

## Written Testimony

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Committee on Education and Workforce Subcommittee on Workforce Protections

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Dear Chairman Mackenzie, Ranking Member Omar, honorable members of the Subcommittee, thank you for the opportunity to testify. My name is Autumn Begay. I am Senior Corporate Counsel at CHG Healthcare. Our mission is to match healthcare providers to areas in need.

CHG Healthcare is proud to support H.R. 8347, the RURAL Healthcare Act. We and our industry colleagues urge the Committee to speed its passage. We would like to especially thank Congressman Burgess Owens and his staff for their earnest and tireless work on this legislation, and their desire for a common-sense approach to the growing healthcare workforce shortage.

In my testimony today, I want to make three points. First, rural and underserved communities are facing a serious healthcare access crisis. Second, locum tenens physicians and advanced practice providers (APPs) are a proven, voluntary, and essential part of the healthcare workforce that helps keep services available in those communities. Third, H.R. 8347 is a narrow bill that protects the existing locum tenens staffing model rural hospitals and patients rely on. This bill is not a rewrite of labor law. It is not a statement about every worker-classification debate in the country. It is a focused response to a specific healthcare problem: communities that need clinicians should not lose access to them because broad employment regulation fails to account for the unique nature of locum tenens medical practice.

America's rural healthcare system is under severe strain, including in tribal communities and Indian Health Service-supported facilities where persistent clinician shortages can make already limited access to care even more fragile. Since 2005, nearly 200 rural hospitals have closed due to a lack of sufficient resourcing and staffing, and hundreds more are at risk.<sup>1</sup> At the same time, HHS reports that the burnout rate among physicians and healthcare workers is 35 to 54 percent.<sup>2</sup> Forty-six percent of rural hospitals now operate on negative margins, and 432 are vulnerable to closure.<sup>3</sup> The Association of American Medical Colleges (AAMC), in its March 2024 report on physician supply and demand, projects a national shortage of up to 86,000 physicians by 2036.<sup>4</sup> These numbers represent hospitals struggling to keep emergency departments staffed, clinics unable to schedule patients, and older Americans waiting too long to see specialists.

Locum tenens is Latin for "in the place of." These physicians and advanced practice providers, including certified nurse anesthetists, nurse practitioners, and physician assistants, travel voluntarily to hospitals and clinics that need temporary support. Assignments range from a few

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<sup>1</sup>Jonathan Lennartz, "Rural Healthcare on Life Support: States Race to Save Critical Access," CSG West, October 27, 2025, <https://csgwest.org/2025/10/27/rural-healthcare-on-life-support-states-race-to-save-critical-access/>.

<sup>2</sup>Office of the Surgeon General, *Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce* (Washington, DC: U.S. Department of Health and Human Services, 2022), <https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf>.

<sup>3</sup>Chartis Center for Rural Health, *2025 Rural Health State of the State: Instability Continues to Threaten Rural Health Safety Net* (Chartis, February 2025), <https://www.chartis.com/insights/2025-rural-health-state-state>.

<sup>4</sup>GlobalData Plc, *The Complexities of Physician Supply and Demand: Projections from 2021 to 2036* (Washington, DC: Association of American Medical Colleges, March 2024), <https://www.aamc.org/media/75236/download>.

days to several months, and many locum tenens clinicians maintain other full-time practice alongside their locums work. Approximately 14 percent of U.S. physicians reported working locum tenens in 2025,<sup>5</sup> and an estimated 165,000 physicians have engaged in locum tenens work at some point in their careers.<sup>6</sup>

Rural communities need access to a wide range of clinicians, including cardiologists, rheumatologists, surgeons, emergency physicians, OB/GYNs, and family physicians. This may look like a cardiologist spending two weeks each month at a rural hospital, a few days a week of supplemental OB/GYN coverage at a rural clinic, or a psychiatrist filling in at a VA hospital while it recruits a permanent specialist. Yet many hospitals and clinics cannot recruit or retain enough clinicians to meet patient needs. When those positions remain unfilled, services are reduced, wait times grow, and patients may be forced to delay care, travel long distances, or go without care altogether. Locum tenens clinicians willingly help fill these gaps, often traveling to the communities that need them most.

