staffing shortage: (1) expand the Graduate Medical Education (GME) program so hospitals are able to fill residency slots; (2) expand the Teaching Health Center Graduate Medical Education (THCGME) program to increase residents working in community health settings and in primary care; (3) increase student loan debt forgiveness and scholarship programs through the National Health Service Corps (NHSC) program; (4) invest in nursing schools to help them accommodate more nursing students so health systems do not rely so heavily on travel nurses; and (5) improve the pay and training for emergency medical services (EMS) personnel, who are often the most accessible health care provider in rural areas.

Ranking Member Bill Cassidy (R-LA) agreed that the COVID-19 pandemic strained the U.S. health care system and placed an unmanageable burden on health care workers, resulting in massive rates of burnout and workforce shortages. He shared a constituent story and emphasized the importance of providing opportunities for upskilling, defined as continuous education and training opportunities within a workplace to advance an employee's career. Ranking Member Cassidy also noted that there is a shortage of nurse educators. He expressed concern that many states require educators to have a Master of Nursing, when nurses who have years of bedside experience, but no Master of Nursing degree could provide equally valuable education to nursing students. Ranking Member Cassidy also recommended improving working conditions for the current workforce to improve efficiency. For example, he shared that one study found that physicians spend nearly 16 minutes per patient filling out their electronic health record (EHR), which is a major cause of burnout, and recommended finding ways to remove such administrative burdens. He also encouraged the federal government to optimize the manner in which it invests in health care workforce programs, noting that the NHSC, THGME, and the Children's Graduate Medical Education (CHGME) program all need to be reauthorized this year. Ranking Member Cassidy, like Chair Sanders, emphasized the need to address health care workforce shortages in a bipartisan manner and encouraged engaging all actors (not just the federal government) in such efforts.

Witness Testimony

Dr. James Herbert (University of New England)¹ outlined six strategies to address the health care workforce shortage. He noted that the University of New England is attempting to address each of these strategies by leveraging strategic partnerships with various stakeholders (e.g., institutions of higher education, government, industry, philanthropic organizations, etc.). First, Dr. Herbert recommended improving the number of health care professionals that the U.S. educates and expanding the number of clinical training opportunities. He noted that as financial margins tightened and clinical workloads increased during the COVID-19 pandemic, practicing clinicians had less time to train students. To expand clinicians' ability to train students, he suggested reforming the Centers for Medicare & Medicaid Services' (CMS) policies to improve funding for the GME program. He noted that scholarships and loan repayment programs are critical to make education more accessible but noted that current programs such as the NHSC are inadequate to meet current needs. He added that it is critical to support training faculty through strategic faculty loan repayment programs who can otherwise earn higher incomes in the private sector or in direct clinical settings. Second, Dr. Herbert recommended the intentional recruitment of students who represent the communities they serve. Third, Dr. Herbert noted that it is not enough to simply train professionals, but that efforts to addressing provider shortages must also address the maldistribution of providers. He recommended exploring ways to support providers who practice in underserved areas, noting that current financial programs, such as loan repayment, are insufficient to compensate for the salary gap providers face when practicing in underserved areas. Fourth, Dr. Herbert recommended to leverage technology to address gaps in care, such as through telehealth. Fifth, he recommended that state regulations allow people to practice at the top of their scope of practice, a flexibility that was offered during the COVID-19 PHE. Finally, Dr. Herbert recommended changing the clinical education model in two ways: (1) by requiring accrediting bodies to allow for more innovative education models, such as lateral movements, and accept more clinical simulation hours to meet requirements; and (2) by breaking down traditional silos that traditionally characterize health care practices.

Dr. James E.K. Hildreth Sr. (Meharry Medical College)² stated that Meharry Medical College is one of four Black academic health science centers and that a majority of its students attend with the intention of practicing primary care in underserved areas. He highlighted that 80 percent of Meharry graduates go on to serve underserved communities. Dr. Hildreth said that a majority of the students do not have to be incentivized to practice primary care in underserved areas because of their own personal experiences with a lack of access to health care. He emphasized that Meharry Medical College and other historically black colleges and universities (HBCUs) have the necessary history, structure, and community relations to address health disparities and work with disenfranchised communities. However, he noted that HBCUs need Congressional support to continue their work and to address workforce shortages, expressing concern with their history of severe underfunding. Specifically, Dr. Hildreth asked for \$5 billion over the next five years for Meharry Medical College to improve its infrastructure (e.g., laboratories) that would allow it to expand its pipeline programs, incentivize minorities to join health care programs, and improve its teaching capabilities. He also urged Congress to amend the Medicare GME policy to give expanded consideration for hospitals that employ graduates from Black medical schools. Finally, Dr. Hildreth asked for more Congressional support to ease the debt burden for students coming from lower-income backgrounds, especially for those who go on to work in primary care settings.

