



Statement by

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**Health Resources and Services Administration
U.S. Department of Health and Human Services**

**“LEGISLATIVE PROPOSALS TO MAINTAIN AND IMPROVE THE
PUBLIC HEALTH WORKFORCE, RURAL HEALTH, AND OVER-THE-
COUNTER MEDICINES”**

**Before the House Energy and Commerce Committee
Health Subcommittee
U.S. House of Representatives**

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Chairman Griffith, Ranking Member DeGette, and Members of the Subcommittee,

Thank you for the opportunity to testify on behalf of the Health Resources and Services Administration (HRSA), an agency within the U.S. Department of Health and Human Services (Department). I am honored to speak about the importance of HRSA's workforce programs. HRSA serves as the primary federal agency for improving health care access and improving the health of Americans, particularly those in underserved areas, by growing and strengthening the health workforce and connecting skilled providers to communities in need.

Thank you to this Committee for your continued bipartisan leadership and commitment to these programs. Your efforts have led to significant gains in expanding access to health care services, particularly in communities that have struggled for far too long to recruit and retain health care providers and improve access to care.

Projected Health Workforce Shortages

The nation's health care system is constantly changing — and preparing new providers to enter the workforce requires long lead times — thus, it is critical to have high quality, research-based evidence to support planning to ensure a workforce of sufficient size and skills capable of meeting the nation's health care needs. Policy makers and other decision makers need information on the health care and health support workforce that incorporates up-to-date research, data, modeling, and trends.

HRSA's National Center for Health Workforce Analysis (NCHWA) is the primary federal entity that collects, analyzes, and reports on data and information regarding the U.S. health workforce; and evaluates the effectiveness of the health workforce investment programs. According to the

most recent NCHWA data, our country will have a shortage of over 87,150 primary care physicians by 2037. And these shortages are not evenly distributed; they are especially acute in non-metro, or rural, areas. To address these shortages, HRSA programs aim to provide effective health services to people who are underserved, by addressing access to quality care, supporting, and growing a skilled and sufficient health workforce, and investing in innovative programs.

Today, I'm going to focus on a few of our key workforce programs that are in place to counter these shortages and their potential impacts. The National Health Service Corps and the Teaching Health Center Graduate Medical Education Program are crucial to growing the health workforce, especially in underserved areas. Certain appropriations authorizations for the NHSC and appropriations for THCGME expire at the end of this fiscal year, and we look forward to working with the Committee to continue this work. I'll also discuss the Nurse Corps, the Substance Use Disorder Treatment and Recovery Loan Repayment Program, and the Pediatric Specialty Loan Repayment Program. These critical initiatives play a foundational role in addressing health workforce shortages and improving access to and quality of care.

National Health Service Corps

For more than 50 years, the National Health Service Corps (NHSC) has worked to increase access to care by supporting health care providers dedicated to working in underserved urban, rural and tribal areas by providing scholarships and loan repayment to medical, dental and behavioral health providers in return for service in these high need communities. NHSC participants can serve at more than 22,600 eligible sites and provide care to more than 18 million patients regardless of their ability to pay.

The NHSC operates five programs and administers one state grant program to place clinicians at NHSC-approved sites in underserved communities. The NHSC Scholarship Program provides financial support through scholarships that cover tuition, other reasonable education expenses, and a monthly living stipend to eligible health professions students committed to providing primary care in underserved communities with the greatest need.

The NHSC Loan Repayment Programs (LRP) offer eligible fully-trained primary care clinicians and certain health professions students the opportunity to receive assistance to pay off qualifying educational loans in exchange for service at an NHSC-approved site. The State LRP provides cost-sharing grants to states and territories. States use these funds to develop and operate their own loan repayment programs and meet their own unique primary care shortage needs.

In line with the Administration's goal to address the chronic disease epidemic, the NHSC also provides opportunities to specifically increase and strengthen the mental health and substance use workforce services, while increasing flexibilities for states to meet their defined needs. For example, the NHSC Substance Use Disorder Workforce LRP expands and improves access to quality substance use disorder treatment in rural and underserved areas nationwide in a variety of settings, including Opioid Treatment Programs and Office-Based Opioid Treatment Facilities. Similarly, the NHSC Rural Community LRP supports providers working to combat the opioid epidemic in rural communities. The program has made loan repayment awards in coordination with the Federal Office of Rural Health Policy's Rural Communities Opioid Response Program

initiative to provide evidence-based substance use treatment, assist in recovery, and prevent overdose deaths across the nation.

