

April 9, 2021

Submitted electronically

Senator Patty Murray, Chair
U.S. Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington DC, 20510

Senator Richard Burr, Ranking Member
U.S. Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington DC, 20510

Re: Proposals to Support, Update, and Expand Workforce Training Programs

Dear Chair Murray and Ranking Member Burr,

We, the undersigned organizations, thank the Senate Health, Education, Labor and Pensions (HELP) Committee for seeking input on workforce policies related to the COVID-19 pandemic. The Allied Health professions will play a crucial role in the nation's recovery effort, and we encourage you to include language in any future bipartisan workforce package to create a workforce program administered by the Health Resources and Services Administration (HRSA) to help promote diversity in the professions of audiology, physical therapy, occupational therapy, respiratory therapy, and speech-language pathology.

As Congress works to prepare our nation for the post-pandemic recovery, we must anticipate what is required for a thriving and diverse health workforce to address the long term affects of the virus. The Centers for Disease Control and Prevention notes an increased "risk for severe COVID-19 illnesses and death for many people in racial and ethnic minority groups."ⁱ The future health workforce must evolve to mirror the makeup of the population. The Institute of Medicine raised concerns about the diversity of the health care workforce in their 2004 study: *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*.ⁱⁱ Racial and ethnic minorities receive a lower quality of healthcare than non-minorities.ⁱⁱⁱ Overall, increasing diversity will lead to improved access to care, greater patient choice and satisfaction, and better education experience for health professions students, among many other benefits.^{iv} In particular, a diverse health care workforce can help to both address preexisting health disparities among the population, as well as those disparities exacerbated by the COVID-19 pandemic.

In addition to the reasons stated above, a more diverse healthcare workforce is important because:

- Patients who receive care from members of their own racial and ethnic background tend to have better outcomes,^v and
- Health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved areas.^{vi}
- Minority groups disproportionately live in areas with provider shortages.^{vii}

We appreciate the support of HELP Committee members Senators Casey and Murkowski, who have been strong champions for diversifying the Allied Health professions since early in the last Congress. We urge you to build on their efforts to create this new program to include the professions of audiology, physical therapy, occupational therapy, respiratory therapy, and speech-language pathology.

Solving the diversity gap in our nation’s health systems will need a multistep approach. One of these steps would be to create a workforce development program for rehabilitation therapy providers. The potential program under HRSA would be modeled after the Title VIII Nursing Workforce Diversity program that has successfully increased the percentage of racial and ethnic minorities pursuing careers in nursing. This new program would help strengthen and expand the comprehensive use of evidence-based strategies shown to increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds for the professions of audiology, physical therapy, occupational therapy, respiratory therapy, and speech-language pathology.

Thank you for the opportunity to provide input on how to support, update, and expand workforce training programs. We stand ready to provide any additional information you need, as well as collaborating on any efforts in this area. Please contact Abe Saffer at asaffer@aota.org or 202-450-8068 if you have questions or need additional information.

Sincerely,

American Academy of Audiology
American Association for Respiratory Care
American Occupational Therapy Association
American Physical Therapy Association
American Speech-Language-Hearing Association

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ⁱ Centers for Disease Control and Prevention. COVID Data Tracker Weekly Review, Interpretive Summary for April 2, 2021. Accessed April 4, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

ⁱⁱ Institute of Medicine. (2004). In the nation’s compelling interest: Ensuring diversity in the health care workforce. Washington, DC: National Academy Press

ⁱⁱⁱ Institute of Medicine. (2003). Unequal treatment: Confronting racial and ethnic disparities in health care. Washington, DC: National Academy Press.

^{iv} Institute of Medicine. (2004). In the nation’s compelling interest: Ensuring diversity in the health care workforce. Washington, DC: National Academy Press.

^v Institute of Medicine. (2004). In the nation’s compelling interest: Ensuring diversity in the health care workforce. Washington, DC: National Academy Press.

^{vi} Cooper-Patrick, L., Gallo, J. J., Gonzales, J. J., Vu, H. T., Powe, N. R., Nelson, C., & Ford, D. E. (1999). Race, gender, and partnership in the patient-physician relationship. *JAMA*, 282, 583–589.

^{vii} Reyes-Akinbileje, B. (2008, February 7). Title VII health professions education and training: Issues in reauthorization. Washington, DC: U.S. Congressional Research Service.