

March 20, 2023

The Honorable Bernie Sanders  
Senate Committee on Health, Education,  
Labor and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Bill Cassidy, M.D.  
Senate Committee on Health, Education  
Labor and Pensions  
United States Senate  
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy, M.D.:

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 respond to your Request for Information (RFI) on the drivers of health care workforce shortages, as well as potential solutions. The AHA applauds your intention to develop bipartisan legislation to remedy health care workforce shortages.

## **SUSTAINING THE HEALTH CARE WORKFORCE**

Health care careers are often a calling, and a qualified, engaged and diverse workforce is at the heart of America's health care system. However, long building structural changes within the health care workforce, combined with the profound toll of the COVID-19 pandemic, have left hospitals and health systems, including post-acute and behavioral health care providers, facing a national staffing emergency that could jeopardize access to high-quality, equitable care for patients and the communities they serve.

Prior to the COVID-19 pandemic, hospitals were already facing significant challenges that were making it difficult to sustain, build and retain the health care workforce. In 2017, the majority of our nursing workforce was close to retirement, with more than half aged 50 and older, and almost 30% aged 60 and older. Yet, nursing schools had to turn away over 90,000 qualified applicants in 2021, according to the American Association of Colleges of Nursing, due to lack of faculty and training sites. Hospitals faced similar demographic trends for physicians, with data from the Association of American Medical Colleges indicating that one-third of practicing physicians will reach retirement age over the next decade. Hospitals also were reporting significant shortages of allied health and behavioral health professionals. On top of this, clinicians reported feelings of extreme



stress and anxiety on the job. A [National Academy of Medicine](#) report indicated that between 35% and 54% of U.S. nurses and physicians had symptoms of burnout, which it characterizes as high emotional exhaustion, cynicism and a low sense of personal accomplishment from work.

Unfortunately, the COVID-19 pandemic only served to deepen and accelerate the health care's workforce challenges. A 2021 [survey](#) from the Kaiser Family Foundation-Washington Post found that nearly 60% of health care workers had experienced a decline in their mental health as a result of their work during the pandemic, and nearly 30% had considered leaving their profession altogether. In addition, a [survey by AHA's American Organization for Nursing Leadership](#) found that one of the top challenges and reasons for health care staffing shortages reported by nurses was "emotional health and well-being of staff."

The result of these mounting pressures on the health care workforce has created a historic workforce crisis complete with real-time short-term staffing shortages and a daunting long-range picture of an unfulfilled talent pipeline. Just within the week of March 9, Department of Health and Human Services (HHS) data showed that 601 hospitals (or 16.3% of reporting hospitals) anticipated a critical staffing shortage. In addition, projections from the Bureau of Labor Statistics [estimate](#) U.S. health care organizations will have to fill more than 203,000 open nursing positions every year until 2031. There also are significant projected shortages of [physicians](#) and allied health and behavioral health care [providers](#), which will likely be felt even more strongly in areas serving structurally marginalized urban and rural communities. This also has resulted in a 20.8% increase in total labor expenses from 2019 to 2022, according to Syntellis Performance Solutions 2023 CFO Outlook for Healthcare.<sup>1</sup>

## **SUPPORTING THE WELL-BEING OF THE HEALTH CARE WORKFORCE**

The traumatic impact of COVID-19 has amplified the need for support and efforts to improve clinician well-being, destigmatize mental health and address overall wellness. While hospitals and health systems have long sought to address the system-level drivers of workplace stress and burnout, these drivers became more pronounced as COVID-19 added extended periods of stress to all parts of the health care workforce. When physicians, nurses and health care professionals experience extended periods of stress and burnout, they often feel as though they are letting down their patients, their families and their colleagues. Moreover, they feel more challenged to care not just for their patients, but also themselves. Given the duration and intensity of these stressors, it is critical for hospitals and health systems to have the tools and resources to address burnout systemically.

