

December 1, 2021

Dear Chair Murray and Ranking Member Burr,

On behalf of the undersigned organizations, we are writing to urge you to include the bipartisan Bolstering Infectious Outbreaks (BIO) Preparedness Workforce Act of 2021, by Senators Baldwin (D-WI), Collins (R-ME), Rosen (D-NV) and Murkowski (R-AK) in upcoming pandemic preparedness legislation. 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 and epidemics.

As you consider lessons learned from the COVID-19 pandemic, we emphasize that a strong and diverse ID and bio-preparedness workforce is vital to a rapid, effective response to ID outbreaks and to provide ID care. Expert staff in health care facilities are needed to lead and perform activities to prepare for and avert pandemics, including:

- 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 ID outbreaks, including insufficient workforce capacity. Our efforts to address ongoing public health threats and epidemics also have been seriously affected, including seasonal influenza, antimicrobial resistance, HIV, TB, viral hepatitis and infections associated with the opioid epidemic. Prolonged, significant additional and intense work providing patient care and conducting programmatic activities in an environment of elevated 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 to provide ID care in medically underserved communities—including rural health clinics, community health centers, and health professional shortage areas—is important to improve health equity and to prevent and address public health threats and epidemics.

This legislation would address financial barriers that prevent individuals from pursuing careers in bio-preparedness and ID by providing loan repayment to health care professionals, including physicians, pharmacists, physician assistants, advanced practice registered nurses, clinical laboratory professionals, and infection preventionists, who spend at least 50 percent of their time engaged in bio-preparedness and response activities anywhere in the U.S. or health care professionals, including physicians, pharmacists, physician assistants, advanced practice registered nurses, clinical laboratory professionals and dentists, who spend 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.

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

- [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 on a legislative package that will apply lessons learned from the COVID-19 pandemic to strengthen our country's preparedness for future pandemics. A diverse expert workforce that is equitably distributed is a critical component of our health care system's capacity to prepare and respond to public health emergencies and to optimally leverage federal investments in vaccines, diagnostics, and therapeutics for maximum patient benefit. We strongly urge you to include the BIO Preparedness Workforce Act in your pandemic preparedness legislation.

Sincerely,

AIDS Action Baltimore

AIDS United

American Academy of HIV Medicine

American Association for the Study of Liver Diseases
American Dental Association
American Medical Association
American Society for Microbiology
Association for Professionals in Infection Control and Epidemiology
Association of Nurses in AIDS Care
CAEAR Coalition
Center for LGBTQ Economic Advancement & Research
CenterLink: The Community of LGBT Centers
Georgia Equality
HealthHIV
HIV Dental Alliance
HIV Medicine Association
Infectious Diseases Society of America
Johns Hopkins Center for Health Security
Johns Hopkins University School of Medicine
Latino Commission on AIDS
NASTAD
National Dental Association
National Medical Association
National Rural Health Association
National Viral Hepatitis Roundtable
National Working Positive Coalition
Pediatric Infectious Diseases Society
Physician Assistant Education Association
Ryan White Medical Providers Coalition
SisterLove, Inc.
Society for Healthcare Epidemiology of America
Society of Infectious Diseases Pharmacists

The AIDS Institute

Tufts Medical Center

Valley AIDS Council

Wisconsin Hospital Association