



## Can the US health-care workforce keep pace with demand?

A physician and nurse shortage hinders access to care but efforts to educate, recruit, and retain more providers may be threatened. Susan Jaffe reports from Washington, DC.

For more on **maternity care deserts** see <https://www.marchofdimes.org/peristats/reports/united-states/maternity-care-deserts>

For more on the **shortage of health-care providers** see <https://aspe.hhs.gov/sites/default/files/documents/82c3ee75ef9c2a49fa6304b3812a4855/aspe-workforce.pdf>

More Americans younger than 65 years have health insurance than at any other time in US history, pushing the uninsured rate down to about 8%—a result largely attributed to the 2010 Affordable Care Act. The federal Medicare programme provides health coverage to nearly all older Americans. But a shortage of health-care providers means even people who can afford to go to the doctor might not be able to find one.

President Joe Biden's efforts to grow the post-pandemic health-care workforce will likely be reversed by President-elect Donald Trump, who has pledged to shrink government spending and regulations. When asked about the shortage, Brian Hughes, a Trump-Vance Transition Team spokesperson, said in a written statement that "President Trump will slash wasteful spending in our broken healthcare system that cripples our nation's budget, return healthcare to the Gold Standard, ensure Americans have better access to healthcare, and Make our Healthcare Great Again!" Hughes did not provide details on improving access to providers.

The Association of American Medical Colleges estimates that the supply of physicians will fall short by as much as 86 000 by 2036. "But the reality of it is that today, in rural areas, underserved areas, inner cities and particularly where indigenous persons live, there's already a shortage", said Bruce Scott, President of the American Medical Association and a physician who treats ear, nose, and throat conditions in Louisville, Kentucky. "It's estimated that as many as 83 million Americans right now live in areas without sufficient access to a primary care physician and as many as 80% of rural counties don't have access to specialists", he said.

Similar shortages have been reported among nurses, licensed practical nurses, and certified nursing assistants particularly in long-term care settings. About 65 000 qualified applicants were turned away from nursing schools last year, according to the American Association of Colleges of Nursing.

In some parts of the country, the number of maternity care providers has dwindled to none. A March of Dimes report issued earlier this year found that 1104 counties—or 35%—in the USA are "maternity care deserts" because they have no birthing facilities or obstetric clinicians. Many of these areas are in states that restrict or ban abortion, and providers who violate these laws can lose their medical licence or be criminally charged, fined, or imprisoned.

These restrictions, allowed after the Supreme Court eliminated the federal right to abortion in 2022, have forced some abortion and reproductive health clinics to close and prompted obstetrician-gynaecologists to move their practices to more friendly states. In states with abortion restrictions, the March of Dimes report also found "notable decreases in applications for obstetric residencies, partly due to the inability to provide training in abortion care, highlighting the impact of these restrictions on medical education and the future obstetric workforce".

The general physician shortage has multiple causes. Scott said physicians are being paid less while they provide more services and take more time dealing with "administrative hassles", including arguing with insurance companies that increasingly require authorisation before some procedures. The American Medical Association has found that the

federal Medicare programme pay rate has dropped 29% since 2001 when adjusted for inflation yet the government is currently proposing a 2.8% pay cut. Private insurers base their payment on a percentage of Medicare's payment, as does Medicaid, which covers low-income families.

"When Medicare [payment] goes down, Medicaid goes down and private insurance goes down", Scott continued. In response, some physicians are not accepting new Medicare patients, are dropping out of the Medicare programme or, "in some worst-case scenarios, they're closing their practices".

One insurance company recently offered to pay his six-physician group 80% of what Medicare pays. "If we say no to the contract, we leave so many of our patients without care and if we say yes to the contract, we have to figure out financially, how are we going to make that work."

Primary care practices are the backbone of the health-care system, said Yalda Jabbarpour, Director of the American Academy of Family Physicians' Robert Graham Center for Policy Studies in Washington, DC, and Assistant Professor of family medicine at Georgetown University. But she said these practices "are under resourced and overworked and that leads to attrition".

