

**Congressional Hispanic Caucus Health Care Briefing –  
Focus on Healthcare Workforce Policies for Congress**

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**Background**

Hispanic physicians remain underrepresented with an estimate by the AAMC Facts and Figures at about 7 percent of medical students and physicians despite a growing Hispanic population of 19 percent of the U.S. population.

Despite increasing Hispanic college enrollments, there is a critical need for Recruitment Programs from the national health professional associations working with higher education programs of undergraduate and post bac sciences (STEM) – students, faculty and recruiters.

Students face barriers of parents with limited education, poor high schools that lack college advisors, colleges that lack prehealth career advisors or conferences and limited financing for test preparation, tutoring, internships and research opportunities or other experiential programs in local hospitals and health sciences graduate schools.

We appreciate major efforts to continue the health professional career programs to increase underrepresented persons to work in shortage areas with briefings and bills in this Congress; especially the following Bills:

**Key Bills**

Congressman Raul Ruiz has introduced the following bill; which was referred to the Committee on Education and the Workforce

H. R. 2470 “**Accessing Higher Education Opportunities Act**” to change part A of title V of the Higher Education Act

Congressman Raul Ruiz also introduced the bill which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means

H. R. 4837 to amend the Public Health Service Act to help “**Build a Stronger Health Care Workforce.**”

State scholarships with place based requirement – it is so important to provide scholarships to medical students and to have this unique way to provide them with a public service requirement that they practice medicine in the state they went to medical school

In order to foster curricular innovations to improve the education and training of health care providers, the Secretary shall award grants to medical and other health professions schools to promote priority competencies (as described in subsection (b)).

(b) PRIORITY COMPETENCIES.—In awarding grants under subsection (a), the Secretary, acting through the Advisory Committee on Training in Primary Care and 25 Dentistry, shall select an annual competency

- (1) patient-centered medical homes;
- (2) chronic disease management;
- (3) integration of primary care and mental health care;
- (4) integration of primary care, public and population health, and health promotion;
- (5) cultural competency;
- (6) domestic violence;
- (7) improving care in medically underserved areas
- (8) team-based care

Congressman Costa and Senator Kaine introduced the “**Expanding Medical Education Act**” with grants to institutions of higher education (including consortiums of such institutions) for the establishment, improvement, or expansion of a school of medicine or osteopathic medicine, or a branch campus of a school of medicine or osteopathic medicine.

Resolutions were introduced in Congress and the Senate for the **National Latino/a Physician Day (NLPD)** and we strongly urge they be reintroduced in 2024 and supported to be passed.

There has been a renewed interest in **GME** – especially with the Teaching Clinics Program and the continued formulas for increased residency slots in hospitals and Children’s Hospitals and of note – there are a few states (CA, WA) who have started decreasing residency requirements for licensure of IMGs.

### **Federal Policy Recommendations:**

- 1. Establish a National Focused Recruitment of Hispanic Health Professional Students**
  - a. Reintroduce and Pass the NLPD Resolutions**

Department of Education- White House Hispanic Initiative – Health Professional Careers

Hispanic health professional associations to develop national STEM Program

- mentoring for Hispanic students,
- training for advisors, mentors and
- establish a national calendar of Hispanic prehealth career conferences with health professional school recruiters
- add to the national calendar with targeted conferences in Southern California and other highly dense Hispanic areas

HRSA/HHS

Scholarship Program – State scholarships for public service requirements in primary care careers

Medical Education Program – go beyond the states with the limited physician shortage to states with the shortage of Hispanic physicians – CA, TX for example

HCOP – bring back the Non-profit set-aside and grant program

## **2. Latino Health Sciences School System**

We recommend planning for a report on the federal support for the HBCU Health Sciences Schools (Morehouse, Meharry, Howard, Charles R. Drew University of Medicine and Science) in order to understand the potential for a Latino Health Sciences School System be established. This should be professional health sciences schools starting with Medical Schools that may already be undergoing the accreditation process.

Build the schools in California and Texas where most college students who enter health professional schools (medical school).

### **Hispanic Center of Excellence Model**

Grant from the US Dept of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Health Careers Diversity and Development

Goals:

- Increase number of Hispanic health providers
- Support research in minority health
- Improve cultural competency of all health-care service providers for Hispanic communities
- Retention, promotion and success of underrepresented minorities

Currently 10 programs in the US

\$600,000/year

Proposal: Expand programs

## **3. Funding and Reimbursement**

### **Language Services Reimbursement**

Allocate funding and establish reimbursement mechanisms that incentivize healthcare providers to offer language assistance services and prioritize language concordance. This can include providing financial support for interpreter services, language training programs, and the translation of essential healthcare documents.

- Develop a coding modifier to be used during the visit (encounter) designating bilingual provider and/or medical interpreter services use
  - Allows for recognition of language as a skill

- Recognizes the time differential for encounters that require use of language other than English to reflect the time of the face to face encounter and documentation subsequent to the encounter
  - Incorporation in all compensation models to include value based care as a promotion of health equity measures
  - Recognizing language as a skill, creating a differential or payment for it. This could be a monetary or time award.
  - Billing Medicaid and Medicare for qualified interpreter services and use of equipment. Allowing physicians to spend more time with patients that require interpreter services
  - Bilingual/Multi-Lingual Differential Pay Policy to include all members of the healthcare team further promotes workplace diversity and provides a monetary incentive to enhance retention across the healthcare workforce
- Make language concordance a metric in the Unified Data System (UDS) reports required of Federally Qualified Health Centers.
    - Research and Data Collection: Promote research and data collection efforts to understand the impact of language discordance on healthcare outcomes and disparities. This information can inform evidence-based policies, interventions, and strategies to address language barriers effectively.
  - Loan Repayment and Forgiveness: Incentivize practicing in linguistically underserved regions for language-proficient physicians with loan repayment or forgiveness after training and proven proficiency that reflects the area's needs.

