

March 20, 2023

The Honorable Bernie Sanders
Chairman
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, D.C. 20510

The Honorable Bill Cassidy
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, D.C. 20510

RE: HELP Committee Request for Input on Workforce Shortages and Solutions

Dear Chairman Sanders and Ranking Member Cassidy:

The American Geriatrics Society (AGS) appreciates the opportunity to provide input on the Senate Committee on Health, Education, Labor, and Pensions (HELP) efforts to address the current health care workforce crisis. We commend the committee for its recent hearing “Examining Health Care Workforce Shortages: Where Do We Go from Here?” and offer our support and feedback as the committee looks to identify bipartisan solutions to remedy our nation’s health care workforce shortages.

The AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our nearly 6,000 members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, internists, nurses, physician assistants, and pharmacists who are pioneers in advanced-illness care for older adults, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. The AGS believes in a just society, one where we all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. The AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

Shortage of Primary Care Physicians

In the U.S. there is a workforce crisis, with a disappearing supply of primary care physicians, including geriatricians. According to the Health Resources and Services Administration (HRSA), there will only be 6,230 geriatricians by 2025, or approximately one for every 3,000 older adults that require geriatric care, leaving thousands without access to these services.¹ There are similar shortages of health professionals specializing in geriatrics across other disciplines. Additionally, rural populations have more limited access to primary care physicians than residents of urban areas, and generally are older, have a higher incidence of poor health, and face greater socioeconomic barriers to receiving care (e.g., transportation,

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025. Rockville, Maryland; 2017.

internet access). In large part, this shortage is the result of under-funding of primary care, which has made careers in primary care medicine unattractive to graduating physicians because of the relatively low incomes when compared to other medical specialties.

Research shows that healthcare outcomes and costs in the U.S. are strongly linked to the availability of primary care physicians. According to the 20th report of the Council on Graduate Medical Education on Advancing Primary Care, studies have found that patients with access to a regular primary care physician have lower overall healthcare costs than those without one as well as improved health outcomes.² Another study revealed that a higher proportion of primary care physicians (PCP) in an area is associated with a lower level of spending.³ Specifically, states with a greater proportion of primary care physicians had lower spending per Medicare beneficiary compared with other states. Most recently, research by Sanjay Basu et al. showed that greater PCP supply was associated with improved mortality.⁴

Solutions

AGS has long advocated for creating a healthcare workforce with the skills and competence to meet the unique healthcare needs of older Americans while also addressing the current and growing shortage of primary care and geriatrics clinicians. We urge Congress to consider the following recommendations and look forward to working with the HELP Committee on this important effort.

- The AGS urges Congress to restore the primary care bonus payment indefinitely, which would help create a more stable environment and provide an incentive for new physicians, advanced practice nurses, and physician assistants to enter and stay in primary care, including geriatrics.
- The AGS urges Congress to create or increase loan forgiveness, scholarship and financial incentive programs for healthcare professionals who enter geriatrics.
- The AGS urges Congress to consider statutory changes to the graduate medical education (GME) program that would create geriatrics curricula requirements for all appropriate trainees and require that all health professionals who care for older adults have attained a minimal set of geriatrics competencies upon completion of post-graduate training.
- The AGS urges Congress to reauthorize and increase funding for geriatrics workforce training programs to address the shortage of health professionals expertly trained to care for older people.
- The AGS urges Congress to prioritize strengthening the pipeline of direct care workers.
- The AGS urges Congress to stabilize and improve the Medicare program by addressing annual reductions to the conversion factor, expanding comprehensive primary care programs, and by providing permanent access to and adequate reimbursement for telehealth services.

² Council on Graduate Medical Education (COGME). Twentieth Report to Congress: Advancing Primary Care. 2010:Available at <http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/Reports/twentiethreport.pdf>. Accessed on March 20, 2023.

³ Phillips RL Jr, Bazemore AW. Primary care and why it matters for US health system reform. *Health Aff (Millwood)*. 2010;29(5):806-810. doi:[10.1377/hlthaff.2010.0020](https://doi.org/10.1377/hlthaff.2010.0020)

⁴ Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med*. 2019;179(4):506–514. doi: [10.1001/jamainternmed.2018.7624](https://doi.org/10.1001/jamainternmed.2018.7624)

- The AGS urges Congress to pass the *Conrad State 30 and Physician Access Reauthorization Act*, legislation that would allow foreign physicians to work in federally designated shortage and underserved areas. The AGS also urges reintroduction and support of the *Healthcare Workforce Resilience Act*, which would enhance our nurse and physician workforce by recapturing unused immigrant visas.

We provide further details on our recommendations below.

