



AMERICA'S ESSENTIAL HOSPITALS

October 13, 2021

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Pelosi, and Minority Leader McCarthy:

America's Essential Hospitals thanks you for your unwavering support of the health care safety net as our nation continues to respond to and recover from the COVID-19 pandemic. Your efforts have been invaluable for the millions of individuals who rely on essential hospitals each day. We want to work with Congress to advance policies that will enable essential hospitals to continue caring for Americans with the greatest health and socioeconomic needs by sustaining and strengthening the health care workforce.

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to providing high-quality care to all. Our more than 300 members form the very fabric of the nation's health care safety net. They care for marginalized people and anchor communities across the country, serving populations where need is greatest and in areas that might otherwise lack health care access. They reach outside their walls to care for communities where 22.3 million people live below the federal poverty line, 9.9 million have limited access to nutritious food, and 370,000 experience homelessness.¹ Three-quarters of patients cared for at essential hospitals are uninsured or covered by Medicaid or Medicare.²

The mission-driven work of essential hospitals comes at a cost, and our members carry out their commitment to patients and communities despite limited means. Essential hospitals operate with strained finances due to the disparity in provider reimbursements between public and private payers; their margins are one-third that of the average U.S. hospital.³

COVID-19 has compounded the financial strain on essential hospitals. The public health crisis hit patients and communities served by essential hospitals particularly hard, especially people of color and those with underlying health conditions. Our member hospitals serve a

¹ Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2019 Annual Member Characteristics Survey*. America's Essential Hospitals. May 2021. <https://essentialdata.info>. Accessed September 29, 2021.

² Ibid.

³ Ibid.

disproportionate number of people facing social risk factors and existing health issues, putting their patients most at risk of becoming infected with the SARS-CoV-2 virus.

Essential hospitals have borne the brunt of pandemic-related hospitalizations over the past 18 Months, with a significant impact on staffing. COVID-19 is shrinking the essential hospital workforce and heightening concerns about looming provider shortages in coming years. Our members have incurred considerable costs in hiring and maintaining staff to respond to the continued spread of the virus. This experience has highlighted the need to immediately support the existing hospital staffing while concurrently laying groundwork to build and expand the health care workforce for the future.

As Congress explores policies to strengthen our nation's health care workforce, America's Essential Hospitals urges lawmakers to consider the priorities outlined in this letter.

1. Establish emergency funding for providers to address critical workforce needs during public health emergencies.

As the pandemic approaches the two-year mark, ongoing challenges of case surges and emotional toll on staff remain evident. The pandemic has led to burnout, and essential hospitals have expended significant resources to recruit and retain medical staff—a costly undertaking in the already competitive marketplace for health care workers. Due to understaffing, essential hospitals are experiencing increased costs associated with hiring bonuses, retention bonuses, and higher salaries to recruit and retain front-line nurses, who are in short supply.

Staffing challenges at essential hospitals are exacerbated by unsustainable increases in hospital admissions associated with the highly contagious delta variant, with intensive care units (ICUs) approaching or exceeding full occupancy. Shortages of health care staff, particularly nurses, and the greater costs associated with hiring and retaining practitioners exacerbate the financial stress on our member hospitals. Some essential hospitals have hundreds of nursing vacancies. Given the high demand, our members are forced to compete with other hospitals and staffing agencies to recruit nurses, even on short-term contracts. Further, hospitals with more financial resources often are in a position to offer higher salaries and bonuses, leaving essential hospitals in a less competitive position for the same workers.

In some cases, nurse staffing shortages are affecting access to care. An essential hospital in Texas recently declared an “internal disaster” after a shortage of nurses forced the hospital to take six of its ICU beds offline and temporarily stop admitting patients. Staffing shortages caused another essential hospital, in Michigan, to eliminate more than 120 beds among multiple hospitals—7 percent of the system's bed capacity. Another essential hospital, in New York, had to pause elective procedures and withhold ICU transfers to compensate for staffing shortages. Many essential hospitals across the country have been forced to seek emergency staffing support from their state department of health and even the National Guard.

The real-time workforce deficiencies at essential hospitals necessitate immediate relief. Congress must act now to provide critical resources to allow the health care safety net to sustain staffing as the pandemic continues. **Congress should establish an emergency funding pathway to address the essential workforce needs of hospitals and other providers during public health emergencies.**

2. Prioritize immigrant visas for foreign clinicians to relieve staffing shortages during public health emergencies, and advance immigrant visa policies to address long-term health care workforce needs.

Beyond emergency funding streams to ensure staffing capacity during emergencies, it is critical that Congress invest in long-term workforce solutions. The health care workforce shortage is significant and pervasive and has been greatly exacerbated by the COVID-19 public health emergency.

An important sector of the health care workforce is made up of immigrant clinicians who participate in a variety of visa and guest worker programs. These individuals are a critical resource for essential hospitals, particularly in rural and at-risk communities. Many foreign-born clinicians are trained in the United States and want to remain here to practice but struggle to do so because of administrative backlog and complexity with H-1B and J-1 visas. It is important that Congress consider ways to expedite visas for immigrant nurses and physicians during public health emergencies.

America's Essential Hospitals supports the Healthcare Workforce Resilience Act, legislation which would recapture unused immigrant visas for nurses and physicians that Congress previously authorized and allocate those visas to help bolster the clinician workforce.

