

The Honorable Robert Aderholt Chair
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

March 26, 2026

Dear Chair Aderholt, and Ranking Member DeLauro:

As you and your colleagues begin work on the Fiscal Year (FY) 2027 Labor-Health and Human Services-Education appropriations bill, the undersigned 100 organizations **respectfully request that you fully fund the Public Health Workforce Loan Repayment Program at its \$100 million authorization level and provide \$5 million to launch the Bio-Preparedness Workforce Pilot Program** at the Health Resources and Services Administration. Fortifying the public health workforce and the 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 While public health staffing levels grew due to an increase in funding during the pandemic, those gains were temporary. Moreover, there has been significant turnover, and while all health departments need additional highly-qualified staff, one of the most acute needs is in small local health departments which often serve rural communities.² Without sufficient funding to recruit and retain staff, health departments cannot carry out essential services like screening and treatment for both chronic and communicable diseases; maternal and child health services; epidemiology; routine immunizations; primary prevention services; and inspection, or licensing activities. 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. Last year, only 45% 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.

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

² [NACCHO-2022-Profile-Report.pdf](#)

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 2027.

As your Subcommittee makes funding decisions for FY 2027, we urge you to fully fund the Public Health Workforce Loan Repayment Program at its \$100 million authorization level and provide \$5 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 Coalition
ADAP Advocacy Association
AIDS Action Baltimore
AIDS Alabama
AIDS Foundation Chicago
AIDS United
American Academy of HIV Medicine
American Association of Colleges of Pharmacy
American College of Clinical Pharmacy
American Geriatrics Society
American Nurses Association
American Public Health Association
American Society for Clinical Pathology
American Society for Microbiology
ASHP
Association for Diagnostics & Laboratory Medicine
Association for Molecular Pathology
Association of Genetic Technologists
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
Big Cities Health Coalition
CAEAR Coalition
Case Western Reserve University School of Medicine
CenterLink
Cherokee County Health Department
Coai, Inc.
COLA Inc.
Colorado Association of Local Public Health Officials
Connecticut Association of Directors of Health (CADH)

Council of State and Territorial Epidemiologists
Delaware HIV Services, Inc., DBA Delaware HIV Consortium
Embrace Health, Inc.
Five Horizons Health Services
Florida Chapter of the American Academy of Pediatrics
Foundation for Healthy Generations
Georgia AIDS Coalition
Georgia Equality
Global Network of Black People working in HIV
GMHC
HealthHIV
HealthyWomen
HIV Dental Alliance
HIV Medicine Association
Illinois Public Health Association
Infectious Diseases Society of America
Kansas Association of Local Health Departments
Kentucky Health Departments Association
Lee County Health Department
Legacy Health
Levy CIMAR at Tufts
Maine Osteopathic Association
Maryland Association of County Health Officers
Massachusetts Health Officers Association
Mercy
NASTAD
National Accrediting Agency for Clinical Laboratory Sciences
National Alliance for HIV Education and Workforce Development
National Association of County and City Health Offices
National Association of Local Boards of Health
National Association of Nurse Practitioners in Women's Health
National Coalition for LGBTQ Health
National Environmental Health Association
National Pharmaceutical Association
National Society for Histotechnology (NSH)
National Working Positive Coalition
New Jersey Association of County and City Health Officials (NJACCHO)
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
Positive Impact Health Centers
Positive People Network, Inc.
PrEP4All
Prevent Blindness
Prism Health North Texas
Rhode Island Public Health Institute
Rural AIDS Action Network (RAAN)
Ryan White Medical Providers Coalition

San Francisco AIDS Foundation
Save HiV Funding Campaign
Society for Public Health Education
Society of Infectious Diseases Pharmacists
Southern Seven Health Department
Texas Association of City & County Health Officials
The AIDS Institute
Treatment Action Group
Trinity Health
Trust for America's Health
UConn Health
Vivent Health
Washington State Association of Local Public Health Officials
Waves Ahead Corp
Wellness Equity Alliance
Wisconsin Association of Local Health Departments and Boards
Wisconsin Public Health Association