ADVOCATES FOR COMMUNITY HEALTH

February 16, 2023

The Honorable Bernie Sanders
Chair
Health, Education, Labor, and Pensions (HELP) Committee
United States Senate
Washington, DC, 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Health, Education, Labor, and Pensions (HELP) Committee
United States Senate
Washington, DC 20510

RE: HELP Committee Hearing: *Examining Health Care Workforce Shortages: Where Do We Go From Here?*

Dear Chairman Sanders, Ranking Member Cassidy, and Members of the HELP Committee,

On behalf of the 30 million Americans who utilize community health centers for their care, Advocates for Community Health (ACH) welcomes this opportunity to provide written testimony for today's hearing, "Examining Health Care Workforce Shortages: Where Do We Go From Here?"

ACH is a membership organization comprised of leading federally qualified health centers (FQHCs) focused on health equity and innovation to drive health care systems, policies, and health programs. Our members serve over 2.3 million people and provide high-quality, comprehensive primary health care, mental health services, preventive care, and social services to patients most in need, especially during the COVID-19 Public Health Emergency (PHE). Our members represent almost 23,000 full-time employees in health centers.

FQHCs are required to provide all services to everyone, regardless of ability to pay, and reinvest 100% of profits back into patient care. According to 2021 Uniform Data System (UDS) statistics, health centers serve over 30 million patients, of which 1 in 3 patients live in poverty, and about 30% of patients are children under 18 years of age. Additionally, health centers have played a key role during the PHE by increasing access to care, including virtually, and collaborating with communities to increase COVID-19 education, testing, and vaccinations to the most underserved areas.

We applaud the Committee for convening today's hearing on the health care workforce, an issue that is of great concern to ACH's members. At the 2023 ACH Annual Member Meeting on February 8, Chairman Sanders provided remarks and in doing so noted that, "During the pandemic, nearly 1 out of every 5 health care workers, including 100,000 nurses, quit their jobs and another third have contemplated doing so." The ability to attract, train, and retain a qualified and resilient health care workforce is paramount to health centers' ability to provide care, and we are grateful for the Chair and Ranking Member's attention and sensitivity to this issue and commitment to addressing it.

COVID-19 Supplemental Funding and Workforce

Health centers are indispensable safety net providers and have served as a lifeline to Americans throughout the COVID-19 pandemic, nimbly addressing ongoing demands. COVID-19 supplemental funding allowed FQHCs to continue to provide high quality, culturally competent care to our communities during a time of heightened strain on the health care system. UDS data shows that health centers provided nearly 23 million COVID-19 vaccinations to patients, among other vital services. However, as the data also demonstrates, health centers heavily relied on federal COVID-19 funding, especially from Health Resources and Services Administration (HRSA)'s supplemental funding.

We recently surveyed our members on how they spent supplemental COVID-19 funding, and they shared the following:

- All members primarily used COVID-19 funding for workforce needs as they performed duties relevant to the pandemic, including activities like outreach and education in communities and care coordination.

- Funding was often used for hiring, salary increases, benefits, and increased paid and/or sick leave in order to attract and retain the staff needed to address increased demand for services.

- ACH members tend to have lost revenue since the PHE began. According to our members, this is due to workforce shortages, an increase in uninsured patients, greater demand for case management, and increased use of telehealth/audio only visits negatively impacting payment.

- Since the pandemic, many centers have experienced an increase in patients. For example, one clinic in Washington state had almost 172,000 unique patients in 2020 (over 101,00 Medicaid), which increased to almost 191,000 unique patients in 2021 (over 121,000 Medicaid). Some centers worry about the increase of uninsured patients and resulting uncompensated care as the PHE unwinds and patients lose Medicaid eligibility.

Given CHCs use of supplemental COVID-19 funds for workforce needs and the impending expiration of those funds, all while patient levels remain the same, ACH strongly recommends Congress consider increasing funding for community health centers both through the appropriations process in fiscal year 2024 and through the upcoming Community Health Center Fund reauthorization.

Workforce Wellbeing

ACH endorses the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience. Our priorities and recommendations align with the Academy's Plan and their definition of health workforce to include support staff, allied health, and community health workers.

The plan lists 7 main areas:

1. Create and sustain positive work and learning environments and culture,
2. Invest in measurement, assessment, strategies, and research,
3. Support mental health and reduce stigma,
4. Address compliance, regulatory, and policy barriers,

5. Engage effective technology tools,
6. Institutionalize well-being as a long-term value, and
7. Recruit and retain a diverse and inclusive health workforce.

We strongly encourage the Committee to incorporate the Action Collaborative's work into any future legislation on the health care workforce.

Recommended Policies to Address Workforce Shortages

As the committee considers ways to promote a robust and diverse workforce, ACH recommends the following for a more resilient health workforce and ultimately for healthier patients:

1. **Strengthen frontline provider resilience**
   Similar to the National Academy of Medicine's recommendations, community health centers require evidence-based interventions so that providers are connected to behavioral health resources and peer support.
2. **Improve recruitment and retention for health center staff**
   This includes loan forgiveness for community health center providers and supporting staff.
3. **Increase workforce diversity at FQHCs through data and evaluation**
   FQHCs already provide comprehensive, linguistically and culturally competent care. FQHC workforce demographic data can help inform and improve quality improvement activities to ensure that the workforce reflects the needs of their patient communities.
4. **Build a more diverse workforce pipeline for FQHCs**
   We recommend partnerships (with community colleges, for example) and mentorship programs that are flexible in nature to meet the needs of centers and patients and also provide a career ladder for FQHC staff.
5. **Expand FQHC/hospital training partnerships**
   Many graduate medical residencies focus on inpatient care. Though important, we recommend a more community-based approach in which hospitals partner with FQHCs for training, particularly for underserved areas.
6. **Expand the behavioral health workforce available to treat FQHC patients**
   We recommend the implementation of incentives and pipeline programs that include behavioral health workforce at FQHCs, especially for paraprofessionals.
7. **Support and increase funding for the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME) program**
   Both the NHSC and the THCGME program are critical to helping attract and retain a diverse workforce for FQHCs. NHSC is an important recruitment and retention tool for CHCs and enables students and clinicians with the desire and commitment to work in underserved communities to access funds to support scholarship and loan repayment. As well, the THCGME program is crucial to training the next generation of FQHC workers, having already trained nearly 1,500 new primary care physicians and dentists, a majority of whom are now providers in underserved areas. These programs are valuable, have produced measurable results, and should be expanded and improved.
8. **Include FQHCs in key programs and opportunities related to the health care workforce**
   Although FQHCs are vital for the delivery of primary care in the United States, they are often left out of important policy and regulatory discussions and opportunities. We recommend FQHCs be included as sites for Graduate Medical Education and capacity building; as members in primary

care convening bodies and task forces; and in programs that support competitive salaries for existing staff and expanding the workforce pipeline.

Once again, thank you for this opportunity to provide insight into how Congress can start to address the workforce needs of FQHCs. We stand ready to work with the Committee as policy discussions continue.

For more information or to discuss these issues further, please contact me at apearskelly@advocatesforcommunityhealth.org and Stephanie Krenrich, our Senior Vice President of Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,

Amanda Kelly
Chief Executive Officer
Advocates for Community Health