National Rural Health Association Position Paper

Ensuring a Strong Rural Health Workforce

Health care workforce shortages continue to plague rural communities. To properly address the workforce challenges in rural communities, policy solutions must rebuild the workforce utilizing three pathways: 1) increase the number of health professionals in rural communities; 2) foster flexibility in the rural health workforce; 3) support rural health workers in practice.

Policy Solutions

Support policies that increase the number of health professionals in rural communities.

- Support policies that increase and strengthen rural training experiences for medical students.
- Support policies that strengthen GME training in rural areas and grant greater flexibility in GME training site locations, reimbursement, and rotation regulations.
- Support visa programs designed to increase distribution of medical professionals into rural and underserved communities, while gearing up effective programs to produce local physicians.
- Support the National Health Service Corps, Nurse Corps Loan Repayment Program, and other appropriation programs that allow medical professionals to have loan forgiveness in exchange for service in rural and underserved communities.

Support policies that support rural health workers practicing in rural communities.

- Support policies that enhance rural payments to individual providers and institutions for clinical services.
- Support policies that support rural health workers in practice and value health workers' personal, professional, and family needs. These policies may include maintaining and increasing existing retention initiatives, but also must include policies that attend to the psychological and social needs of rural health workers and their families.

Support policies that foster flexibility in the rural health workforce.

- Maintain current telehealth flexibilities beyond the duration of the public health emergency.
- Include funding for demonstration research involving rural communities in showing how to prepare and sustain culturally effective workforces in areas where health care is persistently inadequate.
- Increase the flexibility of the rural health workforce to meet rural needs in creative and innovative ways. Support policies related to team-based and interprofessional practice, alternative educational pathways, and lateral transfer of health practice skills.

Recommended Action

- Support S.1893 Rural Physician Workforce Production Act to reform Graduate Medical Education funding in rural areas.
- Support S.54 Strengthening America's Health Care Readiness Act to provide supplemental student loan repayment to NHSC participants.
- Support H.R.3541/S.1810 Conrad State 30 and Physician Access Reauthorization Act to allow additional hospitals to qualify as CAHs.
- Support H.R.2130/S.924 Rural America Health Corps Act to establish a student loan payment demonstration for eligible providers working in rural HPSAs.
- Support H.R.5875 Rural Health Training Act of 2021 to increase retention of the rural health care workforce.
- Support H.R. 6397 Medical Student Education Authorization Act to authorize the Medical Student Education Program for five years.

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Overview

Before the COVID-19 pandemic began in March 2020, reports indicated that 2.3 million new healthcare workers would be needed by 2025 to handle the health care demand, particularly in rural areas.[i] Throughout the pandemic, hospitalization surges have resulted in health care worker deployment to areas of concentrated need. Overworked in their rural positions, coupled with high remuneration, bonuses, and recruitment incentives from other potential employers, have influenced many health professionals to leave rural positions in favor of travel, locum tenens, or permanent jobs, or early retirement. Most rural health systems do not have the resources to match incentives provided elsewhere. Pandemic-imposed workforce challenges have only intensified already existing shortages.

Sufficient access to health care services and professionals in rural communities helps prevent and treat illnesses, increase quality of life and life expectancy, and lower the risk of premature death.[ii] Studies show that increased primary care density is associated with reduced mortality for many causes of death and longer life expectancy. However, rural areas have experienced a great decline in primary care density over time.[iii] These challenges exist not only because of the lack of providers entering the workforce in rural areas, but also the rapid aging and retirement of the rural health workforce and exiting to more sustainable practice locations. To grow and replace the aging rural and exiting workforce, and to produce providers for rural communities underrepresented by doctors, it is critical that policymakers pass policies that support expansion of rural health care professionals training.

A critical component of that training needs to include rural-oriented instruction both in the classroom and in rural settings. A barrier to this is the cost associated with health professional training. For example, Medicare's Graduate Medical Education (GME) program is the premier federal training program for physicians. However, current statutory provisions place limitations on rural providers' ability to participate in GME-sponsored training.

Programs like the National Health Service Corps (NHSC) and Nurse Corps Loan Repayment Program (NCLRP) help address the maldistribution of providers by offering individuals loan repayment opportunities. The NHSC and NCLRP provide opportunity for a wide range of health care providers, such as physicians, nurse practitioners, physician assistants, dentists, and social workers to have their loans repaid in exchange for a commitment to practicing in an eligible underserved area for two years.[iv] These opportunities have proven effective, but there are too few of them and too few health care providers seeking them.

Many rural communities are reliant on federal visa programs to increase the health care workforce. For example, the Conrad 30 waiver program allows each state health department to request J-1 visa waivers for as many as 30 foreign physicians annually in exchange for practice in health professional shortage areas or medically underserved areas. [v] As many as 1,000 physicians annually are recruited to practice in underserved areas through this program alone. Programs like the Conrad 30 waiver program allow trained professionals to immediately make an impact in rural and underserved communities.

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[i] https://healthcareinamerica.us/how-the-healthcare-staff-shortage-affects-rural-america-f1777eb29f96

[ii] Healthy People 2020, Office of Disease Prevention and Health Promotion. Access to Health Services. Accessed October 29, 2021. https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services

[iii] 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/gfvnsz

[iv] About Us | NHSC. Published December 17, 2020. Accessed September 9, 2021. https://nhsc.hrsa.gov/about-us

[v] Rural J-1 Visa Waiver Overview. Rural Health Information Hub. Accessed September 9, 2021. https://www.ruralhealthinfo.org/topics/j-1-visa-waiver