Dr. Sarah Szanton (Johns Hopkins School of Nursing)³ began by stating that the nursing shortage was exacerbated during the COVID-19 pandemic. She expressed concern about the future of the nursing workforce as well, noting that the average age of nurses is 54 years, and that 19 percent of all nurses are 65

¹ Full witness testimony can be found here: <https://www.help.senate.gov/imo/media/doc/Herbert4.pdf>.

² Full witness testimony can be found here: <https://www.help.senate.gov/imo/media/doc/Hildreth.pdf>.

³ Full witness testimony can be found here: <https://www.help.senate.gov/imo/media/doc/Szanton5.pdf>.

years or older. She noted that the nursing profession requires several resources for nurses to be successful: (1) to be a nurse, an individual has several financial burdens (e.g., tuition, room, board, childcare) and needs a structured environment as well as time to study for and pass their boards; (2) to educate a nurse, an institution needs adequate clinical facilities, faculty, and scholarship; and (3) to stay in the nursing profession, nurses need supportive and safe work environments and opportunities and support to advance their careers. Dr. Szanton added that nurses are primarily women and that only 60 percent of all nurses work in hospital settings (despite misconceptions that most nursing occurs in hospitals). She expressed concern that 90,000 qualified applications are turned down from nursing schools each year due to a lack of space, available faculty, and scholarship funding. She emphasized the need to address all of these factors and resources to recruit and retain nurses and the need to improve recruitment and pay for nurse educators. She said that nurses are currently overworked and struggle to take on students, noting that nurses are not offered incentivizing support like GME. Dr. Szanton also emphasized the need to prepare nurses for the health system of the future, where most care will happen in settings outside the hospital. She commended Congressional efforts to grow Title VIII workforce development programs and to provide financial support to nurses through the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act). Dr. Szanton encouraged committee members to support the *Future Advancement of Academic Nursing Act* (FAAN Act) when it is reintroduced, which addresses many of the points she made. Additionally, she encouraged Congress to incorporate two principles into their efforts to address the nursing workforce: (1) nursing must be more disability inclusive and (2) preventative health care will save costs to the health system and to individuals.

Dr. Leonardo Seoane (Ochsner Health)⁴ shared that Ochsner faces an alarming shortage of health professionals, which is particularly concerning because Ochsner serves patients from historically underserved, rural, and low-income communities. He noted that although Ochsner has taken innovative initiatives to recruit and grow its health professional pipelines, it still faces severe shortages (e.g., it currently has 1,200 open nursing positions) and is forced to close beds and hold patients in the emergency department. He said that the American Association of Medical Colleges (AAMC) predicted that over the next decade, Louisiana will be the third worst state in the U.S. for physician shortages and that Mississippi will be the worst. Dr. Seoane said the two main causes for nursing shortages are a lack of training and capacity to develop an adequate pipeline as well as enormous workload strains on the current workforce. He noted that these shortages lead to rising costs for Ochsner and increased competition between health systems for qualified healthcare personnel (QHP). In fact, Dr. Seoane shared that since 2019, Ochsner's nonagency labor costs have grown by just under 60 percent and that its contract staffing costs have increased by over 900 percent. He then shared several examples of efforts Ochsner has taken to address their staffing shortages (e.g., invested \$5 million to establish a program that provides early education and exposure to health care for high school students and partnered with Xavier University to create a new medical college with the explicit goal of advancing workforce diversity). He recommended that Congress support financial investments to help scale such local efforts. He also recommended that Congress increase the number of GME slots and provide more stable Medicare and Medicaid reimbursement for physicians.

