

**Testimony of J. Corey Feist, JD, MBA
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Presented Before the United States Senate Special Committee on Aging

**Hearing on:
"The Doctor Is Out: How Washington's Rules Drove Physicians Out of Medicine"**

February 11, 2026

Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to address you today.

My name is Corey Feist, and I am the CEO and co-founder of the Dr. Lorna Breen Heroes' Foundation whose mission is to reduce burnout and improve the wellbeing of all health workers. I want to begin with a message of profound gratitude. On behalf of the millions of health workers across this country, thank you. Thank you for the introduction and co-sponsorship of the [Improving Seniors' Timely Access to Care Act of 2025](#), S.1816, and for most recently taking a historic step by reauthorizing the bipartisan [Dr. Lorna Breen Health Care Provider Protection Act](#), S.266, through September 2030. By reaffirming the value of this work in improving health workers' mental health and wellbeing, you have signaled to our workforce that their lives matter.

Now, we seek full and consistent annual funding so this life-saving work can continue.

We are at a crossroads: we can either make the necessary investments to support our caregivers and ensure the future of the workforce, or we can watch the backbone of our healthcare system continue to fracture as health workers head for the exits, just when the country will need them the most.

The Human Toll: Stories of a System that Failed

This is my third time testifying before Congress on this crisis. Each time, I carry with me the stories of those we have lost—not to a lack of "resilience," but to a system that failed them.

The first time, in October 2021, before the House Energy and Commerce Committee/Subcommittee on Health, I shared the story of my sister-in-law, Dr. Lorna Breen. She was a physician leader during the pandemic's first wave in New York City, working around the clock in an environment she described as "Armageddon" with limited PPE, insufficient beds, and patients dying in the hallways. Despite her bravery, she was terrified that seeking mental health support for the trauma she witnessed would cost her the medical license and career she had spent her entire life working for. Lorna died by suicide on April 27, 2020.

Last time, in February 2024, before the House Energy and Commerce Committee/Subcommittee on Health, I shared the story of Tristin Kate Smith, a 28-year-old nurse whose father found a letter on her computer after her death. She wrote to the system she felt had abused her, noting

that just when health workers think they will get the respect they deserve, they get "a pizza party and pens for the healthcare heroes."

Today, I share the story of Dr. William West, a 34-year-old ophthalmology resident at George Washington University. His family called him "Iron Will" for his tenacity in rock climbing and endurance racing. But in March 2024, the "information ocean" and evaluation pressures of medical training broke even Iron Will. In a devastating final note, he wrote: "I am simply exhausted and have nothing more to offer." He used his final moments to plead with administrators to guide and support residents rather than merely pushing them.

William's story is a warning: *our healthcare system is claiming our brightest minds before they even finish their training. When we lose a young resident like him, we aren't just losing one doctor; we are losing 30 to 40 years of expertise that would have served our aging population.* Our physicians, nurses, and pharmacists die by suicide more than the general population. Their absence ripples outward, exacerbating our workforce shortage and compromising the quality of care every American family relies on.

A Looming Crisis: Workforce Shortages and an Aging Population

The tragedy of losing clinicians like Lorna, William, and Tristin is compounded by a looming demographic shift. Over the next decade, we will see the share of Americans aged 60-90 years old increase by 46 percent. HRSA [projects](#) this "supply and demand" imbalance to result in a shortage of over 354,000 nurses, 141,000 physicians (including over 70,000 primary care physicians such as geriatricians), 53,000 dentists and dental hygienists, and 30,000 pharmacists by 2038.

For our seniors, these numbers are existential. In 2038, rural areas and small towns will experience a projected 39% shortage of primary care physicians. For an aging American, "rural" should not mean "uncared for," yet these statistics suggest that is exactly what is going to happen.

These projections do not fully account for the hundreds of thousands of clinicians deciding to leave their professions early because of system failures driving their burnout and distress.

