FY25 Approps Request re Bio-Preparedness Workforce

Senator Gillibrand invites your boss to co-sign the FY2025 appropriations letter for the Bio-Preparedness Workforce which was authorized under the PREVENT Pandemics Act passed in 2022. This funding will provide loan reimbursement for public health workers working in infectious disease positions.

Letter Summary: This letter requests \$50 million to support the bio-preparedness workforce.

Background on the Bio-Preparedness Workforce: The bio-preparedness workforce was authorized under the PREVENT Pandemics Act passed in 2022. However, this program has not been funded since authorization. Currently, there are not any federal programs that offer loan repayment for members of the public health workforce who provide infectious disease care or conduct emergency preparedness activities in community health care facilities. This funding would provide HRSA the ability 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.

Endorsing Orgs: Infectious Disease Society of America

Deadline: Monday, May 6 COB

Current Signers: Gillibrand, Lujan, Heinrich, Klobuchar

FY2024 Letter Co-Signees: Gillibrand, Cassidy, Marshall, Lujan

Quill Link: here

To join this letter, please contact <u>Laura_Bain@gillibrand.senate.gov</u>, <u>Catherine_Paul@gillibrand.senate.gov</u>, or <u>Claire_Descamps@gillibrand.senate.gov</u>

FY25 Letter Text:

[[DATE]]

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 the PREVENT Pandemics Act, you provided \$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.

Laura Bain, PhD, MBA, RDN Legislative Fellow Office of Senator Kirsten Gillibrand Fiscal Year 2025 Appropriations/CDS Request Forms