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October 27, 2026 • Updates

Rebuilding the Provider Pipeline: Health Care Workforce Policy to Watch in the 120th Congress

Key Updates

- As the 120th Congress approaches, lawmakers are expected to continue pursuing bipartisan legislation addressing health care workforce shortages, with particular attention to workforce training, rural and underserved communities, foreign-trained providers and career mobility.

Why it Matters

- These legislative priorities could shape how health systems and other health care organizations recruit, train and retain providers. Long-term care workforce challenges and changes to graduate student loan limits may also gain attention depending on the balance of power in Congress.

Next Steps

- Health care organizations and institutions that train providers should assess how proposed workforce policies could affect their operations and identify opportunities to engage lawmakers as legislative priorities take shape ahead of the 120th Congress.

Both parties of Congress have recognized the health care workforce pipeline as foundational to increasing access to care throughout the country. Lawmakers have introduced dozens of bills to address provider shortages across professions, geographies and specialties, underscoring the importance of engaged and strategic federal advocacy throughout the legislative process. As we transition from the 119th into the 120th Congress, the Polsinelli Public Policy Group highlights four areas of potential bipartisan focus, two additional priorities to watch and legislation that could serve as templates for reintroduced measures in the next Congress.

Workforce Training

Medicare funds most physician residency training through the Graduate Medical Education (GME) program. The number of GME slots available generally has been

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capped since the late 1990s, with a modest expansion enacted in 2021. Only about 2% of GME training occurs in rural areas, and data from across the provider landscape illustrates that clinicians are likely to practice where they train. Therefore, future initiatives may aim to support and incentivize training programs in high-need areas.

Additionally, the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS) manages Title VII and Title VIII health professions and nursing workforce training programs. Though Congress still must reauthorize Title VII and Title VIII programs this year, the Senate Health, Education, Labor, and Pensions (HELP) Committee made significant progress in July by advancing these measures to the Senate floor.

- **H.R. 4731/S. 2439, Resident Physician Shortage Reduction Act**: Would add 14,000 Medicare-funded residency slots over seven years, with priority for rural and shortage areas.
- **H.R. 5052/S. 547, Train More Nurses Act:** Would require a federal report with recommendations for improving existing grant programs that support the nurse workforce, increasing the number of nursing faculty and supporting pathways to becoming a registered nurse.

Rural and Underserved Areas

The Medicare wage index can make it harder for certain hospitals and facilities, particularly rural hospitals and community health centers, to offer competitive pay and retain skilled providers. The Centers for Medicare & Medicaid Services (CMS) attempted to mitigate this pay gap for bottom-quartile hospitals until parallel court rulings in 2024 found that the agency had exceeded its statutory authority.

- **H.R. 8109/S. 4233, Save Struggling Hospitals Act**: Would codify the Medicare area wage index adjustment for low-wage hospitals.
- **H.R. 8629, Developing the Community Health Workforce Act**: Would strengthen the workforce at Federally Qualified Health Centers (FQHCs) and rural health clinics by prioritizing them for National Health Service Corps placements, establishing an FQHC loan repayment program and supporting recruitment, training, apprenticeships and behavioral health workforce development.

Foreign-Trained Workforce

In 2025, the administration imposed a $100,000 payment on certain H-1B visa petitions that grant entry to the United States to professionals in medicine and other specialty occupations. This policy remains blocked by court order as of September 2026 and technically would allow for national interest exceptions, though there is limited information on whether health care exceptions were granted before the policy was vacated. The administration announced an extension of the policy through September 2027 despite current legal holds. Green card backlogs presently compound the uncertainty surrounding entry of foreign-trained providers.

- **H.R. 7961, H-1Bs for Physicians and the Healthcare Workforce Act**: Would exempt physicians and other health care professionals from the $100,000 H-1B fee.
- **H.R. 1585/S. 709, Conrad State 30 and Physician Access Reauthorization Act:** Would reauthorize and expand the waiver program that places foreign-trained physicians in underserved areas.
- **H.R. 5283/S. 2759, Healthcare Workforce Resilience Act**: Would recapture unused visas to make up to 25,000 and 15,000 green cards available for nurses and physicians, respectively.

Job Mobility and Career Pathways

Current legislation takes varied approaches toward removing perceived legal or regulatory barriers that prevent clinicians from filling high-need roles. These measures target noncompete agreements that are becoming more commonplace in health care staffing agreements, pathways to civilian careers for military medical personnel and administrative burdens within interstate compacts.

- **H.R. 10215/S. 2031, Workforce Mobility Act of 2026:** Would prohibit most noncompete agreements nationwide, with limited exceptions.
- **H.R. 9140/S. 2673, MEDIC Careers Act:** Would create pathways for military medics to move into civilian health care jobs. The U.S. House of Representatives passed a related provision in the fiscal year 2027 National Defense Authorization Act.
- **H.R. 2332/S. 1101, SHARE Act:** Would authorize the FBI to provide criminal history records to state licensing boards for compact-required background checks, removing a key administrative barrier to interstate licensure compacts.

Additional Workforce Priorities for Democrats

While there may be several upcoming opportunities for bipartisan action on health care workforce initiatives, Democrats this year have staked out positions on the long-term care economy and student lending that merit particular attention if control of Congress shifts.

Long-Term Care and Direct Care Workers

An estimated 9.7 million direct care jobs will be open between 2024 and 2034. Median annual earnings in this field fall just under $26,000 and contribute to high turnover among home care agencies, nursing homes and disability service providers. [1] More than 600,000 people are on waiting lists for home- and community-based services.[2]

- **Senate Finance Committee Democrats, Request for Information**: Seeks public comment on three main pillars for reforming nursing and home care for seniors, including supporting the long-term care workforce for both paid and informal caregivers. Topics explore training incentives, investing in the immigrant workforce and integrating caregivers into a beneficiary's overall care team.
- **H.R. 8540/S. 5321, HCBS Access Act:** Would make HCBS (home- and community-based services) a mandatory Medicaid benefit, expand eligibility and provide states with 100% federal Medicaid funding for HCBS if they take steps to expand access, support family caregivers and strengthen the direct care workforce.

Graduate Student Loan Limits

The Department of Education's "professional degree" final rule this year recategorized which health care fields are eligible for higher borrowing limits under changes enacted by the One Big Beautiful Bill Act. A Democrat-led legislative maneuver to overturn the rule under the Congressional Review Act (S.J.Res.196) failed in the Senate earlier this year. While the rule is under a preliminary injunction and legal challenges persist, Democrats are closely monitoring impacts to graduate health care training programs and evaluating options to mitigate the effects of this rule.

Preparing for a New Congress

The Polsinelli Public Policy Group is a resource for health systems, health professions and institutions that train the next generation of providers seeking to anticipate how federal policy changes may affect their mission. We are proactively working to develop advocacy

strategies for clients during the remaining months of 2026 and into 2027. Please contact Eli Greenspan, Sylvia Kornegay, Steve Stranne or your Polsinelli attorney to learn how we can assist you.

[1] Direct Care Workers in the United States: Key Facts 2025. PHI. https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/

[2] A Look at Waiting Lists for Medicaid Home- and Community-Based Services from 2016 to 2025. Kaiser Family Foundation. https://www.kff.org/medicaid/a-look-at-waiting-lists-for-medicaid-home-and-community-based-services-from-2016-to-2025/