Statement from the American Association for Respiratory Care

In Response to the

Senate Health, Education, Labor and Pensions Committee Hearing:

"Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage"

February 10, 2022

The American Association for Respiratory Care thanks Chairwoman Patty Murray, Ranking Member Richard Burr, and members of the Health, Education, Labor and Pensions (HELP) Committee for holding this important hearing on Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage. In particular, we urge the Committee to consider the Allied Health Workforce Diversity Act as part of its work on this important topic.

The ongoing public health crisis due to COVID-19 has resulted in unexpected challenges involving the delivery of healthcare and the need for long-term recovery. We urge Congress to focus its efforts on ensuring our nation can meet these challenges in part by working to promote a workforce adequate to meet the needs of the country, and one that reflects the diverse communities it serves. The allied health professions that include respiratory therapy, physical therapy, occupational therapy, speech-language pathology, and audiology are well positioned to assist with both the immediate care and long-term recovery and rehabilitation of those affected by COVID-19. Diversifying this workforce will help better enable these health care professionals to meet the current and future needs of this population.

As the Committee undertakes an evaluation of health workforce shortages, it is important to point out that the pandemic has resulted in regional and nationwide shortages of respiratory therapists. Given the unknown long-term respiratory needs of those individuals who were diagnosed with COVID-19 and discharged from an inpatient hospital stay, it is important now more than ever that the Committee address the market forces that can lead to decreasing enrollment in respiratory care education programs, escalating burnout in the healthcare profession, and steadily growing retirement among the baby boomer generation. According to a recent health resources survey by the American Association for Respiratory Care¹, by 2030, approximately 92,000 respiratory therapists are projected to have left the profession.

As the Committee seeks to address issues around recruiting and diversifying the healthcare workforce, we strongly believe increasing diversity will lead to improved access to care, greater patient choice and satisfaction, and better education experience for health professions students, among many other benefits. In particular, a diverse health care workforce can help to both address preexisting health disparities among the population, as well as those disparities exacerbated by the COVID-19 pandemic. This is supported by the Centers for Disease Control and Prevention assessment that there is an

¹ 2020 AARC Human Resource Study. Table 47, page 123. <u>aarc-hr-study-rt.pdf</u>

increased "risk for severe COVID-19 illnesses and death for many people in racial and ethnic minority groups."²

We appreciate the support of HELP Committee members Senators Casey and Murkowski, who have been strong champions for diversifying the allied health professions by introducing the Allied Health Workforce Diversity Act (S. 1679), which would create a workforce development program for rehabilitation therapy providers and audiologists to increase the percentage of individuals from underrepresented communities in these professions. We urge you to build on their efforts to create this new program to support better representation in the professions of audiology, physical therapy, occupational therapy, respiratory therapy, and speech-language pathology as the Committee tackles a wide range of health care workforce issues. We appreciate the opportunity to provide our comments and look forward to working with you to improve the diversity of the respiratory care workforce.

² Centers for Disease Control and Prevention. COVID Data Tracker Weekly Review, Interpretive Summary for April 2, 2021. Accessed April 4, 2021. <u>https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html</u>