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<sup>1</sup> <https://www.syntellis.com/resources/report/cfo-outlook-healthcare>

Addressing well-being cannot be entirely isolated from the other efforts to improve the work lives and well-being of the health care workforce, including reducing unnecessary administrative burdens, mitigating workplace violence and expanding access to behavioral health care. Indeed, as noted in the National Academy of Medicine's National Plan for Health Workforce Well-Being, and by a recent advisory by the surgeon general, we need a whole-of-society approach to protecting and supporting the health care workforce. At the same time, Congress can help support the well-being of the health care workforce in several ways, including:

- **Continue to provide grant funding support to well-being-focused initiatives, including learning collaboratives.** Thanks to the Dr. Lorna Breen Health Care Provider Protection Act of 2022, the health care field received important funding for projects that help hospitals and other health care providers support well-being in their workplaces. We encourage Congress to provide additional support for projects and collaborative efforts to scale successful practices on well-being across the health care field.
- **Consider funding projects to identify and evaluate successful practices on how behavioral health issues are considered in licensure and application processes.** As noted in the National Academy of Medicine's National Plan, many clinicians fear losing their license or ability to practice based on questions relating to their mental health that may be overly broad or invasive. These questions may inadvertently serve to stigmatize mental health issues and can create barriers for clinicians to seeking appropriate treatment and decrease clinician well-being.

## COMBATING WORKPLACE VIOLENCE

Nurses, physicians and other staff on the front lines of care in U.S. hospitals, emergency departments (EDs) and health care systems experience high rates of violence. More than eight in 10 emergency physicians believe the rate of violence in EDs has increased, with 45% saying it has greatly increased over the past five years.<sup>2</sup> This has only been exacerbated by the pandemic. A [survey of registered nurses](#) working in hospitals showed that, during the pandemic, 44% reported experiencing physical violence and 68% reported experiencing verbal abuse.<sup>3</sup> Despite the near-daily occurrence of abuse directed toward health care workers, there is no federal law that protects them.

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<sup>2</sup> <https://www.emergencyphysicians.org/press-releases/2022/9-22-22-poll-increasing-violence-in-emergency-departments-contributes-to-physician-burnout-and-impacts-patient-care>

<sup>3</sup> <https://journals.sagepub.com/doi/full/10.1177/21650799211031233>

The bipartisan Safety from Violence for Healthcare Employees Act would make assaulting or intimidating health care workers on the job a federal offense. It also would boost the capacity of hospitals and health systems to prevent and curtail violence against staff. By establishing a new grant program, the bill would encourage hospitals to upgrade their security systems with technologies like motion sensors and identification badges with panic buttons, better train staff to respond to violent incidents and more effectively coordinate with law enforcement to curb threats.

## **STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE**

The stresses of the COVID-19 public health emergency (PHE) and its aftermath have exacerbated the already existing mental health crisis. One in three adults reported symptoms of an anxiety disorder in 2020, compared to one in 12 in 2019. Unfortunately, the nation is ill-prepared to respond to these needs due to severe shortages in the behavioral health workforce as more than 100 million Americans live in areas that have shortages of psychiatrists, as designated by the Health Resources and Services Administration (HRSA). The chronic underfunding for behavioral health services intensified hospitals' and health systems' ability to retain critical staff, especially as the financial pressures of the past several years further eroded hospitals' ability to subsidize these services.

Several improvements could be made now to provide much needed short-term relief.

- Increase graduate medical education (GME) slots for behavioral health in underserved areas.
- Streamline and simplify licensure application and processing by reducing variability of scope of practice laws and support changes that drive integration of care teams. This would allow patients in underserved areas to seek care from clinicians in different states and expedite hospitals' processes to onboard new staff.
- Remove regulatory barriers for certain types of licensed practitioners to provide remote services (e.g., licensed addiction counselors, family therapists) to expand access to needed care.

## **TRAVEL NURSES, TEMPORARY LABOR ISSUES**

To help offset the critical shortage of workers and maintain appropriate levels of care for patients, nearly every hospital in the country was forced to hire temporary staff at some point during the pandemic, including contract or travel nurses.<sup>4</sup> Hospitals' reliance on

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<sup>4</sup> <https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-survey-of-temporary-allied-healthcare-professional-staff-trends-2021.pdf>

travel nurses and the inflated associated costs to employ them has grown significantly since the start of the pandemic. This notably peaked in 2022 during the omicron surge. Data from a recent Syntellis Performance Solutions/AHA report show that the share of total hours worked that were for contract employees rose 133% from 2019 to 2022. Because the rates that contract staffing firms charge hospitals has grown so fast, total contract labor expense grew 257.9% in that same period.<sup>5</sup> The AHA has previously pointed out that the rates these firms charge hospitals grew much faster than the rates the firms actually paid the staff,<sup>6</sup> meaning the firms pocketed more at the time of greatest need.

