May 14, 2024

Dear Chair Baldwin and Ranking Member Capito:

As you and your colleagues begin work on the Fiscal Year (FY) 2025 Labor-Health and Human Services-Education appropriations bill, the undersigned 141 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 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. 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 New data on local health departments show that the workforce grew after an influx of funding during the pandemic, with an increase over 150% 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 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.

¹ https://debeaumont.org/staffing-up/
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. 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 associated infections, sepsis, 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 2025.

As your Subcommittee makes funding decisions for FY 2025, 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 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
Act Now End AIDS (ANEA) Coalition
ADAP Advocacy
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation Chicago
AIDS United
Hawai‘i Health & Harm Reduction Center
HealthHIV
Hennepin County, Minnesota
HIV Dental Alliance
HIV Medicine Association
HIV/AIDS Alliance of Michigan
HIV+Hepatitis Policy Institute
Hope and Help Center of Central Florida, Inc.
Housing Works, Inc.
Howard Brown Health
Human Rights Campaign
Infectious Diseases Associates
International Association of Providers of AIDS Care
Iris House Inc
Kentucky Health Departments Association
Kern County Hospital Authority
Latino Commission on AIDS, Inc.
Legacy Community Health
Linn-Benton Community College
Los Angeles LGBT Center
Maine Medical Association
Maine Osteopathic Association
Maryland Association of County Health Officers
Massachusetts Health Officers Association
MercyOne Medical Center, DesMoines
NASTAD
National Alliance for HIV Education and Workforce Development (NAHEWD)
National Alliance of Public Health Students & Alums (NAPHSA)
National Association of Nurse Practitioners in Women’s Health
National Coalition for LGBTQ Health
National Coalition of STD Directors
National Consumers League
National Environmental Health Association
National Network of Public Health Institutes
National Pharmaceutical Association (NPhA)
National Rural Health Association
National Working Positive Coalition
New Jersey Association of County and City Health Officials (NJACCHO)
New Jersey Environmental Health Association
NMAC
North Carolina Association of Local Health Directors
North Carolina Public Health Association
NTM Info & Research
Oregon Coalition of Local Health Officials
Oregon State University
PA Education Association
Pediatric Infectious Diseases Society
Peggy Lillis Foundation
PlusInc
Positive Impact Health Centers
PrEP4All
Public Health Accreditation Board
Ryan White Medical Providers Coalition
Saint Francis University Public Health
San Francisco AIDS Foundation
San Francisco Community Health Center
School-Based Health Alliance
Sepsis Alliance
Society for Healthcare Epidemiology of America
Society for Public Health Education
Society of Infectious Diseases Pharmacists
Stuart B Levy Center for Integrated Management of Antimicrobial Resistance at Tufts
Student National Pharmaceutical Association (SNPhA)
Sutter Health
Texas Association of City & County Health Officials
The AIDS Institute
The Renewell Foundation
The Reunion Project
THRIVE SS, Inc
Treatment Action Group
Trinity Health
Trust for America's Health
Tucson Interfaith HIV/AIDS Network (TIHAN)
U.S. People Living with HIV Caucus
UAF Legacy Health
UMass Amherst, School of Public Health and Health Sciences
University of Illinois Health
University of Washington School of Medicine
Valley AIDS Council
Vermont Public Health Association
Vivent Health
Warren-Vance Community Health Center
Washington State Association of Local Public Health Officials
Washington State Hospital Association
Washington State Public Health Association
Wellness Equity Alliance