

Health Workforce Innovation Act

Background: Allied health professionals include medical assistants, dental assistants, pharmacy technicians, emergency medical personnel, billing and coding professionals, behavioral health paraprofessionals and clinical laboratory personnel, among other health care professionals. These providers work with teams of physicians and nurses to deliver high quality health care to patients across the country.

Unfortunately, the Health Resources and Services Administration (HRSA) projects a shortage of many key allied health occupations through 2036, including: 6,710 respiratory therapists, 6,510 physical therapists, 4,980 pharmacists. The [American Hospital Association](#), [Mercer](#), and the National Association for Community Health Centers have all highlighted the negative impacts these shortages will have on access to health care, like longer wait times for appointments and high staff turnover due to fatigue and burnout. Rural and underserved areas face greater challenges recruiting allied health professionals.

It's clear that there is a need to increase the supply of allied health professionals to keep up with the health care needs of the country. Allied health professionals comprise over 60 percent of the health care workforce, and community health centers and other health care facilities are pursuing innovative approaches and partnerships to develop the pipeline of these providers. There is an opportunity for Congress to support and incentivize these innovative approaches to address the allied health care workforce shortage .

Solution: The **Health Workforce Innovation Act** would establish a Health Care Workforce Innovation Program. This grant program would provide funding for community health centers and rural health clinics to carry out innovative, community-driven models to educate and train a wide range of allied health professionals, including through partnerships with high schools, community colleges, and other entities. These grants can be used to support new and existing health care ladder programs. Priority will be given to models that train individuals from underserved and disadvantaged communities and demonstrate the potential to be replicated and scaled. The Act would authorize such sums annually for Fiscal Years 2025 through 2027, for grantees to carry out these innovative solutions to address health care workforce shortages.

Endorsers: American Physical Therapy Association, American Health Information Management Association, Association of Asian Pacific Community Health Organizations, Community Catalyst, Mental Health America, National Association of Community Health Centers, National Network for Oral Health Access, National Association of Rural Health Clinics, and National Rural Health Association