**Background**

*The Patient Protection and Affordable Care Act (ACA)* greatly increases the demand for caregivers, especially primary care physicians and nurses. The law extends coverage to approximately 32 million uninsured people and requires public and private insurers to cover prevention and wellness services. To help ensure America has an adequate workforce to meet the health needs of the newly insured, the ACA identifies several initiatives to increase the supply of health care workers. For example, the law provides flexible loan repayment programs for caregivers to increase the workforce pipeline of primary care physicians, nurses and allied health professionals. In addition, the ACA creates a National Health Care Workforce Commission to develop a national strategy to address workforce shortages and encourage training in key areas.

**AHA View**

A strong and engaged workforce is the lifeblood of America’s hospitals. The 5 million women and men who care for patients every day demonstrate the hard work, compassion and dedication that make hospitals an invaluable resource in every community. As hospitals’ national advocate, the AHA addresses workforce issues on several fronts – workforce shortages, employee relations and employee wellness.

**Workforce Shortages.** Adequate numbers of competent and well-trained nurses and physicians are essential to address the health care needs of the U.S. population as health reform initiatives move forward. The AHA has identified a three-pronged strategy to address workforce issues for America’s hospitals:

- Identify how to create the workforce necessary to meet the primary care needs of the patients in a community’s delivery system. The AHA is examining how the scope of practice for health care providers can be leveraged to provide greater access to care.

- Implement the recommendations in the AHA Long Range Planning Committee’s report “Strategy Trumps Shortage” and launch the American Organization of Nurse Executives’ assessment tool to measure excellence in the workplace. “Strategy Trumps Shortage” focuses on redesigning work, retaining existing workers and attracting a new generation of workers. The report offers hospital leaders recommendations for developing successful workforce strategies. It is available at [www.aha.org](http://www.aha.org) under “Workforce.”

- Define principles to address future roles of the direct care providers of the future.

In addition, the AHA continues to advocate for the highest level of appropriations for nursing and allied health education programs (Refer to “Annual Appropriations” issue paper). We also recommend Congress support the education of future physicians through the Medicare graduate medical education program.
Further, the AHA supports streamlining and improving the immigration process to allow qualified, internationally educated nurses, physicians and allied health professionals to come to this country. We continue working with Congress and the Administration to improve immigration opportunities for qualified health care professionals, including maintaining the availability of employment-based and non-immigrant visas for shortage professions.

**Employee Relations.** America’s hospitals recognize and appreciate the compassion, hard work and dedication their employees demonstrate in caring for patients and communities, which is why hospitals view employee relations as a top priority. The AHA is committed to preserving the right of individual hospitals and health care systems to determine the appropriate hospital-employee relationship for their organizations and communities. We are concerned that certain organized labor-supported initiatives would interfere with hospitals’ ability to work directly with their employees to enhance the work and patient care environments. Here is a snapshot of issues that may be in play in 2011.

**Regulatory Front.** Health care employers can expect increased regulatory oversight and rulemaking initiatives primarily from the Department of Labor and the National Labor Relations Board. Also, the AHA anticipates hospitals will experience increased enforcement of wage and hour regulations from federal and state regulators.

**Legislative Arena – Nurse Staffing Patterns.** Pending legislation introduced by Sen. Daniel Inouye (D-HI) and Rep. Lois Capps (D-CA), the *Registered Nurse Safe Staffing Act of 2011* (S. 58/H.R. 876, respectively), would require health care providers to establish staffing plans that must include a percentage of registered nurses (RNs). However, many factors influence a hospital’s staffing plan to ensure patients receive appropriate care, including the experience and education of its nursing staff, the availability of other caregivers, patients’ needs and the severity of their illnesses, and the availability of technology. Another major consideration is the availability or supply of nurses themselves. The demand for RNs and other health care personnel will continue to rise as the “baby boomers” begin to retire, the ACA’s coverage expansions take effect and the number of patients seeking care increases.

The AHA and its American Society for Healthcare Human Resources Administration oppose efforts that limit hospitals’ flexibility to determine appropriate staffing patterns for health care workers.

**Employee Wellness.** Hospital leaders are committed to creating healthy communities and that includes their employees. Helping hospitals improve employee health is an essential AHA goal. In 2010, as an extension of the AHA’s *Health For Life: Better Health. Better Health Care* roadmap for improving America’s
health care system, the AHA’s Long-Range Policy Committee (LRPC) focused on the “Wellness” pillar by identifying emerging, successful practices in hospital employee health and wellness. In January 2011, the LRPC issued “A Call to Action: Creating a Culture of Health.” The report highlights current practices that hospitals use with their own employees, gives examples of promising practices and provides how-to recommendations to help hospitals continue to be leaders of health in their communities.