No example illustrates this better than Dr. Christine Kramer, a family physician who regularly serves the Havasupai Tribe at the bottom of the Grand Canyon. With no roads leading to the community, access is restricted to either an eight-mile hike or helicopter transport. During many assignments, she is the only physician onsite, providing primary care, responding to emergencies, and coordinating medical evacuations. For communities like Havasupai, access to care often depends entirely on clinicians willing to travel where permanent recruitment is near impossible.<sup>7</sup>

The need extends beyond primary care. Nearly 60 percent of rural hospitals no longer offer labor and delivery services.<sup>8</sup> When a mother is in labor, traveling hours to reach the nearest functioning labor and delivery unit is not merely an inconvenience; it can be a matter of life and death for both mother and child. Locum tenens physicians are often what allow these services to remain available in more remote and underserved communities.

Dr. Brian Turner, an OB/GYN, takes on locum tenens assignments in addition to his full-time practice, driven by a strong sense of calling to provide care where it is needed most. When he learned of a rural hospital in his region facing a critical shortage in its obstetrics department, he acted on it. His commitment has helped rural hospitals maintain obstetrical services despite

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<sup>5</sup> Weatherby Healthcare, *2026 Locum Tenens Physician Report: An Industry Outlook (2026)* (citing CHG Healthcare, Locum Tenens Awareness & Perception Survey (Nov. 2025), <https://weatherbyhealthcare.com/locum-tenens/resources/physicians-in-locums-report>).

<sup>6</sup> Medicus Healthcare Solutions, *The Physician Workforce Under Pressure: From Shortage to Strategy* (Windham, NH: Medicus Healthcare Solutions, January 6, 2026), <https://medicushcs.com/resources/why-is-there-a-united-states-physician-shortage-data-and-trends>.

<sup>7</sup> Kevin Kealey, "Inside the Havasupai Reservation: What It's Like Working Locum Tenens for the Indian Health Service," *CompHealth* (blog), March 4, 2026, <https://comphealth.com/resources/locum-tenens-indian-health-service-havasupai>.

<sup>8</sup> Center for Healthcare Quality and Payment Reform, "Stopping the Loss of Rural Maternity Care," accessed June 6, 2026. [https://chqpr.org/downloads/Rural\\_Maternity\\_Care\\_Crisis.pdf](https://chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf).

physician shortages, allowing patients to receive maternity care closer to home rather than traveling long distances for care that should be readily available.<sup>9</sup>

Other clinicians have answered that same call in even more remote settings. Dr. Rachael Consoli has spent much of her career providing OB/GYN care in rural locations where specialized care would otherwise be unavailable. As the first OB/GYN locum tenens physician to serve Utqiagvik, Alaska, she founded the facility's obstetrics and gynecology department, allowing patients with uncomplicated pregnancies to deliver locally and remain with their families rather than being flown 725 miles to Anchorage. Her work demonstrates how locum tenens physicians can sustain access to essential services while communities work toward permanent staffing solutions.<sup>10</sup>

Locum tenens providers are an integral part of access to healthcare. Data shows that 71% of all jobs worked by locum tenens physicians are at worksites located in federally designated Health Professional Shortage Areas (HPSAs).<sup>11</sup> In many communities, they make the difference between an open clinic and shuttered doors; between a hospital maintaining a service or being forced to close it, between a patient receiving care close to home or going without care altogether.

Locum tenens practice provides physicians and advanced practitioners with flexible opportunities at every stage of their career. Early-career clinicians use locums assignments while identifying the right long-term practice fit. Mid-career providers often take additional assignments alongside their primary practice, helping improve patient access. Later-career physicians frequently continue practicing through locums arrangements long after they otherwise would have retired from medicine.

Advanced practice providers are an essential part of the healthcare workforce. Over the past decade, a growing number of states have expanded scope-of-practice authority for nurse practitioners and other APPs, reflecting increasing recognition of their capacity to deliver care independently. As that recognition has grown alongside persistent workforce shortages, locum tenens APPs have become essential to maintaining timely access to care in rural and underserved communities.

Locum tenens providers support the hospitals and clinics where they serve. They help address staffing shortages, bring valuable experience to local teams, and often share knowledge with more junior staff. They help mitigate the substantial financial losses associated with unfilled physician positions. For rural hospitals already operating on negative margins, a single unfilled position can be the difference between keeping services open and closing a ward.

