

United States Senate
WASHINGTON, D.C.

November 1, 2013

Mary K. Wakefield, PhD, RN
Director
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Director Wakefield,

As the Director of the Health Resources and Services Administration (HRSA), the prime federal agency responsible for monitoring the adequacy of our health care workforce across the nation, we are writing to you out of deep concern. We are gravely troubled by the findings of the Government Accountability Office's report (GAO-13-806), regarding HRSA's failure in its role to provide Congress and the public with timely and meaningful analysis regarding health care provider shortages across our country.

GAO's newly issued review found that—despite spending about \$2 million taxpayer dollars on a handful of studies during this Administration—the most “recent” projections from HRSA to inform federal health care workforce policy are based on data from 2000. GAO's audit also found that HRSA has repeatedly missed internal deadlines, yet the agency has no official procedures for preparing a workforce report for publication. As a result, at least one report has been “under review” for three years. This is inexcusable.

GAO's findings of HRSA's disappointing performance are concerning, not only because of the taxpayer dollars potentially being wasted, but because we already face likely health care provider shortages in our country. As the GAO highlights, “for more than a decade, government, academic, and health professional organizations have projected national shortages of health care professionals.” These shortages, GAO says, “could adversely affect patients' access to care” by leading to “delays” or “patients not receiving needed care.”

The GAO has noted that “up-to-date workforce estimates are essential given the significant federal investment in health care training programs.” Indeed, federal spending on health care workforce programs is not insignificant. A prior GAO report (GAO-13-709R) found that four federal departments administered 91 programs in FY 2012 that supported postsecondary training or education specifically for direct care health professionals at a cost to taxpayers of \$14.2 billion. That GAO report, combined with GAO's analysis of HRSA's failings underscores that the federal government has no comprehensive, integrated federal health care workforce strategy that targets resources to strategically align providers in the training pipeline with expected areas of shortages. Given the priority of ensuring federal programs are training the health care

workforce of tomorrow, and given the importance of carefully stewarding taxpayer dollars, the absence of a comprehensive plan is irresponsible.

We already know from independent sources there will be likely be shortages of some types of providers in some areas. Moreover, the Congressional Budget Office estimates that the Patient Protection and Affordable Care Act will expand health coverage to 25 million Americans over a decade (largely through Medicaid and government-required health plans). Without timely, meaningful analysis of supply and demand projections for the health care workforce, it is increasingly likely that the status quo federal policy will result in patients enrolling in a plan, but not being able to see the provider of their choice in a timely manner.


Finally, in the spirit of accountability to taxpayers and patients, please provide the following documents to our offices no later than 30 days from the receipt of this letter:

- 1) A detailed work schedule for implementing and adopting each GAO recommendation
- 2) A date certain by which we can expect to see the "Fall 2013" report mentioned in GAO's report
- 3) An explanation of the requirements for awarding contracts to the three contractors doing analysis, along with the performance metrics by which the contractors are evaluated. Please also provide an explanation of how many program officers or other personnel at HRSA may be responsible for overseeing these contractors.
- 4) An explanation of the purpose and processes of the National Center for Health Workforce Analysis. We understand the Center is collecting data, but the findings from GAO's report calls into question the ultimate timeliness and usefulness of their analysis.
- 5) A breakdown of the number and allocation of Bureau of Health Professionals staff by functional tasks and work projects.
- 6) An explanation of what HRSA is doing to coordinate amongst the existing 91 federal workforce training/education programs to:
 - i) share best practices
 - ii) prevent duplication and waste
 - iii) apply metrics to evaluate program performance and outcomes, and
 - iv) ensure they are a faithful steward of taxpayer dollars.

Thank you for your attention to this important matter for taxpayers and patients. We look forward to working with you to ensure HRSA is more accountable to producing timely and meaningful analysis of health care provider supply and demand projections in the future.

Sincerely,


Tom Coburn, M.D.
U.S. Senator


Richard Burr
U.S. Senator


Michael B. Enzi
U.S. Senator