



March 20, 2023

The Honorable Bernie Sanders
Chair
Health, Education, Labor & Pensions Committee
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, MD
Ranking Member
Health, Education, Labor & Pensions Committee
United States Senate
Washington, DC 20510

Re: Request for Information on Health Care Workforce Shortages

Dear Chairman Sanders and Ranking Member Cassidy:

AARP, on behalf of our nearly 38 million members and all older Americans nationwide, appreciates the opportunity to provide feedback on how to address health care workforce shortages. This issue is of particular importance to older Americans concerned with whether there will be enough providers available to care for them as they age. We offer our recommendations for ensuring continued access to care and supporting the loved ones and professionals who provide that care.

Family Caregivers

Family caregivers are the backbone of our long-term care system in this country and comprise the largest number of health care workers. The care families and friends provide is invaluable for those receiving it, and is a precious resource for the communities, cities and states wrestling with the realities of an aging population and fewer family members or friends to provide care. Unfortunately, they are seldom recognized as a part of our health care system and health care workforce. The work of our nation's family caregivers is astonishing:

- Care provided by millions of unpaid family caregivers across the U.S. is valued at a staggering, estimated \$600 billion annually, according to the [latest report](#) in AARP's "[Valuing the Invaluable](#)" series.
- An estimated 36 billion hours of care annually is provided by family caregivers for older parents, spouses, partners, other relatives, and friends with chronic, disabling, and serious health conditions.
- More than 40 percent of family caregivers are from racial and ethnic minorities. These caregivers and those they care for have distinct experiences that often impact their access to and use of the long-term care system. Their values often shape their caregiving experience and lead to the need for tailored supports that respect their cultural differences.
- A growing number of family caregivers – [nearly 60 percent](#) – are also increasingly performing complex medical/nursing tasks that nurses normally perform, such as wound care, injections, tube feedings, medication management, and many other complex care tasks. This is in addition to assisting with daily activities such as eating, bathing, dressing, meal preparation, finding and

coordinating care, transportation to medical and other appointments, supporting their loved one through care transitions such as from hospital to home, managing finances, and so much more.

- Family caregivers help their loved ones live in their homes and communities and delay and prevent more costly institutional care and unnecessary hospital stays.

There is a significant cost to caregiving – financial, health, well-being, and opportunity costs. Family caregivers bear it all. The demands on family caregivers are not just a family issue but have much broader implications for society. To be crystal clear: if these family members were not providing care to their loved ones, paid caregivers – likely funded by Medicare and/or Medicaid – would be doing it instead. These caregivers are not only performing an admirable service in their own families, they are performing a service for our nation – and our government should stop taking family caregivers for granted. Within the Committee’s jurisdiction, we urge the Committee to address these family caregiver priorities:

- Make providing care easier, including through expansion of resource navigation tools, examination of policy changes to improve the navigability of resources, caregiver training, education, and inclusion in care, as well as through increased access to paid care at home and other supports.
- Alleviate the financial and other challenges faced by many family caregivers that can undermine their own well-being, including better access to respite care, paid leave, and financial relief such as through family caregiver tax credits, such as the Credit for Caring Act, and reimbursement programs.
- Improve the health and well-being of family caregivers, many of whom have seen their own personal situations worsen, including through family caregiver needs assessments to help target and tailor needed supports to family caregivers efficiently and effectively.

Action to support family caregivers would be consistent with the [2022 National Strategy to Support Family Caregivers](#) released by Department of Health and Human Services in September 2022, as required under the RAISE Family Caregivers Act (P.L 115-119). It includes about 500 actions to support family caregivers, including nearly 350 actions federal agencies have committed to taking over the next few years and over 150 actions that states, communities, and other stakeholders can take, as well as policy changes requiring legislation. AARP is focused on turning the National Strategy into action that provides meaningful, tangible outcomes and support for our nation’s family caregivers.

Nurses

Nurses are the largest health care profession and integral to our health care system. Nurses at all levels deserve our appreciation and our support. Our nation presently faces the twin challenges of a growing nursing shortage and the need to substantially diversify all levels of our nursing workforce. Over [3.3 million registered nurses](#) (RNs) will be needed in the United States by 2031. The United States already faces a [shortage of at least 200,000](#) nurses, all while more than 1 in 5 of [nurses polled in 2020](#) plan to retire in the next five years. Moreover, racial and ethnic minorities account for 40 percent of our population but only 23 percent of the nursing workforce. The disparity at leadership levels is worse: fewer than 4 percent of nurse executives, 10 percent of nursing deans, and 20 percent of nursing faculty were

comprised of [under-represented people](#) in 2020. Aggressive steps should be taken to grow, strengthen, and diversify the nursing workforce. We offer the following recommendations to the Committee:

- Last year, schools of nursing had to turn away 90,000 qualified applicants largely because of faculty and other capacity shortages. To address this problem, we urge increased federal support for programs such as Title VIII of the Public Health Service Act (Title VIII) and the Nurse Faculty Loan Program to grow the number of PhD prepared nurses. Because nurses can often make substantially more income in clinical practice than teaching, initiatives that enable schools of nursing to increase compensation for faculty and clinical preceptors should be a part of any effort to tackle the nursing shortage. Between 2012-2017, Medicare tested its ability to pay for graduate nursing education (GNE). This GNE demonstration program was designed quite differently than its Graduate Medical Education. Spending less than \$200 million, [Medicare helped prepare](#) an extra 6,000 advanced clinicians. Such clinicians can also serve as nursing educators.
- Diversifying the nursing workforce is essential to addressing the nursing shortage as evidence suggests that nurses who are members of racial and ethnic minorities are more likely to practice in underserved communities. There is also [growing evidence](#) that a diverse nursing workforce provides higher quality care, improved health outcomes, and increased patient satisfaction. Initiatives to provide mentoring to at-risk students can increase retention rates and passage rates of nurses licensing exams and should be expanded. Increasing support for STEM education for populations historically under-represented in nursing would also increase the pool of students who have the basic skills necessary to be admitted to and to succeed in nursing school. In addition, career ladder programs that target under-represented populations can serve to attract more diverse candidates to enter and progress in the nursing profession. Support through Title VIII as well as Department of Labor apprenticeship and worker training programs should be increased. A recent Department of Labor initiative, the Nurse Expansion Grant Program, provides a strong model to grow and diversify the nursing workforce that should be replicated and expanded. The Department of Education can also direct funding to bolster mentoring programs and other initiatives at minority schools of nursing based at Historically Black Colleges and Universities, Hispanic-serving, and American Indian/Alaska Native-serving schools of nursing – to help retain and graduate their nursing students and to help them expeditiously pass their licensing exams.
- Timely and accurate data about the nursing workforce is essential to develop effective solutions to the nursing workforce shortage. Federal support for state nursing workforce centers is an important step towards this end. Also, adequate support for and improved coordination of federal nursing workforce data collection and analysis is also essential.
- Federal regulatory and legislative barriers that prevent nurses from practicing to the full extent of their education and training not only reduce consumer access to care, but they diminish the return on federal taxpayer investment in nurse education and training. These barriers, including those in Medicare, Medicaid and in federally supported programs like FQHCs and rural health clinics, should be eliminated.

Direct Care Workforce

Direct care workers assist older adults and individuals with disabilities with daily tasks in a variety of home and community-based and institutional settings. Unfortunately, workforce recruitment, retention, and job satisfaction challenges are prevalent across the long-term care or long-term services and supports (LTSS) industry, and solutions to address the root causes must be implemented to respond to the ongoing need for high-quality care. Direct care workers comprise individuals with job titles including but not limited to home health aide, personal care aide, nursing assistant or nursing aide, home care worker, personal care attendant, and more. Examples of tasks performed by direct care workers include help with activities such as eating, bathing, dressing, transferring, personal hygiene, light housekeeping, clinical tasks such as blood pressure readings and wound care, running errands, assisting with medical appointments, and engaging in social engagements outside the home that help prevent isolation and loneliness.

There were about [4.7 million](#) direct care workers in 2021, including 2.6 million home health aides and personal care aides and 471,000 nursing assistants in nursing homes. About [1.2 million](#) new direct care workforce jobs are expected from 2020 to 2030 – the occupation with the most new jobs in the United States. When accounting for turnover, the number of job openings [increases](#) significantly. The need for this workforce will only grow as the population ages, including the fast-growing segment of those age 80 and older who are more likely to need the type of assistance provided by direct care workers. Women and people of color [significantly make up](#) the direct care workforce. [Over 40 percent](#) of the workforce relies on public assistance. The direct care workforce faces poor wages and benefits, physical risks, inadequate training, and other challenges. Shortages of this important workforce mean that some individuals face delays in receiving assistance, receive poor care, or go without needed care, and that some family caregivers have difficulty finding or cannot find paid care for their loved ones. We also support the establishment of minimum staffing standards – a key component of quality care – in our nation’s nursing homes that participate in Medicare and Medicaid.

Within the Committee’s jurisdiction, AARP encourages the Committee to help attract and retain direct care workers through increased pay and benefits, paid leave, improved training, career pathways, and other job improvement initiatives. Family caregivers and direct care workers are essential members of care teams for individuals.

Telehealth

Technology has the capacity to augment the health care workforce by linking consumers with a health care provider when time or distance is a barrier. Services provided by telehealth have great potential to help consumers more easily connect with various health care clinicians, maintain their quality of life, and remain in their communities longer by providing an opportunity to manage their care. Telehealth can also support family caregivers’ efforts to take care of their loved ones and to access care for the caregivers themselves.

For all older Americans to fully capitalize on the benefits of telehealth, Congress must first repeal Medicare’s originating site and geographic restrictions. However, while we strongly support using telehealth as a tool to improve access and enhance in-person care, we urge caution when determining the scope and breadth of services that can be performed remotely. Because high-quality care is the primary

goal, each service should be evaluated independently for quality, outcomes, and value before being permanently approved for telehealth coverage.

Next, Congress should support and encourage states to adopt interstate licensure compacts for physicians, Advanced Practice Registered Nurses, Registered Nurses, and other licensed health professionals. It would expand provider networks and reduce interstate barriers to the use of telehealth services. We caution again, though, telehealth providers should not be relied upon to replace in-person providers to meet network adequacy requirements. While some provider networks or models may need specific specialists via telehealth to fill coverage gaps, Congress should prevent plans and models that rely upon remote providers for primary care or steer consumers toward telehealth for the initial care point of contact. Telehealth should be available to patients, but as an option, not a requirement.

Conclusion

Thank you for the opportunity to provide AARP's perspective on improving health care workforce shortages. If you have any questions about our comments or need more information, please feel free to contact me or Andrew Scholnick of our Government Affairs staff at ascholnick@aarp.org.

Sincerely,



Senior Vice President
Government Affairs