



Bio-Preparedness Workforce Pilot Program Implementation Update

Jan. 31, 2023

Background:

- In December 2022, in enacting the PREVENT Pandemics Act, Congress established the BIO Preparedness Workforce Pilot Program within the Public Health Loan Repayment Program (Sec. 776, Public Health Service Act). The Public Health Loan Repayment Program was authorized for \$100 million.
- Once funding is provided, the pilot will create a new loan repayment program for infectious diseases and emergency preparedness health care professionals. To advance the pilot, IDSA and HIVMA are now leading efforts to secure \$50 million in funding for fiscal year 2024 through the federal appropriations process.

What Is in the [Legislation](#):

- Eligibility will be open to students in the final semester of completing a health professions degree or certificate program at an accredited institution of higher education and to health care professionals who have completed their training within the preceding 10 years.
- Loan repayment will be available to health care professionals with ID or emergency preparedness experience who work in a health professional shortage area, federal health facility (e.g. , VA facilities), a Ryan White HIV/AIDS Program clinic, a health facility operated by a tribal organization or another relevant entity determined by the HHS secretary.
- Once the pilot is funded, qualified individuals may be eligible for up to \$50,000 in loan repayment per year for up to three years.

The Need:

- No federal programs currently offer loan repayment for providing ID care or conducting emergency preparedness activities in health care facilities.
- Maintaining and strengthening the ID workforce will improve preparedness for future outbreaks, public health emergencies or pandemics, limiting deaths and disruption.
- The pilot program complements the Public Health Loan Repayment Program by ensuring the public health workforce has strong ID partners in community health care settings.
- Improving access to ID professionals will improve patient outcomes due to these professionals' central role in preventing and managing ID complications associated with cancer treatment, transplants, complex surgeries and the opioid epidemic.

Key Data:

- [Nearly 80% of U.S. counties have no ID physician](#), and the distribution of ID physicians is geographically skewed with rural Americans being less likely to have access to ID physicians than their urban counterparts.
- Only 56% of ID training programs filled all their slots in 2022, while most other specialties were able to fill 90% or more of their programs.
- An average medical student educational debt of [more than \\$250,000](#) drives many physicians away from ID and toward more lucrative specialties.
- 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.
- [Twenty-five percent of health care facilities have reported a vacant infection preventionist position](#) with more than half of long-term care facilities having seen an infection preventionist leave within the last 24 months.

PILOT PROGRAM.—

“(1) **IN GENERAL.**—The Secretary shall, as appropriate, establish a pilot program, to be known as the Bio-Preparedness Workforce Pilot Program, to provide for loan repayment for health professionals with expertise in infectious diseases and emergency preparedness and response activities to ensure an adequate supply of such professionals. Such program shall be administered consistent with the requirements of this section, except that, to be eligible to participate in the pilot program, an individual shall—

“(A)(i) be accepted for enrollment, or be enrolled, as a student in an accredited institution of higher education in the final semester (or equivalent) of a program leading to a health professions degree or certificate program relevant to such program;

“(ii) have graduated, during the preceding 10-year period, from an accredited institution of higher education with a health professions degree or certificate program relevant to such program; and

“(B) be employed by, or have accepted employment with—

“(i) a Federal health care facility;

“(ii) a nonprofit health care facility that is located in a health professional shortage area (as defined in section 332), a frontier health professional shortage area (as defined in section 799B), or a medically underserved community (as defined in section 799B);

“(iii) an entity receiving assistance under title XXVI for the provision of clinical services;

“(iv) a health program, or a facility, operated by an Indian Tribe or Tribal organization (as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act) or by an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act); or

“(v) another relevant entity determined appropriate by the Secretary, as a

1 health professional with expertise in infectious diseases or emergency preparedness and response.

“(2) **NON-DUPLICATION OF EFFORT.**—The Secretary shall ensure that the pilot program established under paragraph (1) does not unnecessarily duplicate the National Health Service Corps Loan Repayment Program, or any other loan repayment program operated by the Department of Health and Human Services.

EVALUATION AND REPORT TO CONGRESS.—

“(A) **IN GENERAL.**—The Secretary shall evaluate the pilot program at the conclusion of the first cycle of recipients funded by the pilot program.

“(B) **REPORT.**—

“(i) **IN GENERAL.**—The Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the evaluation under subparagraph (A). The report shall include, at a minimum, outcomes information from the pilot program, including any impact on recruitment and retention of health professionals with expertise in infectious diseases and emergency preparedness and response activities.

“(ii) **RECOMMENDATION.**—The report under this subparagraph shall include a recommendation by the Secretary as to whether the pilot program under this subsection should be extended.”;