American Hospital Association®

Workforce

Background

The Affordable Care Act (ACA) greatly increases the demand for caregivers, especially primary care physicians and nurses. The law extends coverage to millions of 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 put in place 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.

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 – workplace environment, workforce supply and employee relations.

Workplace Environment. Creating and maintaining an excellent work environment that supports the workforce and their ability to deliver high-quality care is essential. The AHA takes a multi-pronged approach to address workforce issues for America's hospitals:

- **Deploy a competent and engaged workforce.** One of the key areas the AHA has addressed is how to build the workforce necessary to meet the primary care needs of patients in a community's delivery system. The AHA is examining how the scope of practice for health care providers can be addressed to provide greater access to care to meet the increased demand for primary care services. The AHA's 2013 white paper, "Workforce Roles in a Redesigned Primary Care Model," makes recommendations for redefining the health care workforce to better provide primary care services.
- **Create excellence in clinical work environments.** To aid member hospitals in examining their workforce and work environment, the AHA offers two assessments. Produced by AHA's affiliate, the American Organization of Nurse Executives (AONE), the Workplace Environment Assessment assists nurse leaders and staff to examine nine critical elements of a work environment and use the assessment as a basis for discussion of their successes and challenges. AONE and the American Society of Healthcare Human Resources Administration (ASHHRA), another AHA affiliate, collaborated on developing the Workforce Planning Model Assessment, which allows hospital leaders to examine data and strategies around hiring and retention practices, and assist in future planning and consistent evaluation of hospital hiring practices.
- **Redesign clinical care at the bedside.** The AHA's white paper, "Reconfiguring the Bedside Care Team of the Future," explains the need for a paradigm shift in the models of care hospitals are using to care for patients. The paper offers six guiding principles with foundational and cutting-edge practices that hospitals can use to assess and redesign their bedside workforce.

Workforce Supply. Adequate numbers of competent and well-trained nurses, physicians and allied health professionals are essential to address the health care needs of the aging and increasingly diverse U.S. population. To help hospitals sustain, grow and enhance the health care workforce, the AHA together with AONE and ASHHRA, launched the AHA Workforce Center, *www.aha.org/workforce*, an online hub. The center brings together resources and tools to support workforce recruitment, engagement, retention, succession planning, diversity, culture and models for the future.

Furthermore, the AHA is leading a new effort this year as part of the White House Joining Forces initiative on hiring veterans. We are convening an advisory group with representatives from a variety of health care organizations to identify best practices for hospitals in hiring veterans and how to enable hospitals to become employers of choice for veterans. The AHA is working closely with the Health Resources and Services Administration, the departments of Labor and Defense, and the Veterans Administration.

In addition, the AHA continues to advocate for the highest level of appropriations for nursing and allied health education programs. Although the sequester cuts to Title VIII Nursing Education programs were less than other non-defense discretionary programs, any additional cuts would be problematic. The demand for nurses will only increase as more people seek health care services as the result of new coverage through the ACA. However, meeting that demand remains difficult due to nursing faculty shortages and reduced funds for nursing scholarships and loans. The situation is compounded by the aging of the nursing workforce and the increased care burden of patients with multiple co-morbidities in a system that is facing mandatory Medicare cuts.

The ACA has helped modernize and expand Title VIII programs. Under the sections of the Workforce Development Programs, the authorization level for discretionary funding was raised to $338 million, although the current fiscal year 2014 appropriated funding of $223 million falls short of the authorized level in the ACA.

Visas. The AHA supports streamlining and improving the immigration process to allow qualified, internationally educated nurses, physicians and allied health professionals to work in the U.S. We continue to work 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.

Residency Slots. Given the current and projected shortage of physicians, especially in primary care and general surgery, the AHA continues to recommend that the 1996 cap on residency slots be lifted. Limits on the number of Medicare-funded residency training slots constrain the ability of hospitals to train new physicians.