Dr. Douglas Staiger (Dartmouth College)⁵ noted that frontline health care providers, particularly nurses, have been most affected by the COVID-19 pandemic. He said that the U.S. has historically enjoyed a steady growth in the registered nurse (RN) workforce, but since the pandemic, the RN workforce has been in flux. Dr. Staiger said that based on his research, he finds three key issues for the RN workforce going forward. One, after a sharp decline in 2021, RN employment recovered in 2022, and now is nearly 5 percent above 2019 levels and RN earnings have grown slightly faster than inflation during the pandemic. He noted this

⁴ Full witness testimony can be found here: <https://www.help.senate.gov/imo/media/doc/Seoane6.pdf>.

⁵ Full witness testimony can be found here: <https://www.help.senate.gov/imo/media/doc/Staiger.pdf>.

may seem encouraging, but all of the growth of RN employment during the pandemic has happened outside of hospital settings, which is cause for concern. Second, Dr. Staiger said that although applications to nursing schools rebounded from a dip in 2020, the pandemic has decreased the academic preparedness of nurses, which threatens their ability to enter the workforce. Third, Dr. Staiger said although the number of RNs per capita in rural areas is comparable with the number in urban areas and that the number of RNs serving in rural areas is expected to increase, the rural RN workforce is markedly less diverse than the populations they serve. He added that only about 50 percent of rural RNs have a bachelor's degree compared to 70 percent of urban RNs who have a bachelor's degree. Dr. Staiger concluded that despite the strong forecasted growth in the RN workforce, the primary concerns are the shift of RNs away from hospital, decreased academic preparedness of nurses, and the poor diversity of the rural RN workforce. He concluded his remarks by emphasizing that effective workforce planning and policymaking requires timely data and analysis. Dr. Staiger encouraged Congress to support federal efforts to improve workforce data.

Question and Answer

Committee Chair Bernie Sanders (I-VT) expressed concern that Vermont spends a lot of money to hire traveling nurses at a time when Vermont nursing schools are unable to accommodate all of their applicants. He asked if other states experience this problem. Dr. Herbert replied that this is a national problem and that some of the main contributors to the problem are: (1) there is a lack of nurse educators and (2) hospital staff have large workloads but poor reimbursement. He encouraged more financial support to settings and people that provide clinical training for nursing students so they can accommodate more trainees. Chair Sanders also asked Dr. Szanton how to increase the availability of nurse educators. Dr. Szanton suggested increasing funding for programs under the Health Resources and Services Administration (HRSA), such as the Nurse Corps, and passing the FAAN Act. Further, Chair Sanders asked Dr. Hildreth what the impact of not having a representative workforce is (particularly among racial minorities). Dr. Hildreth said the data show that when the health care workforce reflects the population it cares for, health outcomes are better. In addition, Chair Sanders asked if expanding community health centers in rural areas would benefit patients. Dr. Seoane stated that Ochsner is starting 13 community health centers throughout Louisiana that are partnering with federally qualified health centers (FQHCs). He agreed it would be helpful if the federal government helped systems like Ochsner establish more FQHCs. Chair Sanders also expressed his support for creating a community health center GME program. Dr. Herbert noted that because of GME federal funding caps, states have stepped in to creatively expand GME funding in other ways for community centers. He encouraged CMS to address how the agency will fund GME in its rulemaking process. Dr. Herbert also cautioned that caps on GME slots and funding have led to closures of rural hospitals.

Senator Rand Paul (R-KY) expressed disappointment with Johns Hopkins University's requirement that all of its students be fully vaccinated against COVID-19, noting the increased risk of myocarditis resulting from COVID-19 vaccination.

Senator Maggie Hassan (D-NH) touted her bill, the *Upskilling and Retraining Assistance Act*, that she introduced in the 117th Congress. She asked if tax-free education would benefit health care workers and ease shortages. Dr. Seoane said tax-free education is a good idea and essentially functions like an employer scholarship program. Senator Hassan next asked how to encourage nurses trained in rural states to stay and practice there after graduation. Dr. Herbert said the University of New England employs a three-pronged approach to try to address this issue: (1) attract students from rural areas; (2) place students in clinical training sites in rural areas; and (3) provide scholarship and loan repayment programs with stipulations that students must practice in rural and underserved areas. Additionally, Senator Hassan described a partnership between New England College and Elliot Hospital that allows students to earn 25 percent of their college credit by working as nursing assistants in Elliot Hospital. Dr. Szanton noted that addressing the nursing

shortage will take many innovative solutions like this. Finally, Senator Hassan touted her bill, the *Opioid Workforce Act*, that she introduced in the 117th Congress. She asked how recruiting additional psychiatrists will help meet the behavioral health workforce shortages. Dr. Seoane said there is a critical shortage of psychiatrists in the U.S. and that Ochsner has a scholarship program that aims to support psychiatrists.

