The COVID-19 pandemic only worsened the existing provider shortage and increased worker burnout, exhaustion, and trauma. To address the provider shortage during the pandemic:

- The federal government allocated $178 billion to the COVID-19 Provider Relief Fund (PRF) to support hospitals and health care providers and compensate them for financial losses and unanticipated costs due to the coronavirus.
- The American Rescue Plan Act (ARPA) allocated $8.5 billion in ARP Rural payments to health care providers that serve rural Medicaid, Children’s Health Insurance Program (CHIP), or Medicare patients.
- Forty-nine states and D.C. substantially waived or relaxed licensing regulations.
- The Centers for Medicare & Medicaid Services and many states relaxed or waived regulations defining scope of practice for health professionals.

### Impact

- The PRF helped health organizations facing workforce shortages and staff burnout to support recruitment and retention efforts.
- Over $40 billion in ARPA funds have been committed to strengthening and expanding the workforce.
- Although there is no evidence of what effect emergency policies like licensure reciprocity has on health workforce supply and access to care, New Jersey’s Temporary Emergency Reciprocity Licensure Program increased the state’s health care workforce supply during the pandemic and likely expanded care for underserved populations.
- Expanded state nurse practitioner practice regulations are associated with greater provider supply and improved access to care among rural and underserved populations without decreasing care quality.

### Implications of the Provider Shortage

- Thirty-seven states are predicted to have a shortage of primary care physicians by 2025 and a national shortage of more than 300,000 registered nurses by 2030, which have only been exacerbated by the pandemic.
- People will experience longer wait times for patient visits, longer waits for appointments, and the need to travel farther to see a provider as a result of provider shortages.
- Physician shortages are concentrated in low-income and rural areas, whereas primary care nurse practitioner supply is well-distributed and growing in low-income and rural areas.
- Rising provider burnout may lead health care providers serving low-income populations to migrate to lower stress retail work settings and digital health companies, exacerbating provider shortages for low-income populations.
- Removing restrictive nurse practitioner scope-of-practice regulations can increase access to care for racial and minority populations.
**Federal Initiatives**

- The **Consolidated Appropriations Act of 2021** (signed December 27, 2021) included 1,000 new Medicare-supported graduate medical education (GME) positions, the first increase in the program in nearly 25 years.
- The **Physician Shortage Reduction Act of 2021** (introduced) would have added 14,000 residency slots over seven years.
- The **Opioid Workforce Act of 2021 and the Substance Use Disorder Workforce Act of 2021** (introduced) would have added 1,000 residency slots over four years.
- The Health Resources and Services Administration, Department of Health and Human Services, and Indian Health Service sponsor different loan repayment and/or forgiveness programs for health care providers working in rural, tribal, and underserved areas.

**State Initiatives**

- Many states have loan repayment or forgiveness programs for health care providers.
- Thirty-seven states, D.C., and Guam have joined the physician’s Interstate Medical Licensure Compact.
- Thirty-seven states, Guam, and Virgin Islands have enacted the Nurse Licensure Compact.
- Multiple states have passed legislation expanding scope of practice for advanced practitioners.
- Arizona: The state is the first to pass a bill that recognizes out-of-state occupational licenses across the board.

**Recommendations**

**Federal Policy Recommendations**

**IMMEDIATE OPPORTUNITIES**

- Pass legislation to expand and support the mental health workforce as outlined in the Senate Finance Committee’s discussion draft legislation, including:
  - The **Training Psychiatrists for the Future Act**, which would add 400 psychiatric residency slots per year.
  - The **More Behavioral Health Providers Act**, which would expand Medicare’s Health Professional Shortage Area bonus program to attract mental health providers to shortage areas.
  - The **Protect Our Physicians Act** to increase access to mental health programs for physicians.

**LONGER-TERM SOLUTIONS**

- Increase GME funding and residency slots.
- Expand the availability, eligibility, and funding for loan repayment and forgiveness programs so providers intending to pursue primary care are able to do so since medical school debt led medical students to switch to higher-paying specialties.
- Invest in mental health to address provider burnout.

**State Policy Recommendations**

**IMMEDIATE OPPORTUNITIES**

- Align permanent licensure policies with COVID-era licensure policies (e.g., interstate licensure compacts, etc.).
- Explore opportunities to build on scope of practices flexibilities allowed during the pandemic that prioritize patients.
- Adopt virtual care flexibilities to address geographic imbalances in provider supply and availability.

**LONGER-TERM SOLUTIONS**

- Adopt loan forgiveness programs for health care workers.
- Invest in mental health to address provider burnout.

**Difficult finding doctors, health care providers.**

- Focus group participant, South Carolina on "What comes to mind when you hear the term health care?"

**According to the American Medical Association’s 2021 Telehealth Survey Report, 52% of physicians reported that telehealth has improved the satisfaction of their work.**

**UNITED STATES OF CARE**

United States of Care (USofCare) is a non-partisan non-profit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. By putting the needs of people at the forefront of our research and policy solutions, we can create a health care system that works for people.

This one-pager is part of USofCare’s playbook, “The End of the COVID-19 Public Health Emergency: Lessons Learned from the Pandemic and Implications for People.”

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