The use of contract labor for travel nurses specifically continues to remain much higher than pre-pandemic levels, which has led to increased labor expenses overall for hospitals and health systems. The Syntellis Performance Solutions/AHA report shows that travel nurse full time equivalents (FTEs) per patient day rose over 183.4% from 2019 to 2022. Though travel nurses are often the bulk of contract labor, similar trends have affected clinical specialties and departments across hospitals. For example, emergency service contract FTEs per ED visit rose 187.2% over the same time period. As a result, contract labor as a share of total labor expenses rose 178.6% from 2019 to 2022. A Kaufman Hall report projected that total contract labor costs were \$29 billion higher in 2022 than 2021.

The AHA remains concerned the conduct of some of these travel staffing agencies bears all the hallmarks of collusion and perhaps other abuses. The AHA sent letters urging [the Federal Trade Commission](#) and the [White House](#) to use their authority to investigate these reports of anticompetitive behavior.

Additionally, last year nearly 200 bipartisan members of Congress sent a [letter](#) highlighting their concerns and calling on the White House to enlist one or more federal agencies with competition and consumer protection authority to investigate the exorbitant price increases by these agencies. However, no action has been taken, and many hospitals and health systems continue to face significant financial and operational concerns in part due to the unsustainable rates charged by health care staffing agencies.

## **HOSPITALS AND HEALTH SYSTEMS SUPPORTING THEIR WORKFORCE**

**Hospitals and health systems exist and function because of the physicians, nurses, technologists, facilities management specialists and many other professionals who work in them. We cannot take care of patients without these**

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<sup>5</sup> <https://www.syntellis.com/resources/report/hospital-vitals-financial-and-operational-trends-0>

<sup>6</sup> <https://www.aha.org/costsofcaring>

**caregivers and team members who are always there ready to care. Hospitals and health systems are committed to supporting them.**

This is why hospitals and health systems are collaborating to expand training options, recruiting internationally, launching nurse and allied health professional education programs, reimagining workforce models, investing in upskilling and providing nontraditional support for health care workers.

**Collaborating**

- Mary Washington Healthcare in Virginia partners with Germanna Community College on an Earn While You Learn program, onboarding two cohorts of as many as 60 nursing students each year, who work 12-20 hours a week using a clinical rotation model. The program now includes an additional nursing school as well as mentor models for nursing assistants and is exploring an apprenticeship model for other clinical roles, such as surgical technologists.
- Participants in the Jump Start program at MercyOne in Iowa receive a monthly stipend while they finish nursing school, and MercyOne covers the cost of board exams and licensing fees. After RN licensure, the nurses begin work at MercyOne.
- Freeman Health System in Missouri partners with Crowder College to provide an opportunity for education and employment through a 16-week paid certified medical assistant apprentice program.

**Recruiting Internationally**

- Over the next three years, Sanford Health headquartered in Sioux Falls, S.D., plans to hire more than 700 internationally trained nurses to work in its health system. Sanford covers housing during the initial transition period and has instituted a program to help the nurses get acculturated to their new communities.
- Louisiana-based Ochsner Health is offering employment to eight Ukrainian nurses and will assist their families in settling in the U.S. in the pilot phase of CGFNS International's "Passport2Liberty" initiative.

**Launching Nursing Programs**

- Nearly 60 schools and hospitals across the country partnered to start or expand nursing programs in 2022. Programs range from accelerated BSN programs and virtual nursing programs to brand-new nursing schools and licensed practical nursing programs.
- Corewell Health System in Michigan is providing \$20 million to Oakland University — \$10 million in grants for nursing students and \$10 million to support infrastructure expansion and faculty hiring. Students who receive a grant must commit to work for Corewell Health for two years following graduation.

