

September 25, 2023

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
Washington, DC 20510

The Honorable Shalanda Young
Director
White House Office of Management and Budget
Washington, DC 20510

Dear Secretary Becerra and Director Young:

As you continue work on the Fiscal Year (FY) 2025 President's Budget Request, the undersigned 109 organizations respectfully request that you prioritize the nation's public health, infectious diseases (ID) and bio-preparedness workforce by including \$100 million for the Public Health Workforce Loan Repayment Program and \$50 million for the Bio-Preparedness Workforce Pilot Program at the Health Resources and Services Administration in the FY2025 President's Budget Request.

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 to high need areas by offering loan repayment in exchange for three-year service commitments. ID/HIV health care professionals would be eligible by working in rural and urban health professional shortage areas, medically underserved communities, federal health facilities (e.g., VA facilities), or Ryan White HIV/AIDS Program clinics. Given the integral role these health professionals play in pandemic preparedness and patient care, it is vital to prioritize funding in FY2025 to help provide needed financial incentives to bring public health and ID professionals into settings where they are crucially needed.

The local and state public health workforce is the backbone of the nation's governmental public health system but is facing a crisis. In the past decade, local and state 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 departments are also our nation's first line response to public health emergencies, working to achieve federal public health goals. An underinvestment in local and state public health workforce leaves our communities ill prepared to respond to emergencies, including infectious disease outbreaks, environmental hazards, and weather-related events.

Meanwhile, the ID workforce that works in collaboration with public health is also in crisis. Workforce shortages persist among ID and HIV health care professionals, including ID physicians, clinical microbiologists, nurses, pharmacists, physician assistants, infection preventionists, and dentists. Recruitment and retention challenge are worsened by lower pay relative to other specialties and a lack of other financial incentives, such as loan repayment. 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 are less equipped to respond to threats like antimicrobial resistance, health care 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.

As you determine the FY2025 budget request, we urge you to include \$100 million for the Public Health Workforce Loan Repayment Program, and \$50 million for the Bio-Preparedness Workforce Pilot Program. 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,

Infectious Diseases Society of America
National Association of City and County Health Officials
Act Now: End AIDS (ANEA) Coalition
AHF
AIDS Action Baltimore
AIDS Alabama
AIDS Foundation Chicago
AIDS United
Albert Einstein College of Medicine
American Academy of HIV Medicine
American College of Clinical Pharmacy
American Geriatrics Society
American Public Health Association
American Society for Microbiology
Association for Diagnostics and Laboratory Medicine
Association for Professionals in Infection Control and Epidemiology
Association of Nurses in AIDS Care
Association of Ohio Health Commissioners
Association of Public Health Laboratories
Association of Public Health Nurses
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials
Brown Medicine
CAEAR Coalition
Cares of Southwest Michigan
Cascade AIDS Project
CenterLink: The Community of LGBTQ Centers
ChangeLab Solutions
Cleveland Clinic
Coalition of National Health Education Organizations
Colorado Association of Local Public Health Officials
Columbia, Mailman School of Public Health
Cook County Department of Public Health
Cystic Fibrosis Foundation
Duke Health
Embrace Health, Inc.
Eta Sigma Gamma National Health Education Honorary
Fenway Health
Five Horizons Health Services

Foothills Health District
Gerontological Society of America
GLMA: Health Professionals Advancing LGBTQ+ Equality
GMHC
Grady Health System
Greater Lawrence Family Health Center
Hawai'i Health & Harm Reduction Center
HealthHIV
Hennepin County
Hep Free Hawai'i
HIV Dental Alliance
HIV Medicine Association
Housing Works, Inc.
Human Rights Campaign
International Association of Providers of AIDS Care
Johns Hopkins University
Kentucky Rural Health Association
Legacy Community Health
Maryland Association of County Health Officers
Mass General Brigham
MercyOne Medical Center
Michigan Association for Local Public Health
Michigan State University
Montefiore Health System
NASTAD
National Alliance for HIV Education and Workforce Development (NAHEWD)
National Alliance of Public Health Students and Alums (NAPHSA)
National Association of Nurse Practitioners in Women's Health
National Coalition of STD Directors
National Environmental Health Association
National Hispanic Medical Association
National Pharmaceutical Association
National Rural Health Association
National Working Positive Coalition
New Jersey Association of County and City Health Officials
New Jersey Environmental Health Association
NMAC (National Minority AIDS Council)
North Carolina Association of Local Health Directors
North Carolina Public Health Association
North Colorado Family Medicine
NTM Info & Research
Oregon Coalition of Local Health Officials
PA Education Association
PCAF
Pediatric Infectious Diseases Society
Peggy Lillis Foundation
PrEP4All
Ryan White Medical Providers Coalition
School-Based Health Alliance
Sepsis Alliance

SNPhA
Society for Healthcare Epidemiology of America
Society for Public Health Education
Society of Infectious Diseases Pharmacists (SIDP)
Stuart B. Levy Center for Integrated Management of Antimicrobial Resistance at Tufts
Student National Pharmaceutical Association
Texas Association of City and County Health Officials
The AIDS Institute
The New York State Association of County Health Officials
Treatment Action Group
Trinity Health
Trust for America's Health
U.S. People Living with HIV Caucus
UAF Legacy Health
University of Illinois Hospital and Clinics
Upstream/Savvy Financial Wellness™
Valley AIDS Council
Washington State Association of Local Public Health Officials
Whitley County Health Department
Whitman-Walker Institute