Primary Care Bonus Payment

As part of the Affordable Care Act (ACA), Medicare implemented a 10 percent bonus payment for primary care physicians for five years. The bonus payment expired at the end of 2015. The AGS urges Congress to consider restoring the payment indefinitely, which would help create a more stable environment and provide an incentive for new physicians, advanced practice nurses, and physician assistants to enter and stay in primary care, including geriatrics. As noted above, the current shortage is the result of under-funding of primary care, which has made careers in primary care medicine unattractive to graduating physicians because of the relatively low incomes they generate compared to other medical fields. Primary care also has greater levels of responsibility between visits, in quality reporting, and in dealing with the shortcomings of electronic health records (EHRs). Further, the work of primary care is not adequately recognized in the current fee-for-service payment system. The mismatch between payment and responsibility is as negative an incentive as the payment level itself.

Create Loan Repayment Programs for Geriatrics

Loan forgiveness programs would help address the significant barrier that student loan debt creates for clinicians who want to pursue primary care careers in geriatrics, while helping to expand the workforce we need to care for the growing population of older Americans. Federally, the program would complement existing loan repayment programs offered by the Health Resources and Services Administration (HRSA) for primary care medical, dental, and mental & behavioral health care providers. The AGS urges the federal government to create loan forgiveness, scholarship, and financial incentive programs for professionals who enter geriatrics as recommended by the Medicare Payment Advisory Commission (MedPAC) in its June 2019 report.⁵

Ensure Competence of Our Workforce Caring for Older Americans

Funding for Graduate Medical Education (GME), while supported by Medicare, does not require that hospitals and other sites provide training that leads to a health professional workforce that is able to care for older adults with multiple complex and/or chronic conditions. GME reform is needed to address the gap between training requirements and our country's need for a workforce that is prepared to care for us all as we age. MedPAC's 2010 report stated that institutions using Medicare dollars to support GME should be providing training to enable health professionals to develop competency in the care of older adults.⁶ Furthermore, the Institute of Medicine (IOM) has said that a geriatrics competent workforce will contribute to higher quality, safer, and more cost-effective care for patients.⁷ We believe that it is vital to mandate all Medicare-supported training to include competencies in the care of older adults as a part of Medicare-funded training programs. The AGS urges Congress to consider statutory

⁵ Medicare Payment Advisory Commission. 2019. Report to Congress: Medicare and the Health Care Delivery System. Washington, DC: MEDPAC. [jun19_medpac_reporttocongress_sec.pdf](#)

⁶ Medicare Payment Advisory Commission. 2010. Report to Congress: Aligning Incentives in Medicare. Washington, DC: MedPAC. https://www.aacom.org/docs/default-source/grad-medical-education/jun10_entirereport.pdf?sfvrsn=2

⁷ Institute of Medicine. 2008. Retooling for an Aging America: Building the Health Care Workforce. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12089>

changes to the GME program that would create geriatrics curricula requirements for all trainees and health professionals who treat older adults be trained in geriatrics competencies upon completion of post-graduate training.

Reauthorize and Increase Funding for Title VII Geriatrics Training Programs

The Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs), administered by HRSA, are the only federal mechanism for supporting geriatrics health professions education and training. These programs are designed to address the gap between longer life expectancy and the need for more geriatrics care expertise, on the one hand, and the shortage of geriatrics-trained practitioners and caregivers. GWEP awardees educate and engage the broader frontline workforce, including family caregivers, and focus on improving the quality of care delivered to older adults. Due to their partnerships with primary care and community-based organizations, GWEPs have been uniquely positioned to rapidly address the needs of older adults and their caregivers during the COVID-19 pandemic. An essential complement to the GWEP, the GACA program supports professional development for clinician-educators who are training the future workforce we need and who will become future leaders of GWEPs and other geriatrics programs. Currently, there are 48 GWEP centers and 26 GACAs in 35 states, Guam, and Puerto Rico providing education to primary care physicians, nurses, and other members of the healthcare team such as direct care workers and family caregivers. Sustained and enhanced investment will ensure that these two critical resources are maximally deployed to serve older Americans across the United States. Current authorization of these programs expires in 2024.

Support Direct Care Workers

Direct care workers are essential to assist older adults and ensure overall well-being, especially during public health crises. Jobs in aging services are highly skilled and complex, a fact not recognized in pay scales or reimbursement rates, while the work in these settings is physically and emotionally demanding. The COVID-19 pandemic exacerbated existing gaps in expertise and systemic weaknesses in health care service delivery for older adults particularly for the direct care workforce. We can better support the direct care workforce by strengthening the pipeline of direct care workers through the following actions: 1) Implement recruitment campaigns, particularly targeting displaced workers; (2) Provide funding for online training and competency evaluations; (3) Increase funding to direct care training providers to enhance the training infrastructure; and (4) Provide funding for in-person training following the PHE to increase and maintain direct care workforce capacity.

