

**Committee on Energy and Commerce**  
**Opening Statement as Prepared for Delivery**  
**of**  
**Chairman Frank Pallone, Jr.**

***Hearing on “Caring for America: Legislation to Support Patients, Caregivers, and Providers”***

**October 26, 2021**

Last week, we held a legislative hearing to examine bills that would improve the health of children and families. Today, the Subcommittee meets to discuss a slate of bipartisan bills that seek to strengthen America’s health workforce and support our communities and providers.

The legislation before us now would foster a robust public health workforce and provide support to those who have fought on the front lines of the COVID-19 pandemic.

Throughout the pandemic, physicians, nurses, scientists, contact tracers, community health workers, and many others have worked tirelessly to attend to the needs of patients and to promote the health and wellbeing of our communities. It is a tribute to their selfless work over the last 18 months that we are gradually approaching a new normal, but we are not out of the woods yet. The pandemic has stressed our health care system, with many health care workers suffering from fatigue and burnout. Unfortunately, some workers are leaving the workforce entirely.

Historically underserved areas - rural and tribal communities in particular - are suffering from a lack of access to basic public health services and are experiencing workforce shortages.

There are also alarming trends in the mental health of health care professionals. An April survey from the Kaiser Family Foundation and the Washington Post found that a majority of frontline health care workers say that stress related to COVID-19 has had a negative impact on their mental health. That same survey found that only 13 percent of health care workers received mental health services. An additional 18 percent reported that even though they thought they needed care, they did not seek it due to busy schedules, stigma, fear, or financial concerns.

These issues demonstrate the need for broad investments and support for our health care workforce. This includes resources to recruit and retain talented health professionals and to protect their mental well-being going forward.

The seven bills before us today recognize the urgency of these issues by addressing the mental health burden faced by frontline workers, creating incentives and novel pathways for services to underserved communities, strengthening workforce capacity so we can meet future public health emergencies head on and incorporating the needs of caregivers for Alzheimer’s patients.

H.R. 1667, the Dr. Lorna Breen Health Care Provider Protection Act, authorizes grants for mental and behavioral health training for health care workers. It also authorizes grants for as programs and campaigns to improve the mental health and resiliency of health care providers. This bill was named for Dr. Lorna Breen, the medical director of the emergency department at New York-Presbyterian Allen Hospital, whose family is here to provide testimony on the bill. I'd like to welcome them to the Committee today.

Two of the bills before us aim to build a more diverse and community-based health care workforce. H.R. 5594, the Enhancing Community Health Workforce Act, would improve health outcomes in medically underserved neighborhoods by investing in outreach through community health workers. H.R. 3320, the Allied Health Workforce Diversity Act, seeks to increase diversity in the physical, occupational, and respiratory therapies, as well as audiology, and speech-language pathology professions. The legislation would accomplish this by authorizing grants for scholarships, stipends, and recruitment and retention programs for students from underrepresented backgrounds.

We are also considering bills that would provide guidance on how to expand our pandemic response and strengthen workforce resiliency. H.R. 3297, the Public Health Workforce Loan Repayment Act, establishes a student loan repayment program for public health professionals that complete a period of full-time employment with a State, Tribal, or local public health agency for at least three years.

Similarly, H.R. 5602, the BIO Preparedness Workforce Act, would help grow the infectious disease workforce by creating loan repayment programs for health care professionals who spend at least half of their time engaged in bio-preparedness and response activities. They will also be eligible if they provide infectious diseases care in a shortage designation area, underserved community, or federally funded facility. Finally, H.R. 1474, the Alzheimer's Caregiver Support Act, authorizes additional funding to expand training and support services for unpaid caregivers of people living with Alzheimer's disease.

I look forward to our discussion and hearing from our excellent panel of witnesses.

Thank you.