Driving the Exodus: Loss of Autonomy, Safety, and Administrative Burden

According to The Physicians Foundation's [2025 Survey on Physician Autonomy and Impact on Patient Care](#), 73% of physicians report autonomy limits (the inability to make independent, evidence-based clinical decisions) are increasing their stress.

Of these physicians, 45% indicate these bureaucratic and administrative pressures are pushing them toward career changes or earlier retirement. Further, 91% of physicians say this loss of autonomy is a major threat to U.S. medicine and will worsen the physician shortage. Seven in 10 (71%) physicians know colleagues who have already left the profession due to loss of autonomy.

It is [estimated](#) that doctors spend two hours on administrative work for every hour they spend with patients; and tasks like charting and paperwork is the [number one driver of burnout](#) among physicians. One specific example of administrative burden is prior authorization, which delays care, harms patients, and hassles our healthcare workforce. The [average physician practice](#) completes 45 prior authorizations per physician per week, and doctors and their staff spend nearly two business days a week completing such authorizations.

The crisis among nurses is even more acute. In [2024](#), 17% of nurses left their roles, but for Generation Z nurses, that rate jumps to 24%. This is largely a safety crisis. ***Eight in 10 nurses have [experienced](#) at least one incident of workplace violence—including being punched, kicked, or slapped—in a single year.*** We cannot expect a new generation to remain at the bedside if we do not protect them. Currently, only 16% of registered nurses [practice](#) in rural areas. This exodus drastically impacts underserved communities where nurses are the linchpins of primary care, serving as the essential coordinators for the complex chronic conditions of our aging population. On top of all of this, nurses are also underwater with administrative burden; on average nurses spend about [40% of their shift on documentation](#) rather than patient care.

The pharmacy profession is experiencing similar fracturing. While 73.5% of licensed pharmacists remain [active](#), they are abandoning traditional retail roles due to excessively high workloads and performance quotas that compromise patient safety. The national average rate of occupational burnout for pharmacists has reached 64%. Like nurses, pharmacists face a hostile workplace climate where harassment from frustrated families has become a daily reality. When a local pharmacist leaves, a senior loses not just a provider, but their primary gatekeeper for medication safety.

A Proven Roadmap

The stories and the data paint a dire picture, but it is not a foregone conclusion.

Thanks to the evidence-based frameworks provided by the National Academy of Medicine (NAM) [National Plan for Health Workforce Well-Being](#) and the Lorna Breen Act's [Workplace Change Collaborative Burnout and Moral Injury Framework](#), we now have a proven approach to reverse this crisis.

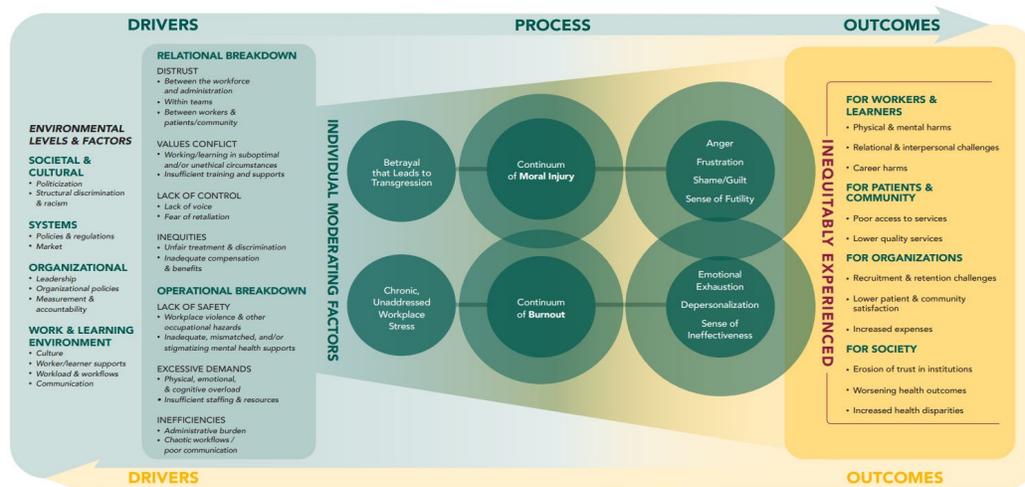
The NAM Plan, developed by over 200 organizations, provides a roadmap for collective action across our U.S. healthcare system to take a “systems approach that recognizes that no single variable in the health system is to blame for the problem of burnout. Addressing the issue from multiple angles is necessary to redesign environments, so that patients are met with a thriving health workforce that approaches them with all of the skills, expertise, care, and attention they have at their disposal.” These multiple angles include:

