



March 20, 2023

The Honorable Bernard Sanders
Chair
Senate Committee on Health,
Education, Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC, 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Senate Committee on Health,
Education, Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC, 20510

Dear Chair Sanders and Ranking Member Cassidy:

The National Hispanic Medical Association (“NHMA”) restfully submits this comment in response to the Senate Committee on Health, Education, Labor, and Pensions’ (“Committee”) request for information from health care stakeholders to best understand views on the drivers of health care workforce shortages and hear ideas on potential solutions.

NHMA is a non-profit association representing 50,000 licensed Hispanic physicians in the United States. We are dedicated to empowering Hispanic physicians to be leaders who will help eliminate health disparities and improve the health of Hispanics in the United States.

As you work to identify bipartisan solutions to remedy our health care workforce shortages and develop these ideas into legislation, we urge you to prioritize significant and sustainable investments in our nation’s health care workforce, particularly a balanced physician workforce ready to provide high-quality, patient-centered, and affordable health care.

NHMA been working to identify contributing factors that will help us move the needle forward towards realizing a health care workforce that is more reflective of America’s diversity. From expanding workforce diversity programs and physician pipeline training programs designed to improve the recruitment, retention and success of all underrepresented minority public health professionals committed to working with underserved communities. Nationally, there is projected shortage of up to 120,000 physicians by 2035 as demand for physicians continues to grow faster than supply, according to the AAMC (Association of American Medical Colleges). Largely due to the growth and aging of the U.S. population and forthcoming retirement of older physicians.

Access to quality health care remains an unresolved, increasingly complex issue affecting Latinos, resulting from a variety of longstanding barriers and inequities. Significant disparities subject Latino and other underserved communities to a lower standard of care and preventable health complications. 20 years ago, a landmark report spotlighted systemic racism in medicine, yet so little changed.

According to the National Academies’ Institute of Medicine report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” factors contributing to poorer health outcomes for Latinos and other minority populations stem from failures at the healthcare system and care process levels, and implicit bias and discrimination. It showed that Black and Hispanic

patients tended to receive lower-quality care for a wide range of procedures and a number of diseases, including cancer, heart disease, HIV/AIDS, and diabetes, and disparities were found even when clinical factors like comorbidities, age, and severity of disease were taken into account.

Despite Hispanic and Latino communities representing nearly 19 percent of the U.S. population, only 6.9 percent of the nation's physicians identify as Hispanic or Latino. Unfortunately, this level has been in place since the 1970s. We know that racial and ethnic minorities experience a particular pattern of barriers that deters them from reaching medical services, including mistrust and fear of treatment, racism and discrimination, and cultural and language barriers. We urge you to please consider the following requests within the jurisdiction of your committee:

Workforce Priorities

We must build a physician workforce that meets the needs of the U.S. population and provides culturally and linguistically appropriate levels of healthcare to Hispanic and Latino population. Multiple studies have demonstrated that Latino physicians tend to treat more Latino patients and they have a better understanding of the cultural barriers that lead to healthcare outcomes discrepancies among Latino patients. They are an effective catalysts of behavioral change among the Latino patient population. Additionally, Latino physicians who work as faculty in academic institutions also serve as role models and mentors for medical students/residents and fellows. This pivotal role since can potentially reshape physician demographics in the long-term. Moreover, we too must increase the Latino population in all academic ranks and titles.

Graduate Medical Education

Graduate Medical Education (GME), clinical training at academic teaching hospitals for our future physicians after medical school, is crucial in addressing our nation's current and future physician shortage. Unfortunately, Medicare-supported training positions have been effectively frozen since 1997. Increasing federal investment in GME is the first step in producing more physicians to care for our nation's patients.

GME will contribute to the production of a better prepared physician workforce, innovative graduate medical education programs, transparency and accountability in programs, and stronger planning and oversight of federal funds to support such training programs.

We urge you to prioritize Conrad 30 Waiver program and Physician Access Reauthorization and provide incentives to physicians, especially international physicians, to remain in the U.S. upon completing their residency under the condition that they practice in areas experiencing doctor shortages, particularly in rural and medically underserved communities.

Health Resources and Services Administration (HRSA) Health Workforce Programs

The HRSA Title VII workforce development programs are crucial in training a diverse and culturally competent health workforce to treat our nation's most vulnerable patients. The Title VII programs, funded through annual federal appropriations for the Department of Health and Human Services, invest in scholarship, loan repayment, and mentorship programs for future health care professionals from underrepresented minority, rural, and disadvantaged backgrounds.

NHMA is proud to be partner of the Health Professions and Nursing Education Coalition (HPNEC), an alliance of over 90 health professions organizations advocating for increased funding for the HRSA Title VII health professions and Title VIII nursing workforce programs.

National Hispanic Centers for Excellence

We must continue our nation's investment in the Health Resources and Service Administration (HRSA) established "Centers for Excellence" program to be a catalyst for institutionalizing a commitment to under-represented minority students and faculty. This includes providing educational and training opportunities that focus on increasing racial and ethnic diversity among health professions and addressing minority health issues. They serve as innovative resources and education centers to recruit, train, and retain under-represented minority students and faculty at health professions schools. Programs improve information resources, clinical education, curricula, and cultural competence as they relate to minority health issues and social determinants of health. Also, they focus on facilitating faculty and student research on health issues particularly affecting Hispanic and Latino communities and other under-represented minority groups.

National Hispanic Health Care Workforce Accelerator

NHMA recommends the establishing of a permanent National Hispanic Health Care Workforce Accelerator with long-term federal commitment and investment with the goal of increasing the number of Latino physicians, Latino population serving physicians, as well as physicians from other under-represented minority communities, through programs that support students and physicians at every stage of their careers. A national Hispanic workforce accelerator that can provide leadership and a cutting-edge learning environment dedicated to best practices for optimally serving the unique health and wellness needs of Hispanic and Latino communities.

Recruitment and mentoring programs have led to an increase in under-represented minority applicants and enrollees in medical schools, many of whom return to practice in their hometowns or in other medically underserved areas. Ultimately, a top priority remains to recruit students from communities experiencing health-profession shortages and ultimately fill the need for physicians capable to deliver language concordant and culturally responsive care to historically underserved Latino communities.

Thank you again for the opportunity to provide comments on this matter. I am happy to answer any questions and welcome the opportunity discuss our experience and perspective further with you and your staff. I can be reached at nhma@nhmamd.org.

Sincerely,



Elena Rios, MD, MSPH, MACP
President & CEO
National Hispanic Medical Association