Teaching Health Center Graduate Medical Education

In addressing shortages in the workforce, we recognize that the transition from medical school to residency is one of the most critical stages in a medical professional's career. The Teaching Health Center Graduate Medical Education Program (THCGME) helps communities grow their health workforce by funding physician and dentist training in community-based settings with a focus on rural and underserved communities. This unique model changes the physician training paradigm by providing the majority of a physician's and dentist's residency training in community-based outpatient settings where most people receive their health care.

In Academic Year 2023-2024, THCGME funded 81 teaching health centers. These teaching health centers supported 1,100 resident full-time equivalent slots, which provided funding to 1,228 medical and dental residents. Since the program's inception, over 2,500 new physicians and nearly 150 new dentists have entered the workforce. These residents have provided over 7.9 million hours of patient care in medically underserved and rural settings. After graduating, 65 percent of THCGME graduates practice in primary care settings — double the national average. Stable funding for THCGME is crucial to continue to grow these community-based programs.

Behavioral Health Workforce Development

The United States is facing a shortage of behavioral health providers — and our data shows that more than half of the U.S. population lives in a Health Professional Shortage Area for mental health. The Behavioral Health Workforce Development Programs support the training of behavioral health students and providers and seek to place them in rural and underserved communities across the United States. These programs expand the number of behavioral health professionals and paraprofessionals, improve quality of care through recruiting and training for interprofessional teams, and promote the integration of behavioral health into primary care settings to increase access to behavioral health services.

In Academic Year 2023–2024, the most recent year for which data are available, the Behavioral Health Workforce Development programs trained 11,493 behavioral health providers and produced 7,199 graduates, including professionals such as addiction medicine physicians, psychiatric nurse practitioners, psychologists, school counselors, and social workers. At the time of graduation, 59 percent of graduates with employment data were working in medically underserved communities or rural areas.

The Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program improves access to substance use disorder treatment by providing loan repayment to medical, nursing, and behavioral health clinicians and paraprofessionals in exchange for service in areas experiencing high rates of overdose deaths or mental health workforce shortages. The program was authorized by the SUPPORT for Patients and Communities Act in 2018, and as of September 30, 2024, STAR LRP was supporting a total of 1,006 health professionals providing behavioral health services in communities where the mean drug overdose death rate is

significantly higher than the national average or in communities designated as mental health workforce shortage areas.

Pediatric Specialty Loan Repayment

In FY 2023, we launched the Pediatric Specialty Loan Repayment Program to support the pediatric health care workforce and ensure communities have access to pediatric specialty care, including substance use disorder prevention and treatment services. The program provides loan repayment to a range of clinicians, such as child and adolescent behavioral health professionals, pediatric subspecialists, and physicians participating in an accredited pediatric medical subspecialty or pediatric surgical specialty residency or fellowship. Participants must be engaged in an accredited eligible residency or fellowship in or employed full-time at a site serving a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population. Investments in the pediatric subspecialty workforce are essential to addressing the serious challenges of chronic disease in children and ensuring young people can grow up healthy and thrive.

Nurse Corps Program

Nursing is the largest health care profession in the United States with 4.3 million actively licensed registered nurses, and nurses, particularly advanced practice nurses, are an essential and growing part of the primary care, mental health, and maternal health workforce. Despite this number, the U.S. faces a national shortage of nearly 210,000 full-time equivalent registered nurses by 2037, with geographic maldistribution being a continuing concern for the profession.

The Nurse Corps Program has strengthened the nursing workforce by providing scholarships to nursing students and loan repayment to registered nurses and nurse faculty. In return, participants commit to serving at Critical Shortage Facilities located in Health Professional Shortage Areas across the country or teach at eligible schools of nursing.

As of September 30, 2024, the Nurse Corps Program was supporting 2,425 nurses and nurse faculty working in Critical Shortage Facilities located in Health Professional Shortage Areas or in academic institutions. In FY 2024, the Nurse Corps Program made 188 new scholarship awards to nursing students and 377 new loan repayment awards to nurses and nurse faculty working in Critical Shortage Facilities and in academic institutions. Among these, 117 awards supported nurse practitioners and students specializing in psychiatric-mental health. Currently, more than three-quarters of the Nurse Corps providers were serving in community-based settings, and nearly 20 percent were serving in rural communities.

Conclusion

HRSA is deeply grateful for the Committee's bipartisan support and its long-standing commitment to growing and strengthening the health workforce. The timely reauthorization and continued investment in several of our vital programs make a real difference in improving access to quality health care providers for people across America. I look forward to working with Congress to support the health and well-being of individuals through these vital and innovative programs.