



ADVOCATES FOR
COMMUNITY
HEALTH

March 20, 2023

The Honorable Bernie Sanders
United States Senate
332 Dirksen Building
Washington, D.C. 20510

The Honorable Bill Cassidy, MD
United States Senate
455 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Senate Health, Education, Labor and Pensions Committee (HELP) Health Care Workforce Shortage Request for Information (RFI)

Submitted electronically to HealthWorkforceComments@help.senate.gov

Dear HELP Committee Chairman Sanders and Ranking Member Cassidy,

Advocates for Community Health (ACH) is a national membership organization comprised of leading federally qualified community health centers (CHCs) 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.

As I emphasize in my [testimony](#) for the HELP hearing *Community Health Centers: Saving Lives, Saving Money* on March 2, 2023, CHCs are required to provide services to everyone, regardless of ability to pay, and we reinvest 100% of profits back into patient care. According to the [2021 Uniform Data System \(UDS\) Statistics](#), CHCs 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 appreciate the opportunity to comment on the Health Care Workforce Request for Information following the Committee's hearing on *Examining Health Care Workforce Shortages: Where Do We Go From Here?* As Chairman Sanders' said at our [2023 ACH annual meeting](#) on February 8, "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."

CHCs are the training ground for our country's integrated, interdisciplinary primary care workforce. CHCs have workforce programs and policies to help train and retain providers who are most likely to continue serving those communities after training. They also provide career ladders for staff and students interested in healthcare. Much of the health center workforce comes from the communities they serve. For five decades, CHCs have fostered a culture of continuous learning and growth at every level in their organizations. But a great deal more needs to be done to address the current workforce challenges and severe shortages we face as a nation, and particularly in underserved communities.

Below, we provide our [ACH workforce policy priorities](#), which outline recommendations Congress should consider for health care workforce recruitment, training and retention efforts:

Address health care workforce burnout and build resilience.

Rationale: Providers have been on the frontlines of COVID-19 and experienced severe added stress due to the worsening workforce shortages. As a result, they are suffering mental health effects. Community health centers must have the resources to support their clinician and healthcare workforce as a whole.

Recommendation:

- Funding for evidence-based interventions at community health centers to ensure that providers are connected to behavioral health resources and peer support. ACH strongly supports the new \$25 million program proposed in the President’s FY24 budget for Supporting the Mental Health of the Health Professions Workforce. This program will support the development of a culture of wellness for community health centers. Additionally, this supports recommendations from the [National Academy of Medicine’s National Plan for Health Workforce Well-Being](#).

Reduce barriers and expand opportunities for provider loan forgiveness.

Rationale: CHCs are understaffed, yet loan forgiveness programs are not fully utilized. Reducing barriers to participation in the National Health Service Corps and other loan repayment programs could have significant impact.

Recommendation:

- Provide guaranteed loan forgiveness eligibility for providers working in CHCs, and/or provide allotments to CHCs through 330 grants for clinicians and other eligible staff.
- We support \$950 million for the National Health Service Corps in total annual funding for FY24.
- We also strongly support the *Restoring America’s Health Care Workforce and Readiness Act*, introduced by Senator Durbin (D-IL) and Rubio (R-FL), which includes a three-year reauthorization that would double the mandatory funding, which will expire on September 30th, from \$310 million up to \$625 million in Fiscal Year 2024 (FY24), and increasing up to \$825 million in Fiscal Year 2026 (FY26).

Health Resources and Services Administration (HRSA) should prioritize workforce diversity through data, evaluation, and funding.

Rationale: Despite strong evidence that representative workforce improves health outcomes, HRSA does not collect data, nor evaluate health centers, on the diversity of their workforce. CHCs already provide comprehensive, linguistically, and culturally competent care. CHC workforce demographic data can provide baseline data, which can be used to improve any quality improvement activities and to ensure that the workforce reflects the needs of their patient communities.

Recommendation:

- As part of annual reviews, HRSA should require CHCs to submit data on race, ethnicity, sexual orientation, gender identity, and disability status of their workforce. Over time, HRSA should incorporate these measures into formal evaluation criteria and establish a pool of funding to ensure that centers are able to recruit and hire diverse staff. Additionally, the health care workforce at CHCs must reflect the populations they serve. This kind of representation increases patient trust, health care quality and health outcomes.

Continue to invest in the successful Teaching Health Center model.

Rationale: CHCs are exceptional training facilities for providers given the range of clinical and social conditions among the patient population. Yet, many health centers do not participate due to lack of

start-up funds and unclear pathway to sustainability.

Recommendation:

- We recommend increasing funding for the Teaching Health Center program to \$1 billion in funding in 2024, scaling up to \$2.5 billion a year by 2030.
- We also believe that Congress should explicitly provide funds to interested CHCs to cover start-up costs and provide funds sustainably beyond the number of residents.
- Finally, we recommend reauthorizing the Teaching Health Center Program for at least five years, given the unique nature of the residency agreements. Institutions need to know that funding will be available for planning and completing entire residencies.

Improve and expand the workforce pipeline for CHCs.

Rationale: CHCs often struggle to find qualified staff for a range of positions, which impacts their ability to grow and innovate.

Recommendation:

- Increase funding for top programs at the Department of Labor and Department of Education that specifically support CHC workforce development, including community college partnerships and apprenticeship programs. We recommend that these partnerships and mentorship programs that are flexible in nature to meet the needs of their center and patients but also provide a career ladder for CHC staff.
- ACH supports the new \$28 million Health Care Workforce Innovation Program from the President's FY24 budget. This ACH-championed idea aimed to address growing concerns around healthcare workforce shortages— this initiative would stimulate and develop innovative approaches to recruiting, supporting, and training new providers, with an emphasis on meeting the needs of underserved communities.
- We also support adding Medicare coverage of services furnished by Community Health Workers and for community-based organizations to act as community health worker suppliers to broaden access to services.
- We support The President's efforts to expand the workforce training and career-connected learning that provide pathways to good jobs, especially for community college and high school programs that support the CHC workforce.

Establish and disseminate leadership training and incentives for CHC workforce.

Rationale: CHCs often lack access to leadership training in all areas of patient care and even operations.

Recommendation:

- HRSA should develop standardized leadership training to encourage and facilitate career ladder mobility within health centers, with emphasis on clinical workforce but also in consideration to an expansive healthcare workforce.
- ACH also supports the \$349.9 million for Expanding and Modernizing the Nursing Workforce. The investment will increase the number of nurse faculty and clinical preceptors necessary to develop new nurses.

We appreciate your support and the opportunity to provide recommendations for a robust, diverse health care workforce. A resilient, supported and well resourced health workforce helps keep our patients healthy. We look forward to working with the Committee on these important issues.

For more information, please contact me at apearskelly@advocatesforcommunityhealth.org and Stephanie Krenrich, our Senior Vice President Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Kelly', with a stylized flourish at the end.

Amanda Kelly
Chief Executive Officer
Advocates for Community Health