

February 10, 2022

Submitted electronically

Senator John Hickenlooper, Chair
U.S. Senate Committee on Health, Education, Labor and Pensions
Subcommittee on Employment and Workplace Safety
428 Dirksen Senate Office Building
Washington DC, 20510

Senator Mike Braun, Ranking Member
U.S. Senate Committee on Health, Education, Labor and Pensions
Subcommittee on Employment and Workplace Safety
428 Dirksen Senate Office Building
Washington DC, 20510

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

Dear Chair Hickenlooper, Ranking Member Braun, and members of the subcommittee,

We, the undersigned associations, submit the following comments for the Senate Health, Education, Labor and Pensions (HELP) Subcommittee on Employment and Workplace Safety hearing on the growing shortages in the health care workforce.

The ongoing public health crisis due to COVID-19 is a challenge in two parts and therefore recovery must continue two-fold. First: treatment and immediate care. Second: recovery in the long term. We urge Congress to focus its efforts on ensuring our nation can meet both aspects of this crisis 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 are well positioned to assist with both the immediate care and long-term recovery and rehabilitation of those affected by COVID-19 and diversifying this workforce will help better enable these health care professionals to meet the current and future needs of this population.

The Allied Health professions play a crucial role in recovery from COVID-19 infections, as well as treatment of the effects of “Post-Acute Sequelae of SARS-CoV-2 infection,” (PASCⁱ), often self-described as “long-haulers” or “long-COVID”. Issue 13 of *The Exchange*, an information sharing publication produced by the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the Department of Health and Human Services, entitled *The Work of Hospital Allied and Supportive Care Providers During COVID-19* states, “The articles in this section illustrate the work performed by physical, respiratory, and occupational therapists to ensure patient comfort and assist COVID-19 patients through the recovery process.”ⁱⁱⁱ

It is vital to anticipate what is required to promote a thriving, diverse health workforce. Health workforce diversity was important prior to the pandemic, as the Institute of Medicine raised concerns about the diversity of the health care workforce in its 2004 study: *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*.ⁱⁱⁱ The report found that racial and ethnic minorities receive a lower quality of healthcare than non-minorities.^{iv}

Overall, 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.^v 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.

In addition to these reasons, a more diverse healthcare workforce is important because:

- Patients who receive care from members of their own racial and ethnic background tend to have better outcomes;^{vi}
- Health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved areas;^{vii}
- Minority groups disproportionately live in areas with provider shortages.^{viii}

We appreciate the support of Senators Casey and Murkowski, members of the full HELP Committee, 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.

Solving the diversity gap in our nation's health systems will need a multistep approach. The step presented in this letter includes the creation of a workforce development program for rehabilitation therapy providers. The potential program under the Health Resources and Services Administration (HRSA) would be modeled after the Title VIII Nursing Workforce Diversity program that has successfully increased the percentage of racial and ethnic minorities pursuing careers in nursing. This new program would help strengthen and expand the comprehensive use of evidence-based strategies shown to increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds for the professions of audiology, physical therapy, occupational therapy, respiratory therapy, and speech-language pathology. The result would be better care for individuals who live in areas with provider shortages.

Thank you for the opportunity to provide input on solving the nation's health care workforce challenges. We stand ready to provide any additional information you need, as well as collaborate on any efforts in this area. Please contact me at asaffer@aota.org or 202-450-8068 if you have questions or need additional information.

Sincerely,

American Academy of Audiology
American Association for Respiratory Care
American Occupational Therapy Association
American Physical Therapy Association
American Speech-Language-Hearing Association

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ⁱ <https://www.usatoday.com/story/news/health/2021/02/24/covid-19-long-haulers-fauci-announces-launch-nationwide-initiative/4572768001/> viewed March 4, 2021

ⁱⁱ U.S. Department of Health & Human Services. (2021). The work of hospital allied and supportive care providers during COVID-19. The Exchange, 13. <https://files.asprtracie.hhs.gov/documents/aspr-tracie-the-exchange-issue-13.pdf>

ⁱⁱⁱ Institute of Medicine. (2004). In the nation's compelling interest: Ensuring diversity in the health care workforce. Washington, DC: National Academy Press

^{iv} Institute of Medicine. (2003). Unequal treatment: Confronting racial and ethnic disparities in health care. Washington, DC: National Academy Press.

^v Institute of Medicine. (2004). In the nation's compelling interest: Ensuring diversity in the health care workforce. Washington, DC: National Academy Press.

^{vi} Institute of Medicine. (2004). In the nation's compelling interest: Ensuring diversity in the health care workforce. Washington, DC: National Academy Press.

^{vii} Cooper-Patrick, L., Gallo, J. J., Gonzales, J. J., Vu, H. T., Powe, N. R., Nelson, C., & Ford, D. E. (1999). Race, gender, and partnership in the patient-physician relationship. *JAMA*, 282, 583–589.

^{viii} Reyes-Akinbileje, B. (2008, February 7). Title VII health professions education and training: Issues in reauthorization. Washington, DC: U.S. Congressional Research Service.