

Key Messages

Systemic Workforce Shortages Threaten Health Care for Californians

California's health care workforce pipeline is struggling to keep pace with the growing demand for services.

- More than 11 million Californians live in an area without enough primary care providers. Statewide, patients in California face a health care system lacking enough nurses, physicians, pharmacists, behavioral health professionals, lab scientists, geriatric specialists, and physical therapists to provide the care they need.
- To care for patients across the state, California needs to add 500,000 new allied health care professionals — such as medical assistants, imaging specialists, and other non-nursing staff — by 2024.
- Today, 33% of the state's doctors and nurses are over the age of 55, and across the country an additional 139,000 physicians are needed by 2033. A UC San Francisco [study of the state's nursing shortage](#) reports it will take until 2026 to close the state's current nursing gap.
- Geographic maldistribution further complicates the need for health professionals in rural and low-income areas as shortfalls disproportionately affect those lacking health care coverage, individuals with behavioral health conditions, and communities of color. Also, according to the [California Future Health Workforce Commission](#), people of color will be a majority of Californians by 2030 but are severely underrepresented in the health care workforce.

The COVID-19 pandemic has exacerbated health care staffing shortages across the state.

- California hospitals now face the worst staffing shortage in memory, due to a pandemic that has taken a heavy toll on front-line health care workers. Many have reached their breaking point and — despite significant hospital investments in retention incentives, employee mental health, and wellness programs — are choosing to leave the profession altogether.
- From the end of 2019, just before the pandemic, to the second quarter of 2021, the staff vacancy rate at California hospitals jumped 98%, and 78% of hospitals report an increase in staff turnover. Nationally, more health care and social assistance workers have left their jobs than at any point in the last 20 years.
- The pandemic has delayed education and training for thousands of new health care workers and slowed the already insufficient pipeline of those who would care for Californians now and into the future. A shortage of student openings in nursing and medical school programs has created enormous barriers to entry into the health care workforce, and outdated licensure requirements make it difficult for California to recruit nurses from other states.
- To make matters worse, staffing agencies have taken advantage of the situation by enticing nurses from hospitals during times of acute crisis, converting them to traveler nurses, and charging hospitals

excessive fees — which jeopardizes patient care, limits nurses' labor rights, and ultimately results in market dysfunction.

California must think big to close the gap between the current size of the health care workforce and the one that will be needed to deliver 21st century care.

- Health care offers Californians solid career paths with upward mobility and economic stability, and each year hospitals invest hundreds of millions of dollars in training California's next generation of health care providers. But closing the gaps will require partnerships among all who recognize the need to protect the health of Californians: employers, workers, policymakers, colleges, licensing entities, and others.
- Rebuilding our health care workforce demands public investments in workforce training to retain current workers and increase their expertise; to create greater equity by addressing regional health needs through public college and university programs; to welcome under-represented professionals into the workforce through community college programs; and to maximize the role of nurse practitioners, behavioral health providers, and others.
- Regulatory changes are needed to improve efficiency and transparency in licensing, address limitations on scope of practice, and enhance education and training for nurses and nurse assistants.