UNITED STATES SENATE SPECIAL COMMITTEE ON

AGING

RANKING MEMBER KIRSTEN GILLIBRAND

February 11th, 2026

Ranking Member Kirsten Gillibrand's Opening Statement
"The Doctor is Out: How Washington's Rules Drove Physicians Out of Medicine"

Thank you, Chairman Scott, for holding today's hearing. Thank you to our witnesses. I really appreciate you being here to give us your testimony.

Burnout within the health workforce has decreased since its peak during the pandemic but remains a prevalent issue plaguing our systems of care. It directly impacts the well-being and effectiveness of our workforce, and its consequences are grave for the patients, particularly older adults and people living in rural or underserved areas.

Burnout, which the American Medical Association defines as a long-term stress reaction including emotional exhaustion, depersonalization, and feeling of decreased personal achievement, causes physicians to leave the profession, making workforce shortages even worse and undermining access to care.

A wide range of factors drive physician burnout, including regulatory and administrative requirements, system level financial pressures, and realities of the profession's culture. Regulatory requirements play an important role in upholding a quality standard for patient care, safety, and privacy. They allow providers to keep detailed track of patient treatment, and they also help prevent waste, fraud, and abuse.

Simultaneously, it is clear that the current system has flaws. Requiring physicians to spend clinical time and energy fighting to convince insurance companies that their patient truly needs the procedure, treatment, or drug they prescribed is understandably aggravating and exhausting. And time payment adjustments to extensive patient data entry with technology designed for billing compliance instead of clinical workflow understandably causes fatigue and frustration, especially when it consistently spills beyond normal working hours.

Reforms like streamlining the prior authorization process, approving the usability and interoperability of electronic health records, simplifying or standardizing payer forms would meaningfully reduce administrative burden that drives the burnout in physicians.

This can help delay early exit from the workforce and keep independent practices afloat. This is especially important as we continue to see unprecedented rise in smaller physician owned practices closing their doors, integrating with larger health care systems, or receiving private equity investment.

With these structural changes, physicians can face system-level financial pressure that drive burnout through diminished agency and focus on profit. Under these circumstances, physicians can face business-oriented performance targets that require an increase in patient volume.

This means seeing a greater number of patients in shorter increase, frequent visits that create even more administrative work, which can be compounded by the reduction of clinical and administrative support staff.

This drive towards profit can undermine the ability of these vital health care workers to secure their basic psychological or safety needs, and they experience less autonomy and input on key decision making.

Particularly combined with the inability to practice elsewhere due to the rise of strict non-compete agreements, many physicians opt to leave the profession entirely.

System leadership must drive operational level change. Employers have an obligation to meet the needs of their employees, promote participation in

relevant decisions, and implement evidence informed actions like those included in the NIOSH and the Dr. Lorna Breen Foundation Impact Wellbeing Guide.

Additionally, Federal investigation into private equity investments in health care entities and Federal action to ban anti-competitive terms in employment contracts are crucial to promoting autonomy at organizational and individual levels and reduce burnout.

Despite the regulatory, administrative, and system-level pressures that put enormous stress on the health workforce, there is a pervasive stigma against seeking mental health support and fear of medical license loss that prevents many from getting the help that they need. It is important that clinician education includes training to handle not only these administrative burdens, but also psychological preparation to handle trauma like a patient death or distress.

We must address burnout. The consequences and stakes are too high. Healers are suffering. Providers are facing sky-high costs to replace each clinician that leaves. Remaining staff are working at reduced capacity, putting themselves and their patients at greater risk. Patients are losing access to the care they need.

These impacts only intensify in older, rural, and underserved communities, especially combined with enacted cuts to Medicaid that will exacerbate the provider closures and create medical deserts.

There isn't an easy solution to any of this. Moving the needle requires buy-in from all sectors that shape our workforce. Congress, academic institutions, regulators, and health system leaders must work together in a bipartisan way to create a system that supports, not exhausts, our essential workforce.

I look forward to hearing from you and your proposals. Thank you.