

Congress of the United States

Washington, DC 20515

May 1, 2024

The Honorable Robert Aderholt
Chair
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

Dear Chair Aderholt and Ranking Member DeLauro:

As you and your colleagues begin work on the Fiscal Year (FY) 2025 Labor-Health and Human Services Education appropriations bill, we respectfully request that you fully fund the Public Health Workforce Loan Repayment Program at its authorization level and provide \$50 million to launch the Bio-Preparedness Workforce Pilot Program.

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 – who are needed to provide a minimum package of public health services. New data on local health departments show that the workforce grew by 19 percent after an influx of funding during the pandemic with an over 150 percent increase 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 health care 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 are also in crisis. Nearly 80 percent of US counties have no ID physician, and recruitment is dwindling. Communities without ID and HIV health care professionals are less equipped to respond to threats like antimicrobial resistance, health care associated infections and infectious diseases associated with the opioid epidemic, and to advance efforts to end HIV as an epidemic and eliminate viral hepatitis. This year, only 50.8 percent of ID training programs were filled, a decrease from 56 percent 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 and other clinicians who specialize in ID or HIV.

In 2022, Congress recognized the need to bolster the public health and ID/HIV workforces by authorizing the Public Health Workforce Loan Repayment and the Bio-Preparedness Workforce Pilot Programs in

Section 2221 of the bipartisan Consolidated Appropriations Act of 2023. Congress must now follow through on its commitment and fully fund Section 2221 in Fiscal Year 2025.

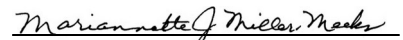
With full funding of \$100 million, the Public Health Workforce Loan Repayment Program will promote the recruitment of as many as 2,000 public health professionals at local, state, and Tribal public health agencies. Under the program, individuals who have recently graduated or are in their final year of pursuing a public health degree, health professions degree, or relevant certificate may receive up to \$50,000 in educational loan repayment in exchange for a three-year service commitment at a local, state, or Tribal public health agency. Similarly, an allocation of \$50 million for the Bio-Preparedness Workforce Pilot Program, also based on bipartisan legislation, offers loan repayment opportunities to ID and HIV professionals to address severe shortages in the ID and HIV workforce.

As your Subcommittee makes funding decisions for FY 2025, we urge you to provide \$100 million to the Public Health Workforce Loan Repayment Program and \$50 million to launch the new Bio-Preparedness Workforce Pilot Program. Such an investment will help our local, state, and Tribal health departments and ID partners rebuild their workforce, which is essential to America's ability to confront current public health challenges and prepare for future crises. The Public Health Workforce Loan Repayment Program and Pilot Program are commonsense incentives that will help ensure our public health and ID and HIV workforce grows and have the staff needed to keep our communities safe and healthy in the years to come.

Sincerely,



Jason Crow
Member of Congress



Mariannette Miller-Meeks,
M.D.
Member of Congress



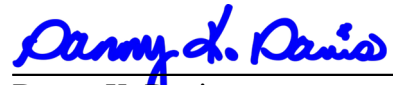
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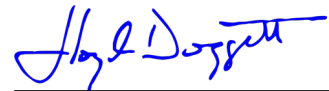
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Member of Congress



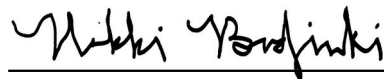
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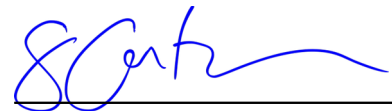
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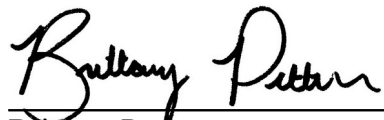
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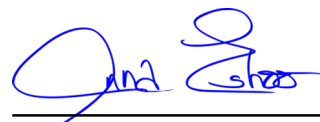
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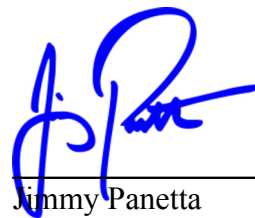
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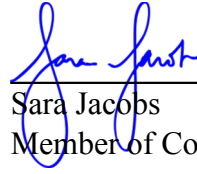
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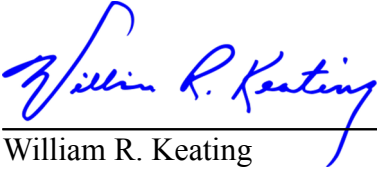
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Al Green
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Scion of the Enslaved
Africans -
Sacrificed to Make America
Great



Jasmine Crockett
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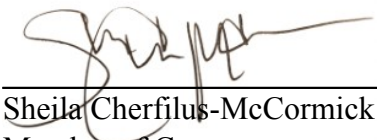
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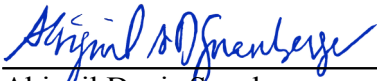
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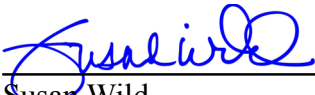
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