### **Reimagining Workforce Models**

- As part of its ongoing efforts to better recruit and retain talented health professionals amid the significant labor shortages, Pittsburgh-based Allegheny Health Network launched “Work Your Way,” a mobile internal staffing model to provide flexible work-life solutions for nurses, surgical technologists and other team members. This unique program allows health professionals the freedom and flexibility to choose how and when they want to work.
- Jefferson Health’s Nursing SEAL Team reimagines how to address variability in staffing needs by matching preferences of nurses to work in different settings and providing increased flexibility by deploying them to provide specialty nursing care across all of Jefferson’s acute care locations.

### **Upskilling**

- UCHHealth in Colorado plans to invest \$50 million in its new Ascend leadership program to help current and prospective employees earn clinical certification, participate in foundational learning programs such as English language and college prep, and earn degrees in areas such as social work and behavioral health. Newly hired employees also will be able to earn a high school diploma or GED.
- Along with three educational partners, the University Medical Center of El Paso in Texas will pay up to \$5,000 annually for two years for employees to earn a degree in nursing, respiratory, imaging or other hard-to-fill fields. Employees maintain full-time employment status and compensation while working part-time. Under another new program, the hospital is offering eligible employees pursuing a health care degree up to \$5,250 a year in student loan-repayment assistance.
- To fill the scores of medical assistant openings in Nashville, Tenn., Vanderbilt University Medical Center partnered with Nashville State Community College to train current employees, including truck drivers and environmental services staff. During the training, workers continue to receive their full salary plus tuition reimbursement. They also are training high school students to receive medical assistant certification.
- In Pennsylvania, Geisinger’s Nursing Scholars Program awards \$40,000 in financial support to each employee who is pursuing a nursing career and makes a five-year commitment to work as an inpatient nurse. The program is open to any employee who has worked with Geisinger for at least a year and is not already a registered nurse or provider.

### **Nontraditional Support**

- St. Luke’s Wood River Medical Center, located in a popular Idaho tourist area, is building 12 single-family homes that will be affordable long-term rentals for employees.
- Bozeman Health in Montana has invested in 100 units in a future workforce housing complex to provide employees with affordable rentals.

- Northwell Health, Johns Hopkins, Cleveland Clinic and BJC Healthcare are among employers offering grants or forgivable loans that can be used for employees' housing costs.

## EXPLORING NEW CARE MODELS

**Severe workforce constraints have prompted hospitals and health systems to develop and evaluate innovative new models to support staffing in their organizations.** Hospitals have used technology-enabled virtual nursing models to help with remote patient monitoring in order to help provide an extra support to bedside nurses. Some organizations also are considering ways of enabling non-physician and non-nursing caregivers to take on tasks that may not require a physician or nursing license. Enabling practice at the top of license can lead to not only greater staff satisfaction but better use of limited resources.

Hospitals need flexibility to test, evaluate and – when the evidence supports it – implement new models. **That is why we urge policymakers to avoid the use of restrictive staffing rules that limit innovation and threaten to exacerbate health care access challenges, such as nurse staffing ratios or levels.** Indeed, nurse staffing is a decision based on a complex set of variables under the purview of the registered nurse such as hospital type, patient population, care delivery models, unit layout, patient acuity and the education and experience of the nurse. Yet, mandated nurse staffing ratios imply a “one size fits all” approach is appropriate for delivering patient care.

**The AHA and our affiliated American Organization for Nursing Leadership (AONL) believe mandated nurse staffing ratios are a static and ineffective tool that does not guarantee a safe health care environment or quality level to achieve optimum patient outcomes. Staffing ratios are usually informed by older care models and do not consider advanced capabilities in technology or interprofessional team-care models.** These newer models incorporate not only nurses at various levels of licensure, but also respiratory therapists, occupational therapists, speech-language pathologists, physical therapists and case managers.

Hospitals and health systems across the country are working to advance patient safety, affordability and enhance value by transforming health care delivery. Mandated approaches to nurse staffing limit this innovation and increase stress on a health care system already facing an escalating shortage of educated nurses.

