

House Appropriations Committee
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
FY2025 Member Day Testimony for the Hearing Record
Submitted by Representative Mariannette Miller-Meeks (IA-1)

My experiences serving as a physician, state public health leader, and military serviceperson have shown me firsthand the importance of having a strong infectious diseases (ID) health care workforce in every community to protect patient safety, enable modern medical advances, prepare for and respond to outbreaks with local needs in mind, and support our military readiness and national security. Unfortunately, nearly 80% of US counties do not have a single infectious diseases physician and recruitment is dwindling, as only 50.8% of ID physician training programs filled last year. Similar shortages persist among other ID and bio-preparedness health professionals, including clinical laboratory staff, ID pharmacists, infection preventionists, and ID nurses. That is why I am urging the Subcommittee to include funding for the Bio-Preparedness Workforce Pilot Program in its FY2025 bill to incentivize individuals to pursue careers in ID and to work in the communities with the greatest need, including our rural areas.

I am proud to be leading a bipartisan effort with my colleagues to request \$50 million for this Pilot Program, though we recognize that this Subcommittee has to balance many important funding priorities with the need to be fiscally responsible. As such, I would be grateful for any funding the Subcommittee can allocate to this important program. Further, I would note that HRSA has successfully launched similar programs with as little as \$15-\$25 million.

Earlier this year I had the pleasure of visiting the infectious diseases division at the University of Iowa to learn more about the critical work they do and the struggles they face. I'm pleased to share some of these insights with the committee, which are reflective of needs throughout all of our districts.

Importance of ID Workforce in Patient Safety and Modern Medicine

Because so many procedures (cancer chemotherapy, organ transplants, surgeries, etc.) carry a risk of infection, and so many chronic conditions (diabetes, heart disease, etc.) increase the risk and severity of infections, ID is uniquely connected to nearly every aspect of health care and essential for the safe provision of many types of health care. ID experts lead infection prevention and control programs in health care facilities as well as antimicrobial stewardship programs to help ensure patients with serious infections receive the right treatments and to protect our antimicrobials from the development of antimicrobial resistance. Patients with serious infections who are seen by an ID physician have better outcomes, shorter hospital stays and lower Medicare costs.

Importance of ID Workforce in Outbreak and Pandemic Preparedness and Response

As a co-chair of the Pandemic Preparedness Caucus, I know that we need to apply lessons learned from the previous COVID-19 pandemic to ensure we are better prepared for the future. That includes having a local expert workforce that can meet local needs, reducing reliance on the federal government. During an outbreak or pandemic, local ID experts are needed to scale up testing, care for patients, partner with local public health on investigations, enroll patients in clinical trials, develop protocols at their local health care facilities to manage influxes of patients, and maintain ongoing patient care while helping to educate the local community.

I am proud that University of Iowa Hospitals and Clinics has a level-three infectious diseases intensive care unit, also known as a bio-containment unit or special pathogens unit, to enable a safe and rapid expert response. This unit supports not only our state, but many other states in the Midwest that do not have their own special pathogens unit. In areas like ours that have a lot of agricultural business, it is particularly important that we be prepared to respond to potential zoonotic infectious diseases outbreaks that may impact our agricultural workers. These special pathogens units require highly trained ID and bio-preparedness staff who are becoming increasingly difficult to recruit.

Importance of ID Workforce in Military Readiness and National Security

Serious infections also hinder our military readiness. Military servicepeople stationed across the globe are often exposed to pathogens not endemic in the U.S. In addition, combat wounds and burns can easily become infected. When serving abroad, and when veterans return home, they must have access to ID care to prevent, diagnose, and treat serious infections.

Serious infectious diseases, including multi-drug resistant pathogens, can also easily be weaponized by hostile nations or terrorist groups. In the event of an attack involving such biological agents, it will be critical to have a workforce in our communities with the expertise necessary to optimally deploy medical countermeasures to protect and care for our citizens.

ID Workforce Shortages and Recruitment Challenges

Despite the essential nature of our ID and bio-preparedness workforce, shortages and recruitment challenges persist. In my state of Iowa, only 11 counties have any ID physicians. Each year the University of Iowa aims to recruit three new ID physician trainees, but last year could only recruit two, a phenomenon typical across the country. Most other specialties are regularly filling their training programs, but ID faces a unique challenge. According to Medscape, ID is the 3rd lowest paid medical specialty. High medical student debt understandably drives many new physicians to higher paying specialties, leaving our patients and communities without the ID experts they need.

Request: Fund the Bio-Preparedness Workforce Pilot Program

The Consolidated Appropriations Act, 2023 authorized a new Bio-Preparedness Workforce Pilot Program (Division FF, Chapter 3 – Sec. 2221(h)) as a part of the *PREVENT Pandemics Act*. Despite the deep gaps in the ID workforce, no federal programs offered loan repayment for providing ID care or

conducting emergency preparedness activities in health care facilities prior to the establishment of the Pilot. This program fills a discreet but critical need without duplication of federal resources.

\$50 million for the pilot program will provide up to \$50,000 in loan repayment to as many as 1,000 infectious diseases (ID) professionals. To be eligible, health care professionals (e.g. physicians, nurse practitioners, physician assistants, pharmacists, infection preventionists, and clinical laboratory personnel) must meet all three of the following criteria:

- ID or bio-preparedness expertise
- 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.
- Health care professionals 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.

Thank you for considering this vital request.