

United States Senate

WASHINGTON, DC 20510

May 24, 2024

The Honorable Carole Johnson
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Administrator Johnson:

We write to draw your attention to an aspect of the National Health Service Corps (NHSC) application process that may pose challenges for prospective participants, current clinicians, and eligible health care sites seeking to recruit these providers.

We are strong supporters of the NHSC scholarship and loan repayment programs, and recognize its meaningful impact and success in increasing the health care workforce and recruiting health care clinicians to health professional shortage areas to care for underserved populations. More than 21,000 primary care, oral health, and behavioral health practitioners across the United States participate in this program and treat more than 20 million patients each year, many of whom are low-income or uninsured. Congress has increased funding in recent years for the NHSC, recognizing the significant health workforce shortages facing our country.

Currently, the application cycle opens annually in the spring, with awards issued in the fall. This once per year window, coupled with the requirements of the application, does not adequately reflect the sequencing of graduation cycles—and limits the incentive that NHSC could offer. Those who graduate in late May or June and have a job offer pending would have to wait more than a year to apply and ultimately receive NHSC loan repayment—effectively meaning they could be working three years to receive two years of loan repayment. This rigid, singular application window is exacerbated by the requirement to have a valid state license at the time of application, meaning new graduates who have a conditional offer of employment and anticipate receiving such licensure miss an opportunity to apply.

The specifics of this timing pose challenges to prospective clinicians and health care facilities, because—despite the NHSC's intent and success in enticing providers to shortage areas—there remains a relative incentive to practice elsewhere that can offer more favorable compensation without such strict timing parameters. In many circumstances, clinicians effectively are asked to take a leap of faith, and work in an eligible site in hopes of obtaining loan repayment more than a year later. But for many, that risk is too great to pursue service via the NHSC.

We encourage HRSA to revise its application process to provide additional flexibilities that would help make the NHSC more accessible and attractive to all stakeholders. HRSA has experience previously offering a rolling application cycle for the NHSC, and we strongly encourage the agency to consider reinstating this process, or allowing for multiple application cycles in a given year. If that flexibility is not feasible, then HRSA should consider alternative

options, such as allowing for provisional applications to be submitted with awards only made contingent upon proof of valid licensure—as is already done on a limited basis for clinicians who are in residency programs.

The NHSC is one of the most effective federal tools to encourage desperately needed health care providers to serve in rural and urban areas facing shortages of doctors, nurses, dentists, and behavioral health providers. But the current structure of the application cycle risks missing new graduates each year who may be interested in serving in the NHSC but cannot wait for the once-a-year cycle to open and practice elsewhere instead.

Thank you for your consideration of this request. We look forward to your response.

Sincerely,



Richard J. Durbin
United States Senator



Marco Rubio
U.S. Senator