Congress of the United States

Washington, DC 20515

May 23, 2025

The Honorable Robert Aderholt Chair House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Washington, DC 20515 The Honorable Rosa DeLauro Ranking Member House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Washington, DC 20515

Dear Chair Aderholt and Ranking Member DeLauro:

As you and your colleagues begin work on the Fiscal Year (FY) 2026 Labor-Health and Human Services Education appropriations bill, we respectfully request that you fully fund the Public Health Workforce Loan Repayment Program at its authorized level and provide robust funding for the Bio-Preparedness Workforce Pilot Program.

The local and state public health workforce is the backbone of the nation's 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 – who are needed to provide a minimum package of public health services. New data on local health departments show that the workforce grew by 19 percent after receiving emergency funding, but this increase comes from temporary funding streams and is short-lived. 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 continuous data monitoring; primary health care prevention services; and inspection or licensing to ensure food safety. Local and state health departments are also our nation's first line response to public health emergencies. An underinvestment in the local and state public health workforce leaves our communities underprepared to respond to emergencies, like the recent floods in East Tennessee and Western North Caroline or the East Palestine train derailment in Ohio.

Meanwhile, we must also bolster the infectious disease (ID) and HIV workforce that works in collaboration with public health departments. Nearly 80 percent of US counties have no ID physician, and recruitment is dwindling. Communities without ID and HIV 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 to advance efforts to end HIV as an epidemic and eliminate viral hepatitis. Once again last year, only about half of ID physician training programs were filled, while most other specialties were able to fill 90% or more of their programs.

Created by legislation with bipartisan support, the Public Health Workforce Loan Repayment Program may help bring as many as 2,000 public health professionals to local, state, and Tribal

public health agencies. Under the program, individuals who have recently graduated or are in their final year of pursuing a public health degree, health professions degree, or relevant certificate may receive up to \$50,000 in educational loan repayment in exchange for a three-year service commitment at a local, state, or Tribal public health agency. Similarly, a robust allocation for the Bio-Preparedness Workforce Pilot Program, also based on bipartisan legislation, offers loan repayment opportunities to ID and HIV professionals to address severe shortages in the ID and HIV workforce.

Thank you for considering these commonsense incentives that will help ensure our local communities have the public health, ID, and HIV experts they need.

Sincerely,

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