



Strengthening the Infectious Diseases Workforce to Combat COVID-19 and Future Pandemics Version: June 2020

*208 million Americans live in areas with little or no access to an infectious diseases physician, according to [a study published online](#) published online in the *Annals of Internal Medicine* on June 4, 2020. As the COVID-19 pandemic has spread across the nation, of the 3,142 counties in the United States, 2,499 – 2499 counties across the nation -- do not have a single physician specializing in infectious diseases.*

REQUESTS

ID/HIV Compensation Fairness

- **The Center for Medicare and Medicaid Services (CMS) should establish Medicare coding and payment for outbreak activation**, like Medicare's existing trauma activation coding and payment policies, and require that outbreak activation reimbursements are appropriately and proportionately directed to ID/HIV physicians.
- **CMS should heavily-weight improvement activities** provided by ID/HIV physicians, when central to the COVID-19 response, to improve participation and reduce the reporting burden under the Merit-Based Incentive Payment System (MIPS). This will permit ID/HIV physicians to focus appropriately on the COVID-19 response without suffering a disadvantage under the current MIPS scoring system.
- **CMS should establish a technical expert panel** to recommend data-driven valuation of E/M services, including inpatient E/M codes, that will ensure fair Medicare reimbursement for the ID/HIV workforce as compared to their proceduralist peers to respond to future outbreaks and pandemics.

J-1 Visa Program

- Enact the **Conrad State 30** and Physician Access Reauthorization Act (S.948/H.R. 2895)
- Enact the Healthcare Workforce Resilience Act, H.R. (6788/S. 3599)
- **Create additional J-1 visa waiver FLEX slots** for each state for specialties deemed essential to pandemic response, and permit these FLEX slots to be used in all geographic areas, given the extensive impact of pandemic-related workforce shortages.

Improve Loan Repayment Support for Health Professionals and Public Health Workers

- Enact the Student Loan Forgiveness for Frontline Health Workers Act (H.R. 6720);
- Enact the HIV Epidemic Loan-Repayment Program (HELP) Act (H.R. 7543)

BACKGROUND

Valuing ID: ID/HIV physicians are on the front lines of the COVID-19 response, as they have been for Ebola, H1N1, HIV and other infectious diseases outbreaks and epidemics. Unfortunately, the ID/HIV workforce has been shrinking due to undervaluation of evaluation and management (E/M) codes, which make up more than 90 percent of ID/HIV physician services. E/M codes have not been comprehensively updated in 30 years, and they do not reflect the complexity of care provided by ID/HIV physicians. This has resulted in a compensation gap between proceduralists and non-proceduralists that when combined with staggering medical debt places pressure on

young physicians to pursue more lucrative career paths over ID/HIV at the same time that a strong ID/HIV physician workforce is needed.

J-1 Visas: Physicians with J-1 visas play a critical role in filling gaps in the ID/HIV workforce particularly in rural and medically underserved areas. Applicants eligible for a J-1 nonimmigrant visa include foreign national professional trainees in the medical and allied health professional fields. Through the Conrad State 30 waiver program, a state may request a J-1 waiver on behalf of primary care or specialty doctors who have been offered a full-time job with a health care facility serving a federal Health Professional Shortage Area. Specialty physicians must demonstrate that there is a shortage of health care professionals able to provide such services in the area that will be served. “FLEX Slots” were created in 2004, and states may allocate up to 10 of their 30 waivers to medical doctors who do not necessarily practice in a medically underserved area but treat patients that are residents of underserved areas. In addition to the Federal requirements, each state has developed additional criteria in its allocation of waiver slots.

Loan Repayment: The public health workforce, including ID/HIV physicians and others, needs additional support. Local and state health departments have lost nearly a quarter of their workforce since 2008, leaving many without sufficient capacity to respond to the COVID-19 pandemic. Loan repayment opportunities and other incentives are needed to support more people in joining the public health workforce. We urge Congress to expand loan repayment opportunities for the diversity of public health workers and make these loan repayment dollars tax exempt.

RATIONALE

As the numbers of physicians specializing in infectious diseases continues to fall short of need, nearly two-thirds of Americans live in areas with little or no access to an infectious diseases physician, according to [a study published online](#) published on June 4, 2020, in the *Annals of Internal Medicine*. As the COVID-19 pandemic has spread across the nation, 3,142 counties in the United States, 2,499 – approximately 80% of counties across the nation -- do not have a single infectious diseases physician practicing in the county. Infectious diseases training slots have gone unfilled over the previous decade, as new physicians pursued specialties generating higher compensation. Eighty percent of counties in 14 southern states do not have an experienced HIV clinician with the disparities being greatest in rural areas.¹ Management by an experienced HIV clinician improves health outcomes for people with HIV and lowers treatment costs.

Additionally, about one third of physicians entering the infectious diseases (ID)/HIV specialty have come from countries other than the US over the past decade. These physicians, who are practicing or otherwise lawfully present in the U.S. on a visa or other protected status are a critical part of our current COVID-19 response, especially in light of the shrinking ID/HIV physician workforce.

Finally, fortifying the ID/HIV workforce is paramount to ensuring patients with COVID have access to lifesaving ID expertise. Deficits in the infectious diseases workforce today have left the United States poorly prepared for the unprecedented demand ahead. Congress and CMS should act swiftly to change this reality by fairly compensating ID/HIV physicians, providing financial support for the health care workforce, and improving the J-1 Visa program to protect patient and public health during the COVID-19 pandemic, end HIV as an epidemic and ensure we are prepared to stop and respond to future public health emergencies.

¹ Bono RS, et al. HIV-Experienced Clinician Workforce Capacity: Urban-Rural Disparities in the US South. *Clin Infect Dis*. Mar 25, 2020. doi: 10.1093/cid/ciaa300.