## SUPPORTING ADVANCES IN TECHNOLOGY

Health care workforce shortages have led to challenges but also some creative solutions to think about workflows, workplaces and teams differently than ever before. The broad adoption of telehealth is just one example that improved where and how we



provide care. Regulatory flexibilities available under the PHE allowed exploration of the most effective treatment modalities and locations to allow providers to care for their communities in the midst of surging illness and concerns. The innovative approaches that emerged during the pandemic provide an avenue to rethink care delivery in light of the current workforce capacity. But they require continued regulatory flexibility and funding to continue examination, testing and outcomes-based research to glean key success factors. Organizations need additional funding to continue to pilot and scale those changes that can best support their current workforce in providing needed care in their communities.

Hospitals and health systems are exploring the use of technology by automating certain kinds of clinical documentation, using artificial intelligence to help consolidate and trend large amounts of clinical information to provide insights for delivering care. Technology cannot substitute for caregivers, but it can enhance their ability to practice efficiently and reduce burden. Congress could consider providing support for pilot testing of innovative technology solutions that support the health care workforce.

## **POLICY SOLUTIONS – HELP COMMITTEE JURISDICTION**

**Our workforce challenges are a national emergency that demand immediate attention from all levels of government and workable solutions.** These include recruiting, revitalizing and diversifying the health care workforce by the following:

- **Address nursing shortages by investing in nursing education and faculty.** Schools of nursing continue to need more faculty, preceptors and clinical training sites to support students, new graduates and prospective students. The Future Advancement of Academic Nursing Act would provide those vital resources to support the needs of nursing students, help retain and hire diverse faculty, modernize nursing education infrastructure, and create and expand clinical education opportunities. In order for nursing graduates to transition into life-long providers, it is critical nursing education reflects current health care practice, utilizing technology, simulation labs and other hands-on learning opportunities, and providing more opportunities for nursing students to work in interprofessional care teams.
- **Provide scholarships and loan repayment.** Title VIII Nursing Workforce Development programs such as Nurse Corps help bolster the advanced practice and nursing workforce by addressing the shortage of nursing faculty and clinical sites, as well as funding nursing schools located in rural and underserved communities. The CARES Act reauthorized these critical programs through 2024. Reauthorizing and funding these programs remain a necessity. Congress should ensure nursing students are eligible to receive such benefits to attend high-quality nursing schools regardless of the educational institution's tax status and ensure

parity for treatment of hospitals and their workers regardless of tax status in federal health programs, including those enumerated in the Public Health Service Act.

- **Support apprenticeship programs.** Support apprenticeship programs for nursing assistants and other critical support staff positions.
- **Reauthorize and increase funding for the National Health Service Corps.** This program awards scholarships and assists graduates of health professions programs with loan repayment in return for an obligation to provide health care services in underserved rural and urban areas. The AHA supports bipartisan legislation to substantially increase mandatory funding for this program.

## **POLICY SOLUTIONS – OTHER COMMITTEES OF JURISDICTION**

- **Increase graduate medical education slots.** Addressing physician shortages, including shortages of behavioral health providers, by increasing the number of residency slots eligible for Medicare funding.
- **Support foreign-trained health care workers.** Supporting expedition of visas for foreign-trained nurses and continuation of visa waivers for physicians in medically underserved areas.
- **Increase workforce diversity.** As we work to provide greater support to the health care field, there is also an important opportunity to ensure the health care workforce is equipped with the tools and expertise to deliver inclusive, culturally sensitive care to the diverse communities they serve. Supporting the health care field's efforts to foster inclusive approaches to care delivery for all patients by incentivizing cultural humility training in medical training programs and in-service training for health care professionals.
- **Investigate travel nurse agency practices.** Directing the Government Accountability Office to study the business practices of travel nurse staffing agencies during the pandemic, including potential price gouging and excessive profits, increased margins that agencies retain for themselves, impact of increased reliance on travel nurses in rural areas, and how these practices contribute to workforce shortages across the country.

## **CONCLUSION**

The AHA appreciates your recognition of the challenges ahead and the need to examine America's health care workforce issues. We must work together to solve these issues so our nation's hospitals and health systems, post-acute and behavioral health care providers can continue to care for the patients and communities they serve.