- **Creating a Positive Work Environment:** Instead of asking health workers to be "more resilient," this area focuses on fixing the workplace. It's about making sure hospitals and clinics are supportive, safe, and respectful places where staff feel valued and can do their best work without being overwhelmed by toxic cultures.

- **Measure What Matters:** You can't fix what you don't track. This area calls for organizations to regularly check in on how their staff are doing using scientifically proven tools. The goal is to move beyond simple surveys and actually use data to find—and fix—the specific things causing stress in each workplace.
- **Support Mental Health and Reduce Stigma:** Many health workers are afraid to seek help for anxiety or depression because they fear it might affect their license or job. This priority aims to change those rules and create a culture where getting mental health support is treated as a normal, healthy part of the job.
- **Cut the Red Tape:** Health workers spend hours on digital paperwork and administrative tasks that don't help patients. This goal pushes for changes in laws and insurance policies to reduce administrative burden so that clinicians can spend more time with patients and less time clicking buttons.
- **Make Technology Work for People:** Technology should help, not hinder. This area focuses on improving electronic health records (EHRs) and other tools so they are easier to use. The vision is for technology to allow healthcare teams to focus more of their time on the human side of medicine.

The Lorna Breen Act's [Workplace Change Collaborative Burnout and Moral Injury Framework](#) explains the drivers and process of burnout and moral injury. It [explains](#) how “burnout and moral injury are driven by a set of complex and intersecting factors. Overarching environmental factors contribute to relational and operational breakdown. Relational breakdown recognizes the distrust, values conflicts, lack of control, and inequities experienced in work and learning environments. Operational breakdown is seen in a lack of physical and mental health safety, excessive work demands, and inefficiencies. Often, operational breakdown has been the focus of interventions; however, burnout and moral injury will not be fully addressed without repairing distrust and other relational challenges.”

Burnout and Moral Injury in the Health and Public Safety Workforce



The Workplace Change Collaborative at the Fitzhugh Mullan Institute for Health Workforce Equity; Institute for Healthcare Improvement; Moral Injury of Healthcare; AFT Healthcare. *Burnout and Moral Injury in the Health and Public Safety Workforce*. Washington, DC: George Washington University, 2023. <https://wpchange.org>

The Framework also provides [actionable, practical strategies](#) to address burnout and moral injury for health organizations, public safety organizations, workers and learners, government, professional associations, and other private organizations.



The Workplace Change Collaborative at the Fitzhugh Mullan Institute for Health Workforce Equity; Institute for Healthcare Improvement; Moral Injury of Healthcare; AFT Healthcare. Addressing Moral Injury & Burnout in the Health & Public Safety Workforce. Washington, DC: George Washington University, 2024. <https://wpchange.org>

Evidence of Impact: Successes of the Lorna Breen Act

The Lorna Breen Act's program implementation and evaluation have proven this approach can lead to significant improvements for our healthcare workforce.

