

United States Senate

WASHINGTON, DC 20510

April 12, 2023

The Honorable Tammy Baldwin
Chairwoman
Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Shelley Capito
Ranking Member
Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

Dear Chairwoman Baldwin and Ranking Member Capito:

As you begin consideration of Fiscal Year 2024 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations legislation, we ask that within the accounts funding the Health Resources and Services Administration (HRSA), and as authorized in recently enacted legislation, you provide \$50 million in funding to launch the new Bio-Preparedness Workforce Pilot Program (“Pilot Program”) to address severe shortages of infectious diseases (ID) health care professionals and significant financial barriers to recruitment.

Congress enacted the Pilot Program within the Public Health Loan Repayment Program as part of the PREVENT Pandemics Act in the FY2023 Consolidated Appropriations Act and authorized an annual appropriation of \$100 million. We support full, robust funding for the Public Health Loan Repayment Program with a clear allocation for the Pilot Program and highlight that the Pilot Program complements the Public Health Loan Repayment Program by ensuring the public health workforce has strong ID partners in community health care settings. The Pilot Program may provide qualified individuals with up to \$50,000 in loan repayment per year for up to three years. A \$50 million allocation for the Pilot Program would support up to 1,000 ID health care professionals and influence the decisions of current medical students and residents in this year’s recruitment processes. To qualify, health care professionals with ID or emergency preparedness experience must work in a health professional shortage area (HPSA), federal health facility (e.g., VA facilities, community health centers, rural health clinics, federally qualified health centers, etc.), a Ryan White HIV/AIDS Program (RWP) clinic, a health facility located in rural areas, a health facility operated by a tribal organization, or another relevant entity determined by the Secretary.

No federal programs offer loan repayment for providing ID care or conducting emergency preparedness activities in community health care facilities. Improving access to ID professionals will improve patient outcomes due to their central role in preventing and managing ID complications associated with cancer treatment, transplants, complex surgeries and the opioid epidemic. ID care results less mortality, shorter hospital stays and lower health care costs. ID expertise is critical to end HIV as an epidemic and eliminate viral hepatitis. In the face of public health emergencies, communities with ID experts are more resilient.

Nearly 80% of US counties have no ID physician, and recruitment is dwindling. This year, only 56% of ID training programs filled their positions, while most other medical specialties filled all or nearly all of their training programs. ID physicians are among the lowest compensated in

medicine, and student loan debt is a key barrier to entering the field. Similar shortages and recruitment challenges exist for infection preventionists, clinical laboratory staff, pharmacists, physician assistants, nurses and other clinicians who specialize in ID.

Thank you for your consideration of this important request.

Sincerely,



Kirsten Gillibrand
United States Senator



Jacky Rosen
United States Senator



Maria Cantwell
United States Senator



Martin Heinrich
United States Senator