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STATEMENT
of the
Federation of American Hospitals
to the U.S. House of Representatives
Ways & Means Subcommittee on Health Hearing
"Advancing the Next Generation of America's Health Care Workforce"
February 24, 2026

The Federation of American Hospitals (FAH) submits the following statement for the record in advance of the U.S. House of Representatives Ways and Means Subcommittee on Health hearing entitled "Advancing the Next Generation of America's Health Care Workforce." As the national representative of over 1,000 leading tax-paying hospitals and health systems throughout the United States – accounting for approximately 20 percent of community hospitals nationally – FAH appreciates the opportunity to provide this statement as the Subcommittee focuses on strengthening the next generation of America's health care workforce and looks forward to working with Congress on the topics discussed below.

FAH Hospitals are Leading the Charge on Private Sector Workforce Solutions

Across the country, hospitals face extraordinary pressure to retain their current workforce while recruiting and training the next generation of health care professionals. Rural hospitals face particularly acute challenges in recruiting clinicians, sustaining training programs, and maintaining essential services that communities depend upon. While 20% of the U.S. population lives in rural areas, only 10% of physicians practice in these communities, exacerbating disparities in access and ultimately resulting in longer wait times, reduced service complexity, and limited available health care resources.[1] Multiple pressures are contributing to workforce instability, including shortages of trained professionals, rising turnover and burnout rates, escalating labor costs and declining reimbursement rates — all of which threaten the stability and sustainability of care delivery.

FAH member hospitals are leading the way in private sector solutions to address health care workforce challenges and have made substantial investments to recruit, train, and upskill employees. Investments in nursing education, such as HCA Healthcare's Galen College of Nursing, which now operates more than 20 campuses nationally, are making high-quality training and educational programs available to those seeking to enter the profession. Galen College of Nursing has enacted system-level investments to expand seat capacity, reduce financial barriers, and accelerate practice-ready graduates in regions facing persistent nursing shortages.

While hospitals are doing their part to invest in solutions, there is no silver bullet to solve the workforce shortage. FAH commends Congress for seeking bipartisan solutions and we look forward to working with lawmakers to enact legislation such as *The Healthcare Workforce Resilience Act* (HWRA) to recapture 40,000 unused visas for nurses and physicians.

Additionally, we urge Congress to expand the eligibility of federal loan repayment programs that currently exclude tax-paying hospitals (and therefore our workforce) to the detriment of our patients and communities. Tax-paying hospitals are not eligible to apply for many federal programs, including some within the Public Health Service Act, based solely on their tax-filing status. This lack of program access among tax-paying hospitals, especially in rural communities, unjustly ignores that our hospitals are a significant component of the health care safety net. FAH applauds steps Congress has taken to create parity between non-profit and for-profit entities by expanding eligibility criteria for nurses participating in the Nurse Corps Loan Repayment Program to allow for employment at a for-profit health care facility that otherwise falls within a Health Resources and Services Administration (HRSA) designated shortage area. We must

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[1] Current Programs and Incentives to Overcome Rural Physician Shortages in the United States: A Narrative Review - PubMed

expand this effort with an across-the-board solution that allows all providers serving in rural communities to access loan repayment programs and maintain the stability and quality of the rural health care workforce.

FAH Hospitals are Innovators in AI and Telehealth

FAH hospitals are also investing heavily in workforce innovation and patient care management improvements, including the responsible use of artificial intelligence (AI) to expand provider bandwidth, alleviate administrative burden and reduce burnout. Multiple studies report that physicians and nurses spend between 30% and 50% of their time on administrative tasks.[2] AI tools that integrate with electronic health records (EHRs) streamline clinical documentation, which simplifies shift preparation and handoffs and returns time to providers to focus on care delivery. These technologies can also continuously monitor patient data across numerous sources to surface the most critical clinical signals at the right time and with the appropriate level of urgency — helping reduce alarm fatigue and improve care quality.

Beyond alleviating administrative burden, innovation is an essential extension of the health care workforce, empowering nurses and physicians to work at the top of their license. For example, predictive tools can help identify early signs of patient deterioration or flag patients at risk of falls and other harms. When thoughtfully implemented, these technologies empower nurses and physicians to better direct patient care, enhance patient safety, improve efficiency and support hospitals' commitment to quality while helping mitigate workforce strain.

In addition to AI, FAH members are leaders in fostering partnerships in telehealth that help bridge the urban/rural divide. Integrated system networks allow specialists in urban affiliates to provide virtual consults to rural patients. For rural patients, many of whom must travel over an hour for doctors' appointments or further for specialty care, expanding telehealth flexibilities provides a critical solution for improving access. Additionally, telehealth and other remote technologies – including remote patient monitoring – help alleviate staffing shortfalls and reduce provider burnout.

Importance of Bolstering Graduate Medical Education (GME)

FAH member hospitals are industry leaders in training the next generation of the health care workforce by operating over 400 Graduate Medical Education (GME) programs – from South Caroline to Oklahoma, Idaho and Nevada – and dozens of states in between. GME programs are critical to ensuring local communities in states across the country – not just on the coasts near large academic medical centers – continue to thrive with well-trained health professionals.

Recent bipartisan progress made by Congress to invest in and expand physician training has been an important step forward as demand for health care services continues to rise. Projections show a physician shortage of up to 86,000 primary care and specialty doctors by 2036[3], further, there will be an estimated 189,100 openings for registered nurses each year, on average, through 2025.[4] We commend Congress for providing additional Medicare-supported GME positions, with 1,000 new positions added in 2020, and the *Consolidated Appropriations Act of 2021* and *2023* making further progress adding rural and behavioral health training slots. However, more must be done to close the workforce gap. Expanding GME capacity allows physicians to learn and train in more local communities across the country, ensuring hospitals can train and retain the next generation of physicians where they are needed most which will bolster health care delivery and the vitality of rural and underserved communities.

FAH supports the *Resident Physician Shortage Reduction Act* which would further expand the physician workforce by adding up to 14,000 Medicare-supported residency slots over seven years, including significant allocations for hospitals in rural areas, underserved communities, and those training above their current caps. This bipartisan legislation is vital in addressing the growing physician workforce shortage and would be another meaningful step after decades without increases.

Additional legislation, such as the reauthorization and expansion of the Conrad 30 waiver program, which would retain U.S.-trained international medical graduates serving underserved and rural communities, is another example of government solutions helping to lead the way to recruit more physicians where they are most needed.

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[2] Nursing Documentation Burden: A Critical Problem to Solve | AACN
[3] The Complexities of Physician Supply and Demand: Projections from 2021 to 2036
[4] Registered Nurses: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics

FAH appreciates the Subcommittee's leadership in strengthening America's health care workforce, especially in rural areas. We look forward to working with Congress to advance bipartisan solutions that strengthen workforce training and recruitment pipelines, support rural communities and ensure patients nationwide can access a highly trained, well-supported workforce.