

The Honorable Lori Trahan
U.S. House of Representatives
Washington, DC 20510

The Honorable David B. McKinley
U.S. House of Representatives
Washington, DC 20510

October 22, 2021

Dear Representatives Trahan and McKinley,

On behalf of the undersigned organizations, we are writing to express our support for the Bolstering Infectious Outbreaks (BIO) Preparedness Workforce Act of 2021, H.R. 5602. This bill would help alleviate workforce shortages to strengthen our preparedness for future public health emergencies and build the next generation of infectious diseases (ID) experts and laboratory professionals who will respond to emerging and ongoing health threats.

This legislation would address financial barriers that prevent health care professionals from pursuing careers in bio-preparedness and infectious diseases by providing loan repayment to those who spend at least 50 percent of their time engaged in bio-preparedness and response activities anywhere in the U.S. or 50 percent of their time providing ID care in medically underserved communities and federally funded facilities. A goal of the program will be to ensure the number of health care professionals from populations underrepresented in health care, and working in ID and bio-preparedness, increases.

A strong and diverse ID and bio-preparedness workforce (including physicians, pharmacists, physician assistants, advanced practice registered nurses, clinical laboratory professionals¹ and dentists²) is vital to a rapid, effective response to infectious disease outbreaks and to provide ID care. Expert staff in health care facilities are needed to develop and update response plans and protocols; collaborate with state and local health departments; train health care facility personnel; purchase and manage personal protective equipment (PPE) and other bio-emergency equipment; execute readiness assessments; set up patient triage areas of a health care facility; communicate with the public; perform infection prevention and control; track preventable infections in health care facilities; develop and validate diagnostic tests; and conduct antimicrobial stewardship to ensure that treatments for infectious diseases are used appropriately to yield optimal patient outcomes.

The COVID-19 pandemic has exposed gaps and weaknesses in our nation's readiness for public health emergencies related to infectious disease outbreaks, including insufficient workforce capacity. Our efforts to address ongoing public health threats, including seasonal influenza, antimicrobial resistance, HIV, TB, viral hepatitis and infections associated with the opioid epidemic, are similarly hampered. Prolonged, significant additional and intense work (both direct patient care and programmatic response activities) in an environment of health risks, uncertainty, and overwhelming loss of patient lives has contributed to severe burnout, leading some to consider early retirement and further exacerbating workforce shortages. Attracting health professionals who provide infectious disease care to work in medically underserved communities—including rural health clinics, federally qualified health clinics, and health professional shortage areas—is important to preventing and addressing public health threats.

The ID and bio-preparedness workforce was under serious strain even before the pandemic:

¹Eligible for loan repayment under the bio-preparedness section of the bill.

²Eligible for loan repayment under the ID care section of the bill.

- 208 million Americans live in areas with little or no access to an ID physician, and the distribution of ID physicians is geographically skewed. Thus, rural Americans are less likely to have access to ID physicians than their urban counterparts.
- Only 75% of infectious diseases training programs were able to fill all their slots in 2020, while many other specialties were able to fill all their training programs.
- An average medical student debt of \$200,000 drives many physicians away from infectious diseases and toward more lucrative specialties.
- Pediatric infectious diseases fellowship training programs filled only 46% of their slots in 2020. In 2007, 23.1% of pediatric ID fellows were from populations underrepresented in medicine, and that level fell to 11.7% in 2019
- 25% of health care facilities have reported a vacant infection preventionist position, with more than half of long-term care facilities seeing an infection preventionist leave within the last 24 months. These gaps will likely continue to be a challenge in the future as well, as 40% of the infection preventionist workforce will be entering retirement age within the next ten years.
- It is estimated that 80% of the counties in 14 southern states where some of the highest numbers of new HIV infections are occurring had no experienced HIV clinicians, with the disparities being greatest in rural areas. This is alarming because patients with HIV managed by an experienced HIV clinician have better outcomes and lower health care costs.
- Clinical microbiologists were in short supply prior to the current pandemic. Results of a survey published in 2019 showed a total vacancy rate in this area of 10.14%, with a staff vacancy rate of 10.56% and a supervisor vacancy rate of 6.96%. Results also reveal that 17.38% of microbiology department employees are expected to retire in the next 5 years.
- A 2018 survey of the acute care U.S. stewardship workforce found pharmacist and physician FTE to bed staffing ratios to be well below recommended levels necessary for demonstrable stewardship program effectiveness, based on work by the VA health system and others. Additionally, each 0.5 increase in pharmacist FTE resulted in a 58% increase in the odds of stewardship program success.

Thank you for your leadership in sponsoring this legislation to address gaps in the workforce and better prepare the United States for the next pandemic, while improving the health and public health of our nation now. We look forward to working with you toward its passage.

AIDS Action Baltimore

AIDS Foundation of Chicago

AIDS United

American Academy of HIV Medicine

American Association for the Study of Liver Diseases

American College of Clinical Pharmacy

American Dental Association

American Institute of Dental Public Health

American Medical Association

American Society for Microbiology

Association for Professionals in Infection Control and Epidemiology

Association of Nurses in AIDS Care

CARES of Southwest Michigan

Cascade AIDS Project

Georgia Equality

GLMA: Health Professionals Advancing LGBTQ Equality

HIV AIDS Alliance of Michigan
HIV Dental Alliance
HIV + Hepatitis Policy Institute
HIV Medicine Association
Infectious Diseases Society of America
Johns Hopkins Center for Health Security
Latino Commission on AIDS
Music City PrEP Clinic
National Black Gay Men's Advocacy Coalition
National Medical Association
National Rural Health Association
National Working Positive Coalition
Pediatric Infectious Diseases Society
Physician Assistant Education Association
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Society of Infectious Diseases Pharmacists
Tufts Medical Center
Valley AIDS Council
Vivent Health
Wisconsin Hospital Association