

**Statement  
of the  
American Hospital Association  
for the  
Committee on Health, Education, Labor & Pensions  
of the  
U.S. Senate**

**"What Can Congress Do to Address the Severe Shortage of Minority Health Care Professionals and the Maternal Health Crisis?"**

**May 2, 2024**

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to provide comments on ways to increase diversity in the health care workforce and improve maternal health care.

Hospitals and health systems are currently facing a national staffing emergency that could jeopardize access to high-quality, equitable care for patients and the communities they serve. In 2017, the majority of the nursing workforce was close to retirement yet nursing schools had to turn away nearly 66,000 qualified applications in 2023 due to a lack of faculty and training sites. Hospitals face similar challenges with physicians, with data indicating that one-third of practicing physicians will reach retirement age over the next decade.

The result of these mounting pressures on the health care workforce has created a workforce crisis complete with short-term staffing shortages and a long-range picture of an unfulfilled talent pipeline. Significant projected shortages of physicians and allied health and behavioral health care providers will likely be felt even more strongly in



underserved communities. We urge Congress to address these challenges to help create a strong, sustainable, and diverse health care workforce.

## **INCREASING WORKFORCE DIVERSITY**

The AHA believes that a talented, qualified, engaged and diverse health care workforce is indispensable to our nation's health care infrastructure. A diverse workforce recognizes that understanding the cultures, issues and needs of local patient populations can result in better decision-making about how to serve those communities and positively impact patient experience, safety and quality. Yet today, people of color are vastly underrepresented across the health professions.

For example, in 2022, 18.8% of active physicians identified as Asian; 6.3% as Hispanic, Latino, or of Spanish Origin; 5.2% as Black or African American; and less than 1.5% identified as Multiracial (non-Hispanic; 1.3%), Other (1.1%), American Indian or Alaska Native (0.3%), or Native Hawaiian or Other Pacific Islander (0.1%), according to the Association of American Medical Colleges.

**The AHA urges Congress to help create a more diverse health care workforce by strengthening the nation's capacity to educate and train students from underrepresented groups.**

### **Funding for Graduate Medical Education**

The nationwide shortage of physicians continues to jeopardize access to timely, quality care. The AHA supports the bipartisan, bicameral Resident Physician Shortage Reduction Act of 2023 (S. 1302/H.R. 2389), which would increase the existing cap on the number of Medicare-funded residency slots. Importantly, section three of the legislation would require the Government Accountability Office (GAO) to study and report to Congress with recommendations on strategies for increasing the diversity of the health care professional workforce.

### **Additional Workforce Programs**

The AHA supports robustly funding the following federal programs to increase the diversity of the health care workforce.

- **Nursing Workforce Development programs** support nursing education and seek to diversify the nursing profession and improve access in rural and underserved communities.
- **Title VII programs** play an essential role in diversifying the health care workforce and promoting health careers by supporting recruitment, education, training and

mentorship opportunities. Inclusive and diverse education and training experiences expose providers to backgrounds and experiences other than their own and heighten cultural awareness, resulting in benefits for all patients, as well as the providers who serve them. Evidence shows that concordance between patients and providers results in better health outcomes.

- **The National Health Service Corps** awards scholarships to health professions students and assists graduates of health professions programs with loan repayment in return for their providing services in underserved rural and urban areas. We support mandatory funding as a necessary investment in this critical program, which boosts clinical diversity.
- **The Centers of Excellence and the Health Careers Opportunity Programs** focus on recruiting and retaining students of color into the health professions to build a more diverse workforce. Centers of Excellence grants to accredited allopathic schools of medicine, osteopathic medicine, dentistry, pharmacy, and graduate programs in behavioral or mental health strengthen the nation's capacity to train students from underrepresented groups and help increase providers' understanding of the social determinants of health and health issues disproportionately affecting people of color. The Health Careers Opportunity Program aids students from disadvantaged backgrounds in entering and completing education in health profession schools through tailored enrichment programs, and it provides opportunities for community-based experiential health professions training.

