May 19, 2021

Senator Bernie Sanders
Health, Education, Labor & Pensions Committee
Chairman, Subcommittee on Primary
Health & Retirement Security
Washington, DC

Senator Susan Collins
Health, Education, Labor & Pensions Committee
Ranking Member, Subcommittee on Primary
Health & Retirement Security
Washington, DC

Dear Chairman Sanders and Ranking Member Collins:

On behalf of the Infectious Diseases Society of America (IDSA) and its affiliated HIV Medicine Association (HIVMA), thank you for scheduling a hearing titled "A Dire Shortage and Getting Worse: Solving the Crisis in the Health Care Workforce." The COVID-19 pandemic exposed gaps and weaknesses in our nation's preparedness for public health emergencies related to infectious disease outbreaks, including insufficient preparedness and response workforce capacity at health care facilities. Infectious diseases (ID) physicians are integral to health care facility preparedness and often lead the response teams. We must invest in the future of this workforce to ensure equitable access to infectious diseases care. A June 2020 study in the *Annals of Internal Medicine* found that 208 million Americans live in areas with little or no access to an ID physician, and rural areas are particularly underserved. We greatly appreciate your leadership in addressing critical health care workforce shortages and look forward to working with you.

IDSA represents more than 12,000 infectious diseases physicians, scientists and other public health and health care professionals specializing in infectious diseases. Our members care for patients with serious infectious diseases, including COVID-19, HIV, viral hepatitis, infections caused by antimicrobial resistant pathogens and infections associated with the opioid epidemic. We are on the front lines of the COVID-19 pandemic response, designing and updating infection prevention, diagnostic testing and patient management protocols; collaborating with state and local health departments on communications and mitigation efforts; leading health care facility responses; and conducting research to develop new tools for the prevention, diagnosis and treatment of COVID-19.

Workforce Challenges

The COVID-19 pandemic has severely strained the health care workforce, particularly those most focused on bio-preparedness and response, such as ID physicians. Prolonged, significant additional 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.

The ID physician workforce was under serious strain even before the pandemic. The number of applicants to ID fellowship training programs declined by 21.6% from 2011-2016. The following years saw only modest improvements that quickly plateaued. In 2020, only 75% of infectious diseases training programs were able to fill all their slots, while many other internal medicine subspecialties (cardiology, rheumatology, gastroenterology, hematology, oncology, pulmonology and critical care) were able to fill

from 96% to 100% of their training programs. Initial 2021 data indicate increased interest in medical careers, likely due to the pandemic, but experts warn that this interest may wane, and we are unlikely to effectively address longstanding workforce challenges without addressing medical student debt and physician compensation. Financial concerns are a chief barrier to pursuing a career in ID. Data published by Medscape in 2021 indicate that average annual salaries for ID physicians are below all other medical specialties except pediatrics, family medicine, endocrinology and public health, and even below the average salary for general internal medicine, although ID training and certification requires an additional two to three years of study and training. Given that the average medical student debt is $200,000, the ID specialty is a financially infeasible choice for many.

Value of Bio-preparedness and Infectious Diseases Workforce

The value of a strong bio-preparedness workforce that can mount rapid, effective responses cannot be understated. Trained staff in health care facilities are needed to develop and update response and surge capacity plans and protocols; collaborate with state and local health departments; train health care facility personnel; purchase and manage equipment (such as PPE) to prevent infections; execute readiness assessments; repurpose areas of a health care facility to manage patient influx; communicate with the public; perform infection prevention and control; and conduct antimicrobial stewardship to ensure that treatments for infectious diseases are used appropriately to achieve optimal patient outcomes.

Infectious diseases physicians provide high value care, particularly for the most seriously ill patients. Studies have indicated that infectious diseases physician care of patients with serious infections is associated with improved patient outcomes. Early intervention by an ID physician for hospitalized patients with serious infections is associated with significantly improved survival and reduced readmission rates, shorter hospital and ICU length of stay and lower Medicare costs. ID physicians are essential components of teams caring for patients receiving transplants or cancer chemotherapy. Antibiotic stewardship programs led by ID physicians and implemented by multidisciplinary teams have been found to improve cure rates, reduce adverse events, lower health care costs and decrease inappropriate antibiotic use that drives antibiotic resistance. Antibiotic resistance further compromises our preparedness by diminishing our arsenal of treatments for secondary infections that typically complicate pandemics and other mass casualty events.

The infectious diseases workforce is central to preventing, treating and eventually stopping ongoing public health threats, including HIV, viral hepatitis and bacterial and fungal infections that are on the rise due to the opioid use and other substance use epidemics. Workforce shortages are limiting our ability to control these persistent epidemics. A study of the HIV workforce conducted in 14 southern states found that more than 80% of those states' counties had no experienced HIV clinicians, with the disparities greatest in rural areas. A robust HIV workforce is critical to ending the HIV epidemic in the United States, which is for the first time an achievable and realistic goal. In addition, expanding clinical workforce capacity for viral hepatitis was recently identified as a key element of the Department of Health and Human Services *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination 2021 - 2025*.

Recommendation

As the Subcommittee considers strategies to address workforce shortages, we recommend that Congress establish a bio-preparedness and infectious diseases workforce loan repayment program to help ensure the workforce needed to meet patient and public health needs. A new loan repayment program would have two categories of eligibility:

1. Health care professionals who spend at least 50% of their time engaged in bio-preparedness and response activities; or
2. Health care professionals who spend at least 50% of their time providing infectious diseases care in a shortage designation area or federally funded facility.

We look forward to working with you to solve the crisis in the health care workforce. Please feel free to contact Amanda Jezek, IDSA Senior Vice President of Public Policy & Government Relations, at ajezek@idsociety.org or Andrea Weddle, HIVMA Executive Director, at aweddle@hivma.org, if we may be of any assistance.

Sincerely,

Barbara D. Alexander, M.D., MHS, FIDSA
President, IDSA

Rajesh T. Gandhi, M.D., FIDSA
Chair, HIVMA