

# United States Senate

WASHINGTON, DC 20510

May 6, 2024

The Honorable Tammy Baldwin  
Chairwoman  
Senate Committee on Appropriations on  
Labor, Health and Human Services,  
Education, and Related Agencies  
United States Senate  
Washington, D.C. 20510

The Honorable Shelly Moore Capito  
Ranking Member  
Senate Committee on Appropriations on  
Labor, Health and Human Services,  
Education, and Related Agencies  
United States Senate  
Washington, D.C. 20510

Dear Chairwoman Baldwin and Ranking Member Capito,

As you begin consideration of Fiscal Year 2025 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 Bio- Preparedness Workforce Pilot Program (“Pilot Program”) to address severe shortages of infectious diseases (ID) and HIV 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 as included in the bipartisan Consolidated Appropriations Act of 2023 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/HIV 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/HIV 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/HIV care or conducting emergency preparedness activities in community health care facilities. Improving access to ID/HIV 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.

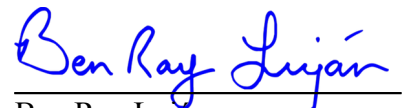
Nearly 80% of US counties have no ID physician, and recruitment is dwindling. This year, only

50.8% of ID training programs filled their positions, down from 56% last year, 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, dentists and other clinicians who specialize in ID or HIV.

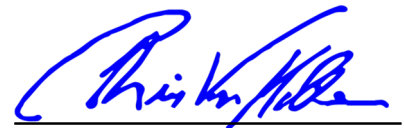
Thank you for your consideration of this important request.

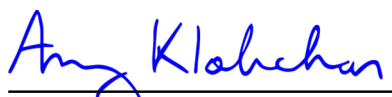
Sincerely,


  
Kirsten Gillibrand  
United States Senator

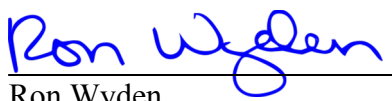
  
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