

The Health Care Workforce Expansion Act

Fact Sheet

In America today, despite spending twice as much per person on health care as virtually every major country on earth, we don't have nearly enough doctors, nurses, dentists and other health care workers that our country desperately needs. This is especially true in rural and urban underserved communities.

This is a crisis that Congress can no longer ignore.

According to the Health Resources and Services Administration (HRSA), our country faces a shortage of [more than 187,000 doctors](#) over the next 12 years, including a shortage of tens of thousands of primary care physicians.

We also face a shortage of well [over 200,000](#) nurses by 2037. Much of this has to do with the fact that we do not have enough nurse faculty – jobs that pay much less than an experienced nurse makes at the bedside. It also has to do with the fact that nurses face extreme levels of burnout and unsafe working conditions.

There is also a dental crisis in America. HRSA estimates that [over 60 million](#) people live in a dental care desert and we face a massive shortage of dentists.

These shortages exist at a time when the average doctor is graduating from medical school with well [over \\$200,000](#) in debt and the average dentist has [over \\$300,000](#) in debt. In fact, is not uncommon for doctors and dentists to graduate with \$400,000 or \$500,000 in debt – which makes it virtually impossible financially for these medical professionals to set up practices in our rural and urban underserved communities.

Not only does a lack of medical professionals lead to increased human suffering and unnecessary death, it is also incredibly wasteful. If people cannot get the primary care they need they may end up in an emergency room – the most expensive form of health care in America.

This is a public health emergency that Congress must act with urgency to solve.

And that is precisely what the Health Care Workforce Expansion Act would do.

This legislation would take the following steps to address the massive shortage of doctors, nurses, and dentists in America.

First, this bill would make tuition free for medical students who commit to becoming primary care physicians. Specifically, this legislation would provide grants to students to fully cover their tuition and fees to attend an accredited, non-profit medical school if they commit to practicing primary care for at least ten years after their training is completed.

Second, this bill would make tuition free for nursing school. It would do this by providing grants to students to fully cover their tuition and fees to attend an accredited, non-profit nursing school.

Third, it would make tuition free for dental students who commit to becoming general dentists in a rural area. It would do this by providing grants to students to fully cover their tuition and fees to attend an accredited, non-profit dental school if they commit to practicing in a rural community for at least ten years after their training is completed.

Fourth, it would provide the funding medical, nursing, and dental schools need to significantly increase their enrollment. It would do this by creating a grant program for these schools to renovate and build new classroom and clinical spaces, purchase equipment, hire and retain faculty (including raising faculty wages), and cover the cost of clinical placements and preceptors.

Specifically, this legislation would:

- Create a \$2.8 billion expansion fund for medical schools to increase their enrollment by at least 50 percent by 2027 and an additional 50 percent by 2030. This would bring enrollment from an estimated 35,000 students per year to 78,750 students per year.
- Establish a \$1.98 billion expansion fund for schools of nursing to increase their enrollment by at least 30 percent by 2027 and an additional 30 percent by 2030. This would bring enrollment from an estimated 67,000 students per year to 113,230 students per year.
- Set up a \$615 million expansion fund for dental schools to increase their enrollment by at least 20 percent by 2027 and an additional 20 percent by 2030. This would bring enrollment from an estimated 7,000 students per year to 10,080 students per year.

Fifth, this bill would substantially increase the number of residency positions for doctors. Under current law, there is an arbitrary cap on Medicare-supported residency slots that is contributing to the massive shortage of primary care doctors in America. This bill would address that problem by:

- Adding over 50,000 slots for the Medicare GME (Graduate Medical Education) program, with 30 percent of these slots reserved for primary care residencies and 15 percent reserved for psychiatry residencies; and
- Adding over 15,000 primary care residency slots at community health centers and other community-based training sites by investing \$30 billion in the Teaching Health Center Graduate Medical Education Program.

Finally, this legislation would give current doctors, dentist and nurses a \$20,000 relocation grant if they agree to establish a practice or take a job in a rural area to address the

immediate health care workforce shortage. This is not a radical idea. Rural relocation grants for health care professionals already exist in countries like Australia and Canada.

In total, this bill would cost approximately \$276 billion over 10 years or about \$27.6 billion a year.

If we can afford to provide \$1 trillion in tax breaks to the top 1 percent and over \$900 billion in tax breaks to large corporations over the next ten years, if we can afford to provide the bloated Pentagon with over \$1 trillion this year alone, we certainly can afford to spend \$276 billion to make sure we have enough primary care doctors, nurses and dentists in America.