



For Immediate Release
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**Hearing Statement of Senator Max Baucus (D-Mont.)
Regarding Workforce Issues in Health Care Reform**

An old Jewish proverb warns: "Don't live in a town where there are no doctors."

Our question today is: Will there be enough doctors — and nurses — for the towns of the future?

There's reason for concern.

Already, America has too many towns without doctors. There are too many underserved areas, many in rural America. HHS says that, in rural America, we have roughly 7,000 fewer primary care doctors than we need.

Yet a recent study found that only one in 50 medical students plans a career in primary care internal medicine. That's down from more than one in five in the early 1990s.

And that's just as the need for primary care doctors is increasing. Between 2005 and 2020, the number of Americans over age 65 will grow by 50 percent. As Americans live longer, the burden of illness and disease will continue to grow, as well.

Our aging population will require a stronger primary care system, to help patients effectively manage and coordinate care.

And yet, current payment policies place a higher value on specialty care than on primary and preventive care. We need to invest in our primary care system, to help improve quality and lower costs.

I've also heard from hospitals in my home state of Montana and elsewhere about continued problems recruiting nurses. Despite this shortage, nursing schools had to turn away more than 40,000 qualified applicants in 2007, due to shortages in faculty and other constraints.

Today, we look at ways to strengthen our nation's health care workforce.

Our nation's health care providers — doctors, nurses, and other professionals — are on the front line of caring for patients.

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For health reform to succeed, we need a strong health care workforce. We must ensure that health care workers have the necessary training and skills to provide quality care. New technologies, such as telemedicine, that can help be part of the solution.

We cannot expect to improve patient health, if we are not training providers in key areas, such as care coordination.

We need to take a hard look at the way that we pay health care providers. As part of that examination, we should ask: Do today's payment systems properly reward providers who offer high-quality care? Do these payment systems encourage medical students to choose careers in critical fields, like primary care? And do payment systems encourage medical residents to train in settings — like community clinics — where many patients are receiving care?

Where the answer is no, we need to make a change. We should work to revise our payment systems.

We must also step back and ask whether we have a solid, national strategy to strengthen our workforce. Volumes of research have been published on the problems facing our national health workforce. But there is no clear strategy.

We must address these challenges head-on. We need to take steps now to place our nation's health care workforce on sound footing.

Today, we are going to hear from four experts in the field. This discussion can provide a solid foundation for the work ahead.

So let us get to work now, to ensure that more folks will not have to live in towns where there are no doctors. Let us do what we can to ensure that doctors get the training and skills necessary to provide quality care. And let us do what we can to ensure that there will be good health care in town, in America's future.

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