Part of the problem begins in medical school when most clinical training occurs in the hospital setting, said Jabbarpour. This is because funding from the federal Centers for Medicare and Medicaid Services' Graduate Medical Education programme pays for most clinical training and that money—\$16.2 billion in 2020—goes primarily to large hospital systems, not outpatient clinics. As a result, doctors tend to

choose a familiar “hospital-dominant specialty as opposed to an outpatient office-based specialty”, she said.

Many medical school graduates also have large education loans to repay and financial pressure incentivises them to reject primary care in favour of more lucrative specialties, which Jabbarpour said can pay double or triple what a primary care physician makes. The average medical school debt in 2023 was \$202 453, according to the American Medical Association. “But no one should have those loans”, she said. “Whether you’re a cardiologist or a primary care physician, you’re providing a social good for people. Should we really be charging people to go to medical school to do that?”

The federally funded National Health Service Corps and the Nurse Corps offers scholarships or loan repayment programmes to medical, dental, and behavioural health providers who agree to work in communities with shortages of health-care providers.

The Affordable Care Act increased funding for the programme by \$1.5 billion, but Jabbarpour said that is not enough to accommodate every provider who wants to participate. The law also raised funding for the government’s Graduate Medical Education training positions. President Biden proposed additional money for both programmes as well as new funding to train 8200 more advanced practice nurses.

The shortage of registered nurses has persisted for two decades, said Jean Giddens, Dean of the University of Kansas School of Nursing and Chair of the Board of Directors for the American Association of Colleges of Nursing. It can vary by region and by the type of nurses, and “one of the greatest needs is in long-term care”, she said.

The problem begins with nursing schools: last year they turned away 65 766 qualified applications nationwide due to a lack of faculty,

classroom space, clinical placement sites, or funding, according to the Association’s survey of 975 schools. Graduate programmes that train nurse educators turned away almost 10 000 qualified applications. Giddens said additional federal funding for nursing education is essential to expand the nursing workforce.

Yet some experts claim the problem is not a shortage of nurses but keeping them in the workforce. “It’s not a question of supply”, said Karen Lasater, Associate Professor of Nursing at the University of Pennsylvania’s nursing school, Penn Nursing, and Associate Director of its Center for Health Outcomes and Policy Research. “It’s a question of, do they want to work in the workforce under the conditions that are being offered?” Her research has shown that hospitals are chronically understaffed, resulting in nurses caring for too many patients. Burnout and insufficient staffing were the primary reasons they left their health-care employer, she said.

“It’s not just that staffing is often very poor in hospitals and nurses don’t want to work there”, she said. “The work environment, in total, is also problematic, really hierarchical and bureaucratic...where nurses don’t feel like they have a voice in what happens on the front lines of care”.

Lasater and her colleagues simulated conditions where acute care hospitals had higher levels of staffing “and we consistently find cost savings from reduced lengths of stay because you have more nurses providing care more efficiently and with fewer errors”.

The US has no federal minimum nurse staffing requirements for hospitals, although a few states, such as California and Oregon, have implemented such rules. Both require adult medical surgical units to have one nurse for every five patients, 24 h per day, every day. Additional minimums are set for other departments.



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Although the American Hospital Association declined to comment for this article, the group has opposed nurse staffing requirements for the nation’s 15 000 nursing homes. Starting in 2026, the Centers for Medicare and Medicaid Services will require that each resident receives at least 0.55 h of care daily from a registered nurse and 2.45 h from aides.

American Hospital Association Executive Vice President Stacey Hughes said in a statement in April that the new rules “could jeopardize access to all types of care across the continuum, especially in rural and underserved communities that may not have the workforce levels to support these requirements”. Nurse aides spend the most time caring for residents but are in short supply due to low pay, burnout, and restrictive immigration policies, among other reasons, according to David Grabowski, Professor of Health Care Policy at Harvard Medical School.

The nursing home industry, as well as members of Congress, filed lawsuits to block the staffing mandate. A spokesperson for President-elect Trump declined to answer questions about it. Grabowski expects the Trump administration to scrap the staffing rules. “I just can’t imagine they’re going to go forward with this policy”, he said.

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