Senator Susan Collins (R-ME) said that it was astonishing that almost 92,000 applications for nursing programs were turned away due to nursing faculty shortages. She asked Dr. Herbert to recommend how to address nursing faculty shortages and to speak more about his recommendation in his written testimony to recruit practicing clinicians to serve as educators. Dr. Herbert said the University of New England is continuously looking to expand their nurse training programs and that one example is their effort to provide trainings to practicing nurses so they can in turn provide on-site training to students. Mr. Seoane noted that the nurse educator shortage is also partially expected given the growth in nursing applicants. Next, Senator Collins asked how Meharry Medical College encourages students to work in underserved areas. Dr. Hildreth said the governor of Tennessee helped them create an accelerated medical school program to recruit students from rural areas and provide them with full tuition scholarships for both their undergraduate and graduate education. He explained this helps support students from such rural and underserved areas to also return to their communities.

Senator John Hickenlooper (D-CO) asked Dr. Seoane if any participants in the Ochsner youth apprenticeship program have returned to work at Ochsner and if the program has helped alleviate Ochsner's staffing challenges. Dr. Seoane replied that the program was only started in 2021 and currently has 350 apprenticeships; it is expected to grow to 600 apprenticeships by fall 2023. He added that the program grew out of the former medical assistant (MA) Now program, where Ochsner partnered with community organizations in areas with high unemployment rates to train individuals to be MAs. He shared that Ochsner has employed over 600 of those MAs. Additionally, Senator Hickenlooper asked how to encourage early exposure to ensure younger children see a role for themselves in the health care workforce. Dr. Hildreth explained that Meharry Medical College students work closely with the middle school students. He noted that this allows the middle school students to see that people who look like them can enter medical and professional schools.

Senator Mitt Romney (R-UT) noted that typically, over time, products improve in quality and are available for lower costs; but the exceptions to this trend are health care, education, and the military. He suggested these three areas may benefit from less government involvement. He also noted that 20 percent of medical professionals in the U.S. are immigrants and that there are many more who want to come work in the U.S. However, he expressed disappointment that the State Department is not interviewing immigrant nurses due to fears of COVID-19. Dr. Herbert replied that although he is not aware of this particular issue, immigrant health care professionals are critical to the workforce. He then touted a program at the University of New England that accelerates the process for foreign trained pharmacists and dentists to become eligible for U.S. licensure. Senator Romney then touted the medical program at Western Governors University that has comparatively low tuition costs and encouraged academic institutions to learn best practices from each other.

Senator Tim Kaine (D-VA) agreed that immigration can be a potential solution to the health care workforce shortage, noting that 18 percent of the U.S. health care workforce is foreign-born, and that 12 percent of immigrant health care workers are in the U.S. for humanitarian reasons (e.g., refugees). He asked panelists for their recommendations on immigration reform focused on health care. Dr. Herbert said that, in his work, he sees that many immigrants who want to work are not able to due to arcane regulations. Dr. Hildreth added that there is a lot of untapped potential within the U.S. as well, noting that less than 10 percent of Black students that go to medical schools, go to HBCUs because of their underfunding. Senator

Kaine touted his legislation, entitled the *Expanding Medical Education Act*, that he aims to reintroduce this Congress to invest in minority-serving institutions and HBCUs. Further, Senator Kaine encouraged more focus on alleviating the shortages among the direct care workforce, noting that they are some of the lowest paid health care staff despite their immense and important role. He also entered into the record a letter from Johnson & Johnson expressing their support for the passage of the *Lorna Breen Health Care Provider Protection Act*.

Senator Roger Marshall (R-KS) said there has been a physician shortage in rural America for nearly 40 years and a nursing shortage in rural American for 20 years. He encouraged supporting community college nursing programs, as the graduates are more likely to remain in their hometowns and have less debt. He also noted many physicians are leaving the industry due to burnout from various issues (e.g., prior authorization, surprise billing, overwhelming use of emergency departments, etc.). He asked panelists to speak more about physician burnout. Dr. Seoane replied that frontline health care workers can never truly “get away” from the pandemic as they are constantly caring for people with COVID-19. He recommended improving and increasing safety of the work environment. He shared efforts Ochsner is undertaking to address burnout, including by making violence in health care settings a felony and by training the workforce on de-escalation techniques. Dr. Seoane also encouraged thinking about innovative ways to provide respite for frontline programs. Next, Senator Marshall said there are not enough primary care residency programs and that specialty residency programs are often prioritized by hospitals because they bring in more money for the hospital. Dr. Seoane said primary care doctors are key to every health system and that funding community-based primary care residency programs is critical.