## **Public Service Loan Forgiveness**

In 2021 the Biden Administration announced a three-part plan to provide targeted debt relief as part of a comprehensive effort to address the burden of growing education costs and make the student loan system more manageable for borrowers.<sup>14</sup> Part of this plan addressed the “fixing the broken Public Service Loan Forgiveness (PSLF) program” by proposing a rule that borrowers who have worked at a nonprofit, in the military, or in federal, state, tribal, or local government, receive appropriate credit toward loan forgiveness.

### **4. GME**

- In December 2020, the Fiscal Year 2021 omnibus spending bill, the Consolidated Appropriations Act of 2021 (CAA), was signed into law.
  - The spending portions of the CAA extended certain GME training programs through fiscal year (FY) 2023, including the Teaching Health Center GME program, the National Health Service Corps, community health centers, and the Children's Hospital GME program.
  - Starting in FY 2023, CMS will award no more than 200 slots per year until the 1000 spots are filled.
    - Section 126–Makes available 1000 new Medicare-funded GME positions.

- Section 127–Makes statutory changes relating to the determination of both an urban and a rural hospital's FTE limit for direct GME and IME payment purposes regarding residents training in an accredited rural training track.
    - Section 131–Makes statutory changes to the determination of direct GME PRAs and direct GME and IME (FTE) resident limits of hospitals that hosted residents for a short duration. (Abbreviations: FTE, full-time equivalent; IME, indirect medical education; PRAs, per resident amounts.)
  - The new law establishes parameters for the new slots, including what kind of hospitals qualify. At least 10% of the slots must be awarded to hospitals in each of the following categories:
    - Category 1–Hospitals in a rural area or treated as being in a rural area for payment;
    - Category 2–Hospitals training residents above the DGME and IME caps;
    - Category 3–Hospitals in a state with new medical schools, additional locations, or branch campuses; or
    - Category 4–Hospitals serving Health Professional Shortage Areas (HPSAs).
- \$1.9 trillion [American Rescue Plan](#) that President Biden signed into law in March included \$9.1 billion in public health workforce support.
  - \$7.7 billion is dedicated to establishing, expanding, and sustaining a public health workforce to help respond to the pandemic through awards to state, local, and territorial public health departments. Public health departments may use awarded funds to recruit, hire, and train staff to fulfill a wide variety of functions, such as case investigators, contact tracers, laboratory personnel, and community health workers. Included in this funding are:
    - \$330 million for teaching health center GME sites, including a \$10,000 per resident increase in the per resident amount, and funding for planning and development grants to help community-based programs to achieve accreditation;
    - \$800 million for the National Health Service Corps, which provides loan forgiveness and scholarships to primary care health clinicians serving in HPSAs; and
    - \$100 million to support the Medical Reserve Corps, a network of volunteer network of health professionals and others who assist in response to natural and public health disasters.

<https://meridian.allenpress.com/jgme/article/13/4/602/469329>

- Up to half of a resident's salary is covered by the federal government as a direct medical education payment. The federal government also provides hospitals with an indirect medical education payment, which delivers additional compensation of up to 12% to 15% of the amounts charged for the medical services of their residents. Add to that the total associated fees that hospitals are billing patients on top of their residents' professional services (room, meals, supplies, lab work, tests, procedures, and the like) and it becomes clear how valuable the American Rescue Plan's new residencies will be to all hospitals now and well into the future. <https://www.statnews.com/2021/06/25/new-residency-slots-wealthy-hospitals-last-in-line/>

- Teaching health centers THC funding through HRSA:
  - THC GME funding, unlike most graduate medical and dental education programs, supports training in community-based care settings rather than inpatient care settings in hospitals. The training opportunities created for these residents expand and improve the distribution of the nation's primary care workforce in economically disadvantaged areas. Over half of THC GME program training sites are in designated Medically Underserved Communities
  - HRSA awarded approximately \$8 million to support the training of the nearly 800 current THCGME residents. Each THC awardee will receive an additional \$10,000 per resident, bringing the total support to \$160,000 per resident. These funds support the direct and indirect resident training costs, which may include salaries and stipends, supplies, and curriculum developments.
  - <https://www.hrsa.gov/about/news/press-releases/hrsa-efforts-strengthen-expand-community-based-residency-programs>
  
- To attain a more equitable arrangement, benchmarking methods can be employed:
  - Hospitals can be tiered using a physician-to-patient ratio (hospitals with the greatest average number of patients under a physician's management would be at the top of the list).
  - Another approach is to use a private vs. public insurance/assistance ratio (hospitals in which more patients' bills are paid with Medicare and Medicaid than with private insurance would be at the top of the list).
  - Monetary incentives could also be built into the designation of the new residency slots that would support young doctors who wish to begin their careers in low-income, underserved, and tribal regions, with tax-free grants being awarded to offset their sizable medical school debt. In addition, they could be provided with stipends to help them pay their relocation, utility, and housing expenses.

**5. Diversity in Clinical Trials Bill --- a major need for medical students, residents and junior faculty as well as private practice physicians to consider for their careers.**

In the Diversity in Clinical Trials bill would like to add in Non-Profits to develop programs of education and recruitment of Hispanic health workforce to clinical trials.

The National Hispanic Health Foundation (NHHF) has developed partnerships for Clinical Trial Diversity with database of researchers to speak at conferences targeted at medical students, residents and physicians and others interested in healthcare research as well as to mentor our Scholarship medical students interested in research. We support policies to advance Hispanic participation in NIH opportunities for research careers.

Please contact [nhhf@nhmafoundation.org](mailto:nhhf@nhmafoundation.org) for more information.