### **Health Care Workforce Retention**

In addition to addressing workforce shortages and increasing diversity, we urge Congress to take the following steps to help retain the current health care workforce and reduce factors that lead to burnout.

- Ensure a safe environment for health care workers to deliver care by protecting them from assault and intimidation while working. The AHA supports the Safety from Violence for Healthcare Employees Act (S. 2768), which would make it a federal crime to assault a hospital worker. It also would direct the GAO to study the effect these laws have on violence against health care workers so we can continue to adapt, refine and strengthen protections for our caregivers.
- Reduce onerous administrative burdens like prior authorization that delay access to care and contribute to provider burnout. The AHA supports The Improving Seniors' Timely Access to Care Act, which would streamline prior authorization requirements under Medicare Advantage plans by making them simpler and uniform, and eliminating the wide variation in prior authorization methods that frustrate patients and providers.

- Continue to address health care worker well-being by supporting the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (S. 3679/H.R. 7153), which would provide grants to help health care organizations offer behavioral health services to prevent burnout and suicide for health care workers through 2029.

## **IMPROVING MATERNAL HEALTH**

The AHA and its hospitals and health systems are dedicated to eliminating maternal mortality and reducing maternal morbidity to provide moms and babies with the opportunity to lead healthy and productive lives. Last year, we [released](#) a comprehensive set of federal public policy and legislative solutions for improving maternal health, including:

- Support for Medicaid expansion in those states that have not yet done so.
- Support all states opting for one year of postpartum coverage for their Medicaid populations. To date, 46 states, including the District of Columbia, have expanded coverage.
- Maintain health care coverage for children and pregnant women during the Medicaid unwinding process.
- Continue to support ACA health insurance subsidies for lower- and middle-income individuals and families.

Additionally, the AHA urges the Senate to pass the Preventing Maternal Deaths Reauthorization Act (S.2415), bipartisan legislation that would reauthorize federal support for state-based maternal mortality review committees, which review pregnancy-related deaths to identify causes and make recommendations to prevent future mortalities. We appreciate that the Senate HELP Committee favorably reported this bill out of committee in October and that the House passed its companion legislation last month.

### **Maternal Health Workforce**

The AHA also requests Congressional support for a maternal health workforce that reflects the communities they serve. Recent studies have shown that Black patients cared for by Black primary care providers live longer, and Black newborns cared for by Black physicians have better outcomes.<sup>1,2</sup>

Additional providers are needed at every level along the care continuum in all aspects of maternal care (prenatal/surgical assist in obstetrics/postpartum), including midwives and nurse practitioners (NPs). In particular, NPs' strong medical backgrounds make them

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<sup>1</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2803898>

<sup>2</sup> <https://www.pnas.org/doi/10.1073/pnas.1913405117>

very suitable to provide routine care and address other issues, such as expediting subspecialty consults, which can be difficult to achieve in a timely manner.

The AHA appreciates that Congress provided funding for several initiatives to increase diversity in the health care workforce and improve maternal health in its Fiscal Year 2024 Labor-HHS Appropriations bill, including:

- Maternity Care Target Areas: \$8,000,000, an increase of \$3,000,000, to support loan repayment and scholarships for maternity care services in health professional shortage areas.
- Scholarships for Disadvantaged Students:
  - Midwife Training: \$5,000,000 to support grants to educate midwives to address the national shortage of maternity care providers.
  - Certified Nurse Midwives: \$8,000,000 to grow and diversify the maternal and perinatal nursing workforce by increasing and diversifying the number of Certified Nurse Midwives with a focus on practitioners working in rural and underserved communities.
- Rural Residency Planning and Development: \$2,000,000 for family medicine/obstetrics training programs in states with high infant morbidity and mortality rates.

## **CONCLUSION**

Thank you again for your interest in exploring ways to increase diversity in the health care workforce and improve maternal health care. We look forward to working with you to support these important issues.