Senator Ed Markey (D-MA) said Massachusetts has 19,000 unfilled positions in acute care hospitals and noted that shortages result in long wait times and deadly delays for patients. He asked Dr. Herbert to speak more about the long wait times patients face (e.g., for pediatric behavioral health care, for substance use disorder (SUD) treatment, for underserved and rural areas etc.). Dr. Herbert said that there is a critical shortage of psychiatrists and recommended utilizing other health professionals (e.g., nurse psychiatrists and people with bachelor’s degrees) to meet that need.

Senator Ted Budd (R-NC) noted that it is important to focus on preparing the future health care workforce. He touted the *Health Care Careers Act* and asked what steps Ochsner is taking to offer incentives for people to join its health care workforce. Dr. Seoane shared more about Ochsner’s MA Now program, its efforts to help provide upskilling opportunities, and its commitment to providing living wages. Further Senator Budd asked if maintaining access to services rendered by nonphysician providers (e.g., services for testing, treatment, and vaccinations at local pharmacies) is an important component of addressing workforce shortages. Dr. Seoane stated that the practice of medicine occurs in a team, which includes practitioners beyond physicians. Finally, Senator Budd asked what steps health care institutions should take to better prepare health care workers to serve patients outside of traditional hospital settings (e.g., in-home, telehealth, community health centers). Dr. Seoane said that health care is shifting to outpatient settings and that it is important that institutions remain innovative to be able to treat patients in lower cost settings and through more patient and family-friendly models.

Senator Tammy Baldwin (D-WI) raised concerns of the escalating violence health care workers experience. She touted her bill, the *Workplace Violence Prevention for Health Care and Social Service Workers Act*, that she introduced in the 117th Congress. She asked panelists to reflect on how violence against health care workers contributes to staffing shortages and burnout. Dr. Szanton said many conflicting crises, such as the mental health and opioid use crisis, have exacerbated workplace abuse. She said she believes that when care moves to the home and outside the hospital setting, violence will decrease. Dr. Seoane reshared efforts Ochsner is taking to reduce violence, such as by hosting daily safety huddles with

staff and by working with state legislators to make health care violence a felony. Additionally, Senator Baldwin touted her bill, the *Palliative Care and Hospice Education and Training Act*, introduced in the 117th Congress. She asked Dr. Seoane to describe why it is important for academic health systems to train physicians to teach and to provide opportunities to build physicians' skills. She then asked how upskilling helps alleviate burnout. Dr. Seoane shared that he started a program to train residents in the intensive care unit (ICU) around death, dying, and palliative care that included a debrief at the end of every session during the course. He said while teaching students skills on how to manage dying patients, he learned that the debrief served as a significant component of the program that provided students the opportunity to discuss their mental health while working in palliative care.

Senator Lisa Murkowski (R-AK) said one way Alaska has tried to connect people to more health care is through telehealth. She asked Dr. Seoane to speak more about the pilot program for virtual nursing education. Dr. Seoane acknowledged that telehealth is critical to reaching rural communities and to providing expanded access to care, particularly for mental health care. He briefly described Ochsner's virtual nursing program and noted that program utilizes a "bunker" of nurses who can handle the administrative tasks while the bedside nurse focus on the clinical work to quickly transition patients from the hospital back to their homes. Dr. Herbert shared that telehealth allows providers to communicate with not only their patient, but also with their larger employer/health system. He recommended that telehealth reimbursement and coverage policies keep up with the innovation to avoid delays in care access. Additionally, Senator Murkowski shared that Alaska, like other rural areas, relies heavily on EMS to provide health care. She noted there was a significant shortage of and high rates of turnover among EMS professionals. Dr. Herbert agreed on the need to strengthen EMS, noting that they can fill a critical gap in care.

