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CONGRESSIONAL TESTIMONY

"A Dire Shortage and Getting Worse: Solving the Crisis in the Health Care Workforce"

Testimony before
Committee on Health, Education, Labor and Pensions (HELP)
Subcommittee on Primary Health and Retirement Security

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My name is Dr Leon McDougle. I am the 121st President of the National Medical Association, Professor of Family Medicine and Chief Diversity Officer for the Ohio State University Wexner Medical Center. The views I express in this testimony are my own and should not be construed as representing any official positon of the National Medical Association or the Ohio State University.

I want to thank the Chair, Senator Bernie Sanders, and Ranking Member, Senator Susan Collins, and other members of the Subcommittee for the opportunity to discuss the health care workforce crisis facing U.S. communities.

The COVID-19 pandemic has served as a stress test for communities made vulnerable by racism, bias, geography, disability, and socioeconomics. Improving social determinants of health, primary care access and workforce diversity are central to any solutions that enable communities to overcome a failed stress test and barriers to health equity.

1. **Primary care cost savings and improved health disparities and outcomes:**

A) Primary care physicians take a person-focused, as opposed to disease-focused approach to health care.[1] Communities with higher ratios of primary care physicians have much lower total health care costs, partly because of better preventive care and lower hospitalization rates.[2]

B) Rural and urban populations with higher ratios of primary care physicians (defined as family physicians, general internists, and general pediatricians) have better health outcomes, including lower rates of mortality for all causes, heart disease, cancer, stroke, infant mortality, low birth weight, and poor self-reported health.[2]

C) The supply of primary care physicians also improves disparities in health outcomes related to income inequality. In addition, after controlling for income inequality and socioeconomic characteristics (metropolitan area, education level, and percent unemployed) a higher supply of primary care physicians is associated with a four times greater lowering of total mortality among African Americans as compared to the white majority population.[2]

D) In regard to specialty selection, 45% of Black physicians, 43% of Hispanic/Latino physicians, 46% of American Indian physicians, and 41% of Asian physicians were practicing primary care as compared to 35% of White physicians.[3]

E) In regard to health care access, nearly 50% of Black, Hispanic/Latino, and American Indian physicians were practicing in primary care Health Professional

Shortage Areas or Medically Underserved Areas as compared to 33% of Asian physicians and 38% of White physicians.[4]

F) Ranked number 1, 2 and 3, Morehouse School of Medicine, Meharry Medical College and Howard University College of Medicine, have the highest social mission scores for medical schools.[5] The combined composite taking into account the percentage of graduates who practice primary care, work in Health Professional Shortage Areas, and who are underrepresented in medicine, form the social mission score.[5]

2. Proposed remedies for primary care crisis:

A) Increase access to primary care, mental health and dental services by establishing more Federally Qualified Health Centers in rural and urban health professional shortage areas and medically underserved areas and populations.

B) Fund additional Graduate Medical Education (GME) residency positions to support training of primary care residents/fellows who agree to a service obligation in a Health Professional Shortage Areas or Medically Underserved Areas or Populations after completion of residency/fellowship training.

Priority should be given to funding more primary care GME positions for hospitals within rural and urban health professional shortage areas or medically underserved areas and populations.

Priority should also be given to funding more primary care GME positions for hospitals affiliated with medical schools with higher social mission scores.

Require all persons involved with GME selection of residents and fellows, along with medical school admissions committee members and application screeners to undergo implicit bias awareness and mitigation training and adopt holistic review best practices.

C) Support HRSA programs such as the Health Career Opportunity Program and Center of Excellence grants and Scholarships for Disadvantaged Students to ensure sustainability and growth of a diverse health care work force.

D) Incentivize universities and medical schools to partner with under-resourced urban and rural school systems to establish K-12 health sciences academies to increase the number students from disadvantaged backgrounds, (e.g. homeless, in foster care, or qualify for a free or reduced-priced lunch in elementary or high school, whose parents never graduated from college, persons with a disability) entering physician, biomedical science, and other health professions careers.

E) Involve residents of HPSA and MUA/P neighborhoods in decisions about those who best provide needed resources or attributes in their communities when determining recipients of National Health Service Corps Scholarships.

F) Expand the number of National Health Service Corps Scholarships and provide additional incentives for physicians to remain in the community once their obligated service time has expired.

G) Expand National Health Service Corps loan repayment availability as an additional incentive for physicians to remain in the community once their obligated service time has expired.

H) Establish HRSA funding to support the Association of American Medical Colleges (AAMC) and National Medical Association (NMA) Action Collaborative for Black Men in Medicine. A recent study of the historical trends of African American physicians from 1900 to 2018, revealed that the percentage of physicians who were African American has increased by only 4% in 120 years, from 1.3% in 1900, 2.8% in 1940 to 5.4% in 2018.[6]

   In addition, **the percentage of African American men who were physicians has remained about 2.6% for the past 80 years.**[6] https://www.aamc.org/what-we-do/diversity-inclusion/action-collaborative-black-men-medicine

I) Support THE ANTI-RACISM IN PUBLIC HEALTH ACT OF 2021

   ➢ Create a "National Center for Anti-Racism" at the Centers for Disease Control and Prevention (CDC).

   ➢ Create a Law Enforcement Violence Prevention Program within the National Center for Injury Prevention and Control at the CDC.

In closing, thank you for providing me the opportunity to offer my thoughts and suggestions to improve the health care crisis in this country so that all of our communities can benefit from accessible and empathetic health care. The National Medical Association stands ready to assist you in any way that we can to achieve this goal.

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