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<sup>9</sup> Medicus Healthcare Solutions, "Advancing OB/GYN Care Through Locum Tenens: Dr. Brian Turner's Impact," May 30, 2025, <https://medicushcs.com/locum-tenens/resources/advancing-ob/gyn-care-through-locum-tenens-dr.-brian-turners-impact>.

<sup>10</sup> Global Medical Staffing, "Delivering Babies All Over the World," Global Medical Staffing (blog), accessed June 6, 2026, <https://gmedical.com/blog/locum-tenens-ob-gyn-world>.

<sup>11</sup> CHG Healthcare. "2024 HPSA Study: Most Locum Doctors Work in Underserved Areas." December 19, 2024. <https://chghealthcare.com/resources/hpsa-shortage-areas-locum-study>. The study analyzes locum tenens physician assignment data from July 2022 to June 2024.

The flexibility is the reason the model works.

Clinicians participate in locum tenens work because it allows them to reach patients in communities where coverage is needed most, while retaining the flexibility to accept assignments that fit their training, availability, and ability to serve. The independent contractor structure gives them the autonomy to accept temporary assignments, travel to communities in need, supplement an existing practice, transition between career stages, or continue caring for patients later in life. For many, that structure is not incidental to their participation; it is the condition that makes participation possible.

We hear from physicians across the country that the independent contractor model is what allows them to keep showing up in the communities that need them. One provider described how controlling his own schedule allows him to balance family commitments while accepting assignments at multiple facilities and filling gaps a traditionally employed physician could not.

When CHG surveyed 707 locum tenens physicians in 2023, nearly 3 out of every 4 physicians surveyed reported that being forced to switch to W-2 employment for locum tenens work would negatively impact their likelihood of continuing to do locums work. That included 70 percent of cardiologists, 68 percent of anesthesiologists, and 62 percent of emergency medicine physicians. Only one-third indicated they would likely continue providing locum tenens services if required to transition to a W-2 employment model.<sup>12</sup> For these clinicians, independent contractor status is not a loophole, a workaround, or a tax avoidance scheme. It is often the condition that allows them to continue serving communities outside their own.

This model also supports clinician wellbeing. As a growing number of healthcare professionals face burnout, locum tenens provides an important point of relief. Forty-three percent of surveyed physicians reported reduced burnout after taking a locum tenens assignment, a strong signal that locum tenens practice supports clinician wellbeing by offering a change of pace and an opportunity to serve a community in need.<sup>13</sup>

Importantly, locum tenens is not a quality-of-care compromise. Peer-reviewed research confirms that it is an access-to-care solution. A 2017 study published in *JAMA*, examining more than 1.8 million hospitalizations of Medicare beneficiaries, found no significant difference in 30-day mortality between patients treated by locum tenens internal medicine physicians and patients treated by non-locum physicians.<sup>14</sup> A separate 2021 study at an 800-bed tertiary care center in

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<sup>12</sup>CHG Healthcare. *2025 State of Locum Tenens Report*. Midvale, UT: CHG Healthcare, 2025. <https://chghealthcare.com/chg-state-of-locum-tenens-report>. (reporting physician responses on likelihood of continuing locum tenens work if required to transition to W-2 employment).

<sup>13</sup> CHG Healthcare. *2025 State of Locum Tenens Report*. Midvale, UT: CHG Healthcare, 2025. <https://chghealthcare.com/chg-state-of-locum-tenens-report>. (reporting that 43% of surveyed physicians experienced reduced burnout after taking a locum tenens assignment).

<sup>14</sup>Daniel M. Blumenthal et al., Association Between Treatment by Locum Tenens Internal Medicine Physicians and 30-Day Mortality Among Hospitalized Medicare Beneficiaries, 318 *J. Am. Med. Ass'n* 2902 (2017), available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC5820716/>.

Toledo, Ohio, found that patients treated by locum hospitalists experienced shorter and less expensive hospitalizations with no increase in readmission or mortality.<sup>15</sup>

Put simply, locum tenens clinicians expand access to care without sacrificing patient outcomes. However, despite providing quality care that America's fragile rural systems and patients rely on, the industry is at risk.

Over the last several years, states have increasingly pursued legislation aimed at addressing concerns within the gig economy and broader worker-classification issues. While many of these efforts may be well-intentioned, they often apply overly broad employment frameworks that fail to distinguish between fundamentally different types of temporary work arrangements. In doing so, they inadvertently create one-size-fits-all policies with unintended consequences.