We also support the Conrad State 30 and Physician Access Reauthorization Act to extend the authorization of the Conrad 30 program that allows foreign-born physicians to remain in the United States upon completing their residencies under the condition that they practice in a high-need area. **Congress should review these initiatives to identify opportunities to expand access to foreign clinicians to mitigate critical staffing shortages.**

3. Increase funding for discretionary health care workforce development programs.

Essential hospitals rely on a multidisciplinary team to provide whole-person care and wraparound services to their patients. A diverse health care workforce—comprising professionals with different experiences, expertise, and backgrounds—is instrumental in treating the health and socioeconomic needs of underrepresented populations.

In addition to relying on nonphysician providers to execute their mission, essential hospitals train and support the development of the larger health care workforce. Our members trained nearly one in 10 allied health professionals instructed in an acute care facility. **America's Essential Hospitals urges Congress to increase federal investment in health care workforce programs to ensure an adequate, diverse, and culturally competent pipeline of health care professionals.**

Further, **America's Essential Hospitals calls on Congress to maintain critical workforce development programs and resources in the House Committee on the Budget—passed reconciliation legislation.** This includes funding for:

- antidiscrimination and bias training;
- perinatal and maternal health care workforce development and diversification, with additional resources for doulas;
- mental health and substance use disorder workforce development, including practitioners focused on maternal mental health and substance use disorder;
- nursing education and modernization grants for underserved areas;
- the Nurse Corps; and
- the Health Professions Opportunities Grants demonstration programs for education and training, including for justice-involved individuals, for careers in health care.

Our member hospitals also prioritize the health and wellness of their clinicians, ensuring they have the resources and support to provide high-quality care. **America's Essential Hospitals supports legislation to support practitioner mental health, such as the Dr. Lorna**

Breen Health Care Provider Protection Act. This bill would provide additional training and education to prevent suicide and burnout among health care professionals.

4. Increase graduate medical education (GME) slots.

Essential hospitals play a key role in training and supporting the provider pipeline and ensuring the next generation of clinicians and allied health professionals is equipped to address the health and socioeconomic needs of the communities they serve. About eight in 10 essential hospitals are teaching institutions. Our members train 33 percent more physicians beyond their federal funding cap than other U.S. teaching hospitals—training about 240 physicians annually compared with 84 at other teaching hospitals.⁴

Congress last year made an important initial investment to mitigate physician workforce shortages by providing 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act of 2021—the first increase of its kind in nearly 25 years. However, we must do more to expand access to physician training to meet current needs and prepare for future public health crises.

America’s Essential Hospitals supports the Resident Physician Shortage Reduction Act of 2021. This legislation would gradually phase in 14,000 new Medicare-supported GME positions and target those positions to teaching hospitals with the greatest need, including hospitals already training over their Medicare caps, hospitals in states with new medical schools or branch campuses, hospitals serving patients in health professional shortage areas, and rural hospitals. The bill also takes steps to help improve physician workforce diversity by commissioning a report to specifically examine steps to create a more diverse clinical workforce—a key essential hospital priority.

Additionally, the Rural and Underserved Pathway to Practice Training Program for Post-Baccalaureate and Medical Students (included in the House Committee on the Budget–passed reconciliation bill) would further strengthen and diversify the health care workforce in communities served by essential hospitals. If enacted, this program would provide medical scholarship vouchers to qualifying students from rural and underserved areas who commit to practicing in these communities. The bill would create 1,000 new GME slots per year.
Congress should enact the Rural and Underserved Pathway to Practice Training Program for Post-Baccalaureate and Medical Students this year.

As anchor institutions, essential hospitals work closely with other specialized and community care providers and medical educators. We continue to support funding to the Children’s Hospital GME program. We also appreciate provisions in the House Committee on the Budget–passed reconciliation bill to invest in medical schools in underrepresented areas.

Congress should continue to pursue opportunities to strengthen the physician pipeline, ensuring future practitioners are trained and equipped to provide high-quality, unbiased care to all.

The health of people and communities across the nation is only as strong as the investments we make to increase access to high-quality, affordable care and reduce disparities in disadvantaged communities. Ensuring a robust, diverse workforce is a critical component of that investment. Essential hospitals are the lifeblood of the health care safety net. Because essential hospitals care for all people, we care for the nation. When the nation supports our work, America works.

⁴ Ibid.

America's Essential Hospitals thanks policymakers for the opportunity to share the pressing and ongoing needs of the essential health care workforce, and we encourage Congress to include these initiatives in upcoming legislation. We look forward to working with lawmakers in both chambers to support and enhance the health care workforce.

If you have any questions, please contact Vice President of Legislative Affairs Carlos Jackson at 202-585-0112 or cjackson@essentialhospitals.org.

Sincerely,

Beth Feldpush

Beth Feldpush, DrPH
Senior Vice President of Policy and Advocacy

CC: The Honorable Ron Wyden, Chair of the Senate Committee on Finance
The Honorable Mike Crapo, Ranking Member of the Senate Committee on Finance
The Honorable Patty Murray, Chair of the Senate Committee on Health, Education, Labor and Pensions
The Honorable Richard Burr, Ranking Member of the Senate Committee on Health, Education, Labor, and Pensions
The Honorable Frank Pallone, Chair of the House Committee on Energy and Commerce
The Honorable Cathy McMorris Rogers, Ranking Member of the House Committee on Energy and Commerce
The Honorable Richie Neal, Chair of the House Committee on Ways and Means
The Honorable Kevin Brady, Ranking Member of the House Committee on Ways and Means