Stabilize and Improve Medicare

Medicare Conversion Factor

Medicare has failed to keep pace with inflation. Geriatrics healthcare professionals are dependent on Medicare whether traditional or Medicare Advantage. The conversion factor was cut for 2023, despite inflation and increased practice costs experienced in the recent period. Medicaid also plays a larger funding role for Geriatrics healthcare professionals than it does for most specialties other than those that care for children. Cross subsidization from other payers is limited.

Comprehensive Primary Care

The Center for Medicare and Medicaid Innovation has comprehensive primary care programs. These programs allow the physician practice to increase capacity and skill sets by providing a monthly fee that is designed to allow practices to bring in nurse care managers, pharmacists, integrated behavioral health, staff to support assistance in patients with disadvantaged social determinants of health, for

example. This promotes more effective panel management and greater access to primary care. It allows practices to be ready to assume the obligations of accountable care payment programs. They also promote partial capitation for primary care services, so practices are not just focused on visit volumes. These programs should be rapidly expanded for practices that wish to enroll in them. They implement the National Academies of Sciences, Engineering, and Medicine⁸ recommendations to strengthen interprofessional teams and ensure that care teams reflect the diversity of the communities they serve.

Telehealth

Medicare beneficiaries need permanent access to telehealth and practices need adequate payment for it. We have learned telehealth can improve safety and access for Medicare beneficiaries when they receive healthcare services. We also have experienced the need to cover audio only services due to issues with technology management and broadband access. These services substitute in person visits⁹ and create access for those that previously lacked the ability to get medical and behavioral healthcare needs met. Payment must be adequate for these services and Medicare has proposed that in 2024, payments will be at the facility rate even though practices will not be paid a facility fee. These services require the use of clinical staff and indirect practice expenses and such reductions in payment will jeopardize a practice's ability to provide the services.

Support Legislation

The Conrad State 30 and Physician Access Reauthorization Act

The bipartisan *Conrad State 30 and Physician Access Reauthorization Act*, reintroduced in March 2023 in the U.S. Senate as S. 665, extends the Conrad 30 program for three years, improves the process for obtaining a visa, and allows for the program to be expanded beyond 30 slots if certain thresholds are met. The bill also provides worker protections to prevent physicians from being mistreated. Currently, doctors from other countries working in the United States on J-1 visas are required to return to their home country after their residency has ended for two years before they can apply for another visa or green card. The Conrad 30 program allows those physicians to stay in the United States without having to return home if they agree to practice in an underserved area for three years. The "30" refers to the number of physicians per state that can participate in the program.

Healthcare Workforce Resilience Act

The Healthcare Workforce Resilience Act, last introduced in the 117th Congress as S. 1024/H.R. 2255, is a bipartisan bill to enhance our nurse and physician workforce by recapturing unused immigrant visas as we continue to face challenges from the COVID-19 crisis. Recapturing these visas would reduce the pre-existing healthcare workforce shortages that have been exacerbated by the COVID-19 pandemic and ensure an adequate workforce and access to high-quality, person-centered care for us all as we age across the lifespan. As physicians, nurses, and other healthcare workers continue to serve Americans following the COVID-19 public health emergency (PHE), International Medical Graduates (IMGs) and foreign-born professionals are a crucial part of this healthcare workforce. The United States has historically relied on IMGs and immigrant health professionals to provide critical care for some of the most vulnerable populations in our nation, including lower-income and underserved communities, and particularly older adults and those with underlying health conditions in these communities, where we have seen the most dire and fatal consequences of COVID-19.

⁸ National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

⁹ Cuellar A, Pomeroy JML, Burla S, Jena AB. Outpatient Care Among Users and Nonusers of Direct-to-Patient Telehealth: Observational Study. *J Med Internet Res*. 2022 Jun 6;24(6):e37574. doi: 10.2196/37574. PMID: 35666556; PMCID: PMC9210206.

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Thank you for the opportunity to share our recommendations. We would be pleased to answer any questions you may have. Please contact Alanna Goldstein, agoldstein@americangeriatrics.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Harper". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael Harper, MD
President

A handwritten signature in black ink, appearing to read "Nancy E. Lundebjerg". The signature is cursive and somewhat stylized, with the first name being the most prominent.

Nancy E. Lundebjerg, MPA
Chief Executive Officer