The AHA supports the Resident Physician Shortage Reduction Act, S. 577/H.R. 1180, introduced by Sens. Bill Nelson (D-FL), Charles Schumer (D-NY), and Harry Reid (D-NV), and Rep. Joe Crowley (D-NY), respectively. The bill would increase the number of Medicare-supported physician training positions by at least 15,000 new resident positions, about a 15 percent increase in residency slots.

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 continue to oppose certain organized labor-supported initiatives that would interfere with hospitals' ability to work directly with their employees to enhance the work and patient care environments. In 2014, labor and employment activities will continue to be concentrated in various regulatory agencies and the courts. Below is a snapshot of issues the AHA continues to monitor.

National Labor Relations Board (NLRB). In February, the NLRB reissued a 2011 proposed rule that would change the process for filing and processing petitions for union representation of employees, essentially speeding up the time between filing a petition and holding an election. Like the previous proposed rule, the reissued proposal would defer resolution of most voter eligibility questions until after the election, consolidate all election-related appeals into a single post-election process, and make board review of post-election decisions discretionary rather than mandatory, among other changes.

The AHA, ASHHRA and AONE had urged the NLRB to abandon the previously proposed rule in its entirety; we believe the board's decision to reissue the proposal unchanged reflects a failure by the current NLRB to give thoughtful and thorough consideration to the significant concerns raised about the original proposals by numerous organizations representing the employer community. After portions of the earlier rule were finalized, a federal district court ruled that the NLRB lacked the statutorily required quorum when it adopted the final rule. The AHA and its personal membership affiliate organizations supported the previous legal challenge to the final rule in a friend-of-the-court brief.

In addition, the AHA supports two bills that would ensure certain protections in the union election process. The Workforce Democracy and Fairness Act, H.R. 4320, introduced by Rep. John Kline (R-MN), would prohibit elections from being held sooner than 35 days after an election petition is filed; give employers at least 14 days to prepare their case to present before an NLRB election officer; and reassert the board's responsibility to address critical issues before a union is allowed to represent workers. The bill also includes an amendment offered by Rep. Tom Price (R-GA) that would restore the traditional standard for determining

the unit of workers to be included in the union. The Employee Privacy Protection Act, H.R. 4321, introduced by Rep. Phil Roe (R-TN), would give employers seven days after the NLRB determines an appropriate bargaining unit to provide a list of employees eligible to vote in the election and allow employees to choose what contact information is disclosed.

Department of Labor (DOL). The DOL is expected to move forward with several regulatory initiatives affecting hospital and health care employee relations. The DOL's Office of Labor and Management Standards plans to finalize a proposal revising the interpretation of the "advice" exemption to persuader reporting under the 1959 Labor-Management Reporting and Disclosure Act. The final rule could narrow the definition of "advice" and, thus, expand circumstances under which reporting is required of employer-consultant persuader agreements. The AHA and ASHHRA oppose this proposed revision and requested that DOL decline to adopt the rule as drafted. We are concerned that the revised interpretation of the advice exemption will interfere with hospitals' ability to receive appropriate labor relations advice from outside counsel (and even the AHA) that is necessary to ensure proper compliance with all applicable laws.

In addition, the department's Office of Federal Contract Compliance Programs (OFCCP) continues its efforts to expand the agency's regulatory and enforcement reach over hospitals. The agency asserts that hospitals' participation in managed care networks offered through TRICARE, the Federal Employees Health Benefit Program and even Medicare Parts C and D effectively makes them 'federal subcontractors' and, thus, subject to OFCCP's burdensome regulatory scheme. OFCCP has continued to pursue this policy despite Congress' previous passage of language in the National Defense Authorization Act for Fiscal Year 2012 that specifically exempted TRICARE network providers from federal contractor status.

That's why the AHA supports the Protecting Health Care Providers from Increased Administrative Burdens Act, H.R. 3633, which would prevent OFCCP from exerting jurisdiction over hospitals and other health care organizations that provide care for uniformed service members and other federal employees.