California offers a cautionary tale. When the state enacted its ABC test for independent contractor classification, locum tenens physicians and advanced practice providers were swept in, not because policymakers intended to capture them, but because the law was drafted without the locum tenens model in mind. California ultimately carved out physicians after recognizing the error, but advanced practice providers were not afforded the same protection. The result was predictable: some practitioners stopped accepting California assignments, and some staffing agencies stopped placing them there. Patients lost access to providers who had previously served them.

In New York, regulators now require locum tenens staffing agencies to file quarterly reports using compensation categories such as "regular pay" and "overtime," concepts designed for traditional W-2 employment models, not independently contracted service arrangements. Proposed legislation in other states would go further still, applying broad employee-style frameworks to locum tenens agencies without recognizing the professional autonomy and voluntary relationships that define this model. In each instance, the locum tenens workforce is being swept into regulatory structures that were never designed for it.

These approaches create operational friction for clinicians and for the staffing agencies that connect providers with communities facing critical shortages. Increased administrative burdens and one-size-fits-all workforce rules make it harder to recruit qualified clinicians willing to take temporary assignments and to deploy them where patients need them most.

The consequences fall hardest on patients. Policies that reduce locum flexibility risk discouraging participation in temporary medical staffing altogether. If clinicians stopped taking locum assignments because they were forced into a W-2 model, rural and underserved hospitals would lose capacity they cannot easily replace. Smaller hospitals and clinics are already thinly staffed. They cannot afford to lose experienced physicians and APPs who are willing to travel to serve their patients.

H.R. 8347 addresses this problem in a targeted way.

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<sup>15</sup>Mustafa Ali et al., Hospitalization and Post-Hospitalization Outcomes Among Teaching Internal Medicine, Employed Hospitalist, and Locum Tenens Hospitalist Services in a Tertiary Center, 36 J. Hosp. Med. 73 (2021), available at <https://pubmed.ncbi.nlm.nih.gov/33495887/>.

The RURAL Healthcare Act would classify qualified locum tenens professionals as independent contractors for purposes of the Fair Labor Standards Act of 1938 and the National Labor Relations Act. It is a clean and narrow bill. It would protect the status quo and provide necessary certainty to medical professionals who currently choose to practice as locum tenens clinicians.

That certainty matters to everyone involved: the clinicians who accept assignments, the staffing agencies that facilitate placements, the healthcare systems that depend on temporary coverage, and most importantly, the patients who need care.

This bill does not take sides in the broader debate about the future of the gig economy, the appropriate regulation of labor markets, or the rights of workers. Those are important debates, and there is room for good-faith disagreement. But this bill is narrow and recognizes that the healthcare context is different. The workers in question here are highly credentialed professionals exercising genuine choice. The communities they serve have no ready alternative. And the cost of legal uncertainty is measured in lives.

This bill is also not a silver bullet to fix rural healthcare. But H.R. 8347 is a necessary step. It provides needed federal clarity where conflicting or overly broad state-level approaches could disrupt access to a staffing model that rural and underserved communities across the country rely on.

This bill represents real Americans. It represents the cardiologist from Chicago who spends two weeks each month at a rural hospital in South Dakota because there is no permanent cardiologist within 150 miles, and who would stop doing so if the legal structure of that arrangement were upended.

It represents the retired emergency physician who works locum shifts three days a week because full-time practice is no longer feasible, but who is not ready to stop helping patients.

It represents the OB/GYN who covers a rural labor and delivery unit where, without that coverage, expecting mothers would face an hour-long drive to the nearest hospital, an hour that could mean the difference between life and death for a mother and her child.

And it ultimately represents the patients: the farmers, mothers, elderly residents, and working families in rural communities who deserve to know that when they need care, someone will be there to provide it.

H.R. 8347 is a solution. It preserves a functioning model. It protects clinicians' freedom to practice. It gives hospitals and clinics certainty. And it helps ensure that patients in rural and underserved communities do not lose access to the providers willing to serve them.

As such, we respectfully urge this Committee to advance H.R. 8347 and help ensure its passage by the House.

Thank you for the opportunity to testify and thank you for your attention to this timely issue.