

March 24, 2023

The Honorable Robert Aderholt
Chair
Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

Dear Chair Aderholt, and Ranking Member DeLauro:

As you and your colleagues begin work on the Fiscal Year (FY) 2024 Labor-Health and Human Services-Education appropriations bill, the undersigned 121 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 new Bio-Preparedness Workforce Pilot Program** at the Health Resources and Services Administration.

The state and local public health workforce is the backbone of the nation's governmental public health system but is facing a crisis. In the past decade, 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 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 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 department 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) 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. In 2022, 80 percent of U.S. counties lacked an ID physician, and just over half of ID physician training programs filled, compared to most other physician specialties which filled nearly all 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

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

associated infections, and infectious diseases associated with the opioid epidemic, and less able to advance federal initiatives to End the HIV Epidemic 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 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 2024.

As your Subcommittee makes funding decisions for FY 2024, 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 new 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,

National Association of County and City Health Officials
Infectious Diseases Society of America
AIDS United
American Academy of HIV Medicine
American Public Health Association
American Society for Microbiology
Association for Professionals in Infection Control and Epidemiology
Association of State and Territorial Health Officials
HIV Medicine Association
ACT NOW: END AIDS (ANEA) Coalition
African American Health Alliance
AFSCME
AHF
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation Chicago
American Academy of Nursing
American Association for Clinical Chemistry
American College of Clinical Pharmacy
American Dental Association
Association of Ohio Health Commissioners

Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Bell Primary Care
Big Cities Health Coalition
CAEAR Coalition
California Alliance of Academics and Communities for Public Health Equity
Cares of Southwest Michigan
Cascade AIDS Project
CenterLink: The Community of LGBT Centers
Central Outreach Wellness Center
ChangeLab Solutions

MercyOne DesMoines Medical Center
Michael Reese Research and Education Foundation
Michigan Association for Local Public Health
Michigan State University/Trinity Health
NASTAD
National Alliance of Public Health Students and Alums (NAPHSAs)
National Association of Nurse Practitioners in Women's Health
National Environmental Health Association
National Pharmaceutical Association (NPhA)
National Rural Health Association
Nebraska Association of Local Health Directors (NALHD)
New Jersey Association of County and City Health Officials (NJACCHO)
New Jersey Environmental Health Association
NMAC
North Carolina Association of Local Health Directors
North Colorado Family Medicine
Oregon Coalition of Local Health Officials
PA Education Association
PCAF
Pediatric Infectious Diseases Society
Peggy Lillis Foundation for C. diff Education & Advocacy
Project Weber/RENEW
PWN-USA
Ryan White Medical Providers Coalition
Safe States Alliance
San Diego State School of Public Health
San Diego State University
School-Based Health Alliance
Sepsis Alliance
SisterLove Inc
Society for Healthcare Epidemiology of America
Society of Infectious Diseases Pharmacists (SIDP)
Stuart B. Levy Center for Integrated Management of Antimicrobial Resistance at Tufts
Sunshine Specialty Care Center LLC
Temple Comprehensive HIV Program
Tennessee Public Health Association
Texas Association of City and County Health Officials
The DrPH Coalition
The Gerontological Society of America
The New York State Association of County Health Officials, Inc.

University of Maryland School of Nursing
Valley AIDS Council
Valley Fever Institute
Vermont Public Health Association
Washington State Association of Local Health Officials
Washington State Public Health Association
Whitley County Health Department