

The Honorable Robert Aderholt
The Honorable Rosa DeLauro
Committee on Appropriations
Subcommittee on Labor-HHS-Education and Related Agencies
U.S. House of Representatives
Washington, DC 20515

May 22, 2025

Dear Chairs Aderholt and Ranking Member DeLauro:

As you and your colleagues begin work on the Fiscal Year (FY) 2026 Labor-Health and Human Services-Education appropriations bill, the undersigned 101 organizations **respectfully request that you fully fund the Public Health Workforce Loan Repayment Program at its \$100 million authorization level and provide \$50 million to launch the Bio-Preparedness Workforce Pilot Program** at the Health Resources and Services Administration. Fortifying the public health workforce and infectious diseases/HIV workforce requires a strong public health and biomedical research infrastructure at the federal, state and local levels.

The state and local public health workforce is the backbone of the nation's governmental public health system but is facing a crisis. Between 2008 and 2019, state and local health departments lost 15 percent of essential staff, and 80,000 more full-time equivalents – an increase of nearly 80 percent – are needed to provide a minimum package of public health services.¹ New data on local health departments show that the workforce grew after an influx of funding during the pandemic, with an increase over 150% in temporary contract workers, but this increase is short-lived without additional funding. While all health departments need additional staff, one of the most acute needs is in small local health departments which often serve rural communities. Without sufficient funding to recruit and retain staff, health departments may not be able to carry out essential services like screening and treatment for both chronic and communicable diseases; maternal and child health services; epidemiology and surveillance; routine immunizations; primary prevention services; and regulation, inspection, or licensing. Local and state health departments are also our nation's first line response to public health emergencies. An underinvestment in state and local public health workforce leaves our communities under-prepared to respond to emergencies, including infectious disease outbreaks, environmental hazards, and weather-related events.

Meanwhile, the infectious disease (ID) and HIV workforce that works in collaboration with public health is also in crisis. Workforce shortages coupled with lower pay and a lack of financial incentives for recruitment and retention persist among ID and HIV health care professionals, including ID physicians, clinical microbiologists, nurses, pharmacists, physician assistants, infection preventionists, and dentists. Almost 80% of U.S. counties do not have an ID physician, and the distribution of ID physicians is geographically skewed with rural Americans being less likely to have access to ID physicians than their urban counterparts. Once again last year, only about half of ID physician training programs filled, while most other specialties were able to fill 90% or more of their programs. A quarter of health care facilities have reported a vacant infection preventionist position and a 2019 survey showed a vacancy rate for clinical microbiologists of over 10 percent. Communities without ID health care professionals will be less equipped to respond to threats like antimicrobial resistance, health care associated infections, sepsis, and infectious diseases associated with the opioid epidemic, and less able to advance the End the HIV Epidemic initiative and eliminate viral hepatitis.

Our organizations are grateful to Congress for recognizing the challenges facing these vital workforces and including Section 2221 of the Consolidated Appropriations Act of 2023 bipartisan legislation authorizing both

¹ <https://debeaumont.org/staffing-up/>

the Public Health Workforce Loan Repayment Program and the Bio-Preparedness Workforce Pilot Program. These programs will provide needed financial incentives to bring public health and ID professionals into settings where they are crucially needed. We are hopeful that your Subcommittee will build on this important progress and provide funding for these programs in FY 2026.

As your Subcommittee makes funding decisions for FY 2026, we urge you to fully fund the Public Health Workforce Loan Repayment Program at its \$100 million authorization level and provide \$50 million to launch the Bio-Preparedness Workforce Pilot Program. Investing in these bipartisan programs would promote the recruitment and retention of as many as 2,000 public health professionals at local, state, and Tribal public health agencies across the country, and as many as 1,000 ID and HIV health care professionals in rural and urban health professional shortage areas, medically underserved communities, or federal facilities by offering loan repayment in exchange for three-year service commitments. These commonsense incentives will help ensure our public health and ID workforces grow sufficiently to keep our communities safe and healthy in the years to come.

Sincerely,

Act Now: End AIDS (ANEA) Coalition
ADAP Advocacy Association
Advocates for Youth
AIDS Alabama
AIDS Foundation Chicago
AIDS United
American Academy of HIV Medicine
American Association of Colleges of Pharmacy (AACP)
American College of Clinical Pharmacy
American Geriatrics Society
American Nurses Association
American Public Health Association
American Society for Microbiology
Association for Diagnostics & Laboratory Medicine
Association for Molecular Pathology
Association of Nurses in AIDS care
Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials
AVAC
Big Cities Health Coalition
Boone County Health Department
CAEAR Coalition
Cares of Southwest Michigan
CenterLink: The Community of LGBTQ Centers
Cleveland Clinic
Coai, Inc.
Colorado Association of Local Public Health Officials
Council of State and Territorial Epidemiologists
Delaware HIV Consortium
Embrace Health
Eta Sigma Gamma
Equitas Health

Equity Is the Word
Fast-Track Cities Institute
Five Horizons Health Services
Florida Chapter of American Academy of Pediatrics
Georgia AIDS Coalition
Gerontological Society of America
GLMA: Health Professionals Advancing LGBTQ+ Equality
Global Network of Black People working in HIV
GMHC
Hawai'i Health & Harm Reduction Center
HealthHIV
HealthyWomen
Hep Free Hawai'i
HIV Dental Alliance
HIV Medicine Association
Hope and Help Center of Central Florida, Inc.
Housing Works, Inc.
Howard Brown Health
Infectious Diseases Society of America (IDSA)
International Association of Providers of AIDS Care
Latino Commission on AIDS
Maine Medical Association
Maine Osteopathic Association
Maryland Association of County Health Officers (MACHO)
Massachusetts Health Officers Association
MercyOne Des Moines Medical Center
NASTAD
National Alliance for HIV Education and Workforce Development (NAHEWD)
National Association of County and City Health Officials (NACCHO)
National Association of Nurse Practitioners in Women's Health
National Consumers League
National Environmental Health Association
National Pharmaceutical Association
National Working Positive Coalition
New Jersey Environmental Health Association
NMAC
NTM Info & Research, Inc.
Oregon Coalition of Local Health Officials
Oregon State University
PA Education Association
Pediatric Infectious Diseases Society
Peggy Lillis Foundation
Positive Impact Health Centers
Positive People Network Inc
PrEP4All
Prevent Blindness
Prevention Access Campaign

Prism Health North Texas
Rhode Island Public Health Institute and Open Door Health
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Society for Public Health Education
Society of Infectious Diseases Pharmacists (SIDP)
Stuart B. Levy Center for Integrated Management of Antimicrobial Resistance at Tufts
Texas Association of City & County Health Officials
The AIDS Institute
The National Alliance to Advance Adolescent Health/Got Transition
The Reunion Project
Treatment Action Group (TAG)
Trinity Health
Tucson Interfaith HIV/AIDS Network (TIHAN)
University of Washington
Vivent Health
Washington State Public Health Association
Waves Ahead
Wellness Equity Alliance
Wisconsin Association of Local Health Departments and Boards
Wisconsin Public Health Association