Senator Tina Smith (D-MN) stated that HRSA estimates that the U.S. will need an additional 250,000 mental health professionals by 2025 to meet people's needs. She noted that rural areas have much more exacerbated shortages of mental health care and that people of color are more likely to live in areas with mental health care shortages. Senator Smith touted her bill, the *Mental Health Professionals Workforce Shortage Loan Repayment Act*, which she reintroduced on February 16, 2023. She asked Dr. Herbert to discuss the importance of loan repayment programs. Dr. Herbert first emphasized the importance to train people in primary care to be able to recognize mental health issues and to make appropriate referrals. He then noted that strategic loan repayment programs can help alleviate staffing shortages, by exemplifying the University of New England's partnership with Northeast Delta Dental that offers loan repayment programs for dentists who work in underserved areas. He shared that this program has placed about 20 dentists in remote and rural communities who did not have dentists before. Next, Senator Smith asked Dr. Hildreth to discuss the crucial role HBCUs play in forming relationships with the communities they serve and the disparities HBCUs experience in obtaining access to resources, particularly for maternal health care. Dr. Hildreth shared that studies reflect that Black women who are cared for by Black obstetrician-gynecologists (OB-GYNs) experience better health outcomes (as do their children). He said that HBCUs however, do not have the resources to face challenges in infrastructure to provide optimal education (e.g., small group classrooms). He urged Congress to help support needed resources for HBCUs.

Senator Mike Braun (R-IN) highlighted that the health care industry (hospitals, pharma, insurance, etc.) itself needs to change with increased competition, transparency, and methods to address barriers to entry. He also encouraged early education for children to be exposed to health care professions. Dr. Seoane agreed that partnerships are important, and that early education is critical. Dr. Hildreth noted that the U.S.'s health care system provides sick care and encouraged moving to a system that is focused on preventative care.

Senator Ben Ray Luján (D-NM) touted Project ECHO, created by the University of New Mexico, in expanding primary care to rural areas. Dr. Herbert noted that programs like Project ECHO emphasize the importance of preventive care, allow more flexibility for providers to practice within their scope of practice, provide continuing education tools, and expand access to care. Next, Senator Luján asked Dr. Hildreth how dedicated retention efforts for the behavioral health care workforce would be beneficial. Dr. Hildreth noted that improving retention of this workforce is critical, but so is improving the training for the primary care workforce on behavioral health care issues, as it will be impossible to fill the gap with just psychiatrists. He added that primary care providers are on the frontline to catching disease progression early and to saving overall costs. Further, Senator Luján asked how to promote utilization of midwife benefits and services, noting that midwives are often the only health care providers many underserved communities have access to. Dr. Szanton emphasized the importance of leveraging existing infrastructure within rural and underserved areas, including midwives. She said their services are often overlooked. Senator Luján concluded his remarks by sharing his personal experience with leveraging EMS services. He noted that some local communities and governments do not have budgets that allow for more investment in EMS services.

Ranking Member Bill Cassidy (R-LA) urged immediate actions to address workforce shortages, which could include investing in medication assistance therapy programs (MATs) to keep people out of emergency departments. Dr. Seoane agreed that MATs, along with other digital programs such as digital management programs, can help decrease hospitalizations and emergency room visits. He emphasized the importance of moving care into the community. Ranking Member Cassidy next asked what variables have affected the decreasing pass rate of nursing licensure exams (e.g., poor preparation before entering nursing schools, students who attend online universities, students who enrolled in nursing programs during the pandemic, etc.). He also noted that there is a bias toward hiring people with Bachelor of Nursing degrees even though they may be more expensive to hire, take a longer time to hire, etc. that nurses without Bachelor of Nursing degrees. Dr. Staiger said people not passing the licensure exam are primarily people in nursing school during the pandemic. He added that the challenge in passing the exam also comes from a lack of garnering enough clinical skills. Dr. Szanton said that studies show that people under the care of a nurse with a Bachelor of Nursing degree have better clinical outcomes. Dr. Staiger noted that the key opportunity for hiring nurses with an associate degree comes from their ability to initially enter the profession at an entry-level and then leverage upskilling opportunities. Finally, in concluding his remarks, Ranking Member Cassidy observed that there is a general refrain from attempting to decrease the burden on the health care system by addressing chronic illnesses. Dr. Hildreth agreed and emphasized the need to refocus on preventative care and public health.

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We hope this summary was helpful to you. Please do not hesitate to contact us if you have any questions.