The law and its funding supported the Workplace Change Collaborative, two grant programs funded by HRSA, for hospitals, health systems, health professions schools, and community organizations to improve their workforce's wellbeing and mental health. The programs have already [supported](#) over 250,000 health workers across 24 states in improving the systems in which they are educated, trained, and practice. ***Key successes include 35% reduction in staff turnover, 37% reduction in burnout rates, and 50% decrease in mental health conditions.***

The grantees' experiences also [point to several priorities](#) for policy and practice:

- Continued investment to help organizations embed wellbeing into their core operations;
- Leadership development and accountability structures to ensure that commitment to worker wellbeing is sustained;
- Shared learning platforms so that organizations can adapt successful approach to their own contexts while centering health worker voices in program design; and
- Future funding mechanisms that encourage sustainable infrastructure and measurement strategies.

The law and its funding also supported CDC NIOSH's [Impact Wellbeing™ initiative](#) to guide and equip hospitals, clinics, and other care facilities in building a thriving and sustainable workforce. The initiative has already provided 35,000+ healthcare leaders with training materials to address the specific operational factors and burdens that drive their workforce's burnout.

With philanthropic support and coalition-building, our Foundation created a national technical assistance center program to accelerate the implementation of the [Impact Wellbeing Guide: Taking Action to Improve Healthcare Worker Wellbeing](#).

Specifically, we ***improved access to mental health care for more than 2.64 million licensed health workers and 438,000 credentialed health workers*** by supporting 70 licensure boards; 1,194 hospitals, freestanding emergency departments, and freestanding surgery centers; and 921 urgent care centers and independent primary care clinics in auditing and removing stigmatizing, intrusive mental health questions from their licensing and credentialing applications. But we are only scratching the surface to make it safer and fully supportive to seek mental health care for the nearly 11 million licensed health workers caring for Americans every day.

Additionally, through leadership training on identifying and mitigating organizational drivers of burnout and building peer learning communities to support sustainable workplace transformation, we are ***proving*** that administrative burden can be reduced while workforce job satisfaction and patient experience improve.

For example, one participating rural hospital improved their staff retention and engagement while improving quality of work and patient experience/engagement scores. They even ***saw their traveling nurses wanting to stay in their rural Virginia community and saying, “this is the first place I’ve been where I feel healthy, where I feel I can actually get the help that I need.”*** During this rural hospital’s quality improvement project, they ***decreased their workforce’s cognitive burden by addressing EHR alert fatigue—reducing unnecessary inpatient alerts by 52% and unnecessary ambulatory alerts by 73% per month.***

Another rural hospital reduced their workforce’s administrative burden by using Ambient Notes AI technology—reducing physicians’ documentation time by 10-15 minutes per patient visit, while improving patient experience ratings.

The Critical Path Forward: Investing in Retention to Protect Our Future

These results prove that the reauthorization of the Dr. Lorna Breen Act is a historic win, but reauthorization without funding is a hollow promise. Tens of billions of dollars are directed annually for healthcare workforce creation initiatives, but the Lorna Breen Act programs are the only ones to directly support workforce retention. ***This massive federal investment in the pipeline is effectively squandered if we fail to stop the leaks at the other end. For example, we are facing a “two-year exodus,” where approximately 50% of new nurses quit the profession within two years of graduation.***

This is fundamentally an aging issue. We cannot care for older adults if we do not care for those who care for them, and every dollar spent on the wellbeing of a doctor, nurse, or pharmacist is a dollar spent on retaining an already shrinking workforce.

We must move from a system that depletes our dedicated workforce, the very pressure that broke Iron Will, to a system that sustains them with the safety and operational support they require. ***If***

we fail to invest in this retention work, the 46% increase in our senior population will face a healthcare system with no one left to answer the call.

This Committee – with your collective voice – can make a difference by making sure that the Lorna Breen Act is funded in FY27 and beyond. Please also vote for the [Improving Seniors' Timely Access to Care Act of 2025](#), so we can take immediate action in reducing our workforce's administrative burden of prior authorizations and ensure patients can access the medicines and treatment they may need. I hope I can then return and testify to report on the lives of healthcare workers we have saved, the healthcare systems we have preserved and improved, and how we are serving the growing aging population by the best of those still among us, the Lorna's, the Tristin's, and the Will's.

Thank you for your leadership and for protecting those who protect us.