

Bolstering Infectious Outbreaks (BIO) Preparedness Workforce Act

Frequently Asked Questions

Why is this legislation needed?

- The *BIO Preparedness Workforce Act* is needed to ensure an adequate supply and aid recruitment of bio-preparedness and ID health professionals.
- The COVID-19 pandemic and recent natural disasters have exposed weaknesses in our nation's preparedness for public health emergencies related to infectious disease outbreaks, including insufficient infectious diseases (ID) workforce capacity at health care facilities.
- ID physicians are one key component, and often leaders of health care facility preparedness and response teams. In addition, ID health care professionals are needed to care for patients with serious infectious diseases and are critical to help prevent the spread of infectious diseases. 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.
- [Data](#) published by Medscape in 2020 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.
- Financial challenges may pose an even larger barrier for individuals from underserved communities to pursue careers in infectious diseases, making it difficult to recruit the diverse workforce necessary to promote health equity.

How would this bill strengthen pandemic preparedness?

- Every community requires a strong bio-preparedness workforce to mount rapid, effective responses to infectious diseases and other pandemic threats. Trained staff in health care facilities (including physicians, clinical pharmacists, physician assistants, advanced practice registered nurses, infection preventionists, and clinical laboratory professionals) 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 personal protective equipment or PPE) for bio-emergencies; 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 yield optimal patient outcomes.
- This legislation provides an incentive for individuals to be part of the bio-preparedness team by creating a loan repayment program for eligible health care professionals. The bill also allows the Secretary to ensure that loan repayment provided under this bill help to increase the number of underrepresented minorities working in bio-preparedness and infectious diseases, importantly helping to diversify this workforce.

Would this loan repayment program be limited to physicians?

- No. Eligible health care professionals include physicians, clinical pharmacists, physician assistants, and advanced practice registered nurses.

- In addition, infection preventionists and clinical laboratory professionals are included in the definition for a bio-preparedness health care professional; and dentists are included in the definition for an infectious diseases health care professional.
- Eligible recipients are limited to those from the following degree and certificate programs, and additional programs at the Secretary’s discretion: MD, DO, PhD, PharmD, RN, BSN, MSN, NP, CNP, PA-C, DrPH, MPH, MS epidemiology, MT, MLT, DDS, and DMD.

Why create a new program instead of building on an existing program?

- Current federal loan repayment programs are focused on various workforce shortages and recruiting needs which do not encompass the bio-preparedness activities or infectious diseases care outlined in the *BIO Preparedness Workforce Act*.
- Federal loan repayment programs in the Public Health Service Act include:

Sec. 317F	CDC Epidemic Intelligence Service (EIS)
Sec. 338B	National Health Service Corps
Sec. 487A	NIH Intramural Loan Repayment Program
Sec. 487B	NIH Extramural Loan Repayment Program
Sec. 775	Pediatric Specialty Care Workforce
Sec. 776	Public Health Workforce Loan Repayment Program
Sec. 781	Substance Use Disorder Treatment Workforce

Would this program be duplicative of other loan repayment programs?

- No, the existing loan repayment programs related to infectious diseases are specifically tied to employment at a Federal, State, local, or Tribal public health agency rather than direct patient care in the community.
- The *BIO Preparedness Workforce Act* establishes two categories of eligibility which differ from the existing programs:
 1. Health care professionals who spend at least 50% of their time engaged in **bio-preparedness and response** activities; and
 2. Health care professionals who spend at least 50% of their time providing **infectious disease care** in a shortage designation area, underserved community, or federally funded facility.
- In addition, the *BIO Preparedness Workforce Act* specifically excludes individuals employed by a public health agency so that it does not duplicate the Sec. 776 Public Health Workforce Loan Repayment Program, which is specific to individuals employed by such agencies; and the Sec. 317F CDC EIS loan repayment program which is specific to individuals employed by the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry.

Is this a disease specific bill?

- No. Infectious diseases care is broad, focusing on diagnosing and managing a range of acute and chronic infections caused by bacteria, parasites, fungi, and viruses. In addition, the *BIO Preparedness Workforce Act* supports pandemic preparedness activities that are not specific to any disease or circumstance.
- The COVID-19 public health emergency has highlighted the need for such activities. However, they are equally important when responding to other epidemics (e.g., Ebola, Zika, etc.) or pandemics (e.g., H1N1, HIV, viral hepatitis, and other infections associated with opioid use), as

well as natural disasters (e.g., flooding, fires, hurricanes, etc.). Natural disasters can result in displacement of patients, water-borne illness, noroviruses and other infections that pose a risk for evacuation shelters.

Is service limited to certain settings or geographic areas?

- For bio-preparedness and response health care professionals, since every community needs to be prepared to prevent and respond to outbreaks, natural disasters and pandemics, eligible service is defined according to the type of activities and not limited by geography or setting.
- For health care professionals providing ID care, eligible service areas would include working in medically underserved communities, health professional shortage areas, frontier health professional shortage areas or with medically underserved populations. In addition, service also could be completed at sites that receive federal funding, such as community health centers and rural health clinics, Indian Tribe or Tribal organizations, Ryan White Program clinics, critical access hospitals or academic institutions affiliated with such an institution.

What length of service would be required to qualify for loan forgiveness under this program? How does it compare to other federal loan programs?

- The *BIO Preparedness Workforce Act* would require a service agreement of 3 years, or longer as determined appropriate by the Secretary and individual.
- The service requirement is similar to other loan repayment programs. For example, the National Health Service Corps Loan Repayment Program (Sec. 338B PHSA) requires a minimum of two years of service.
- The NIH loan repayment programs (Secs. 487A & 487B, PHSA) do not specify a service commitment but provide a maximum loan repayment amount per year of service.
- The Pediatric Specialty Care Workforce loan repayment program (Sec. 775) requires a 2-3 year commitment, the CDC EIS program (Sec. 317F) requires at least a 2 year commitment, and the Public Health Workforce loan repayment program (Sec. 776) requires at least a 3 year commitment.
- The Substance Use Disorder Treatment Workforce loan repayment program (Sec. 781 PHSA) requires an annual commitment for up to 6 years.

What level of loan repayment would be available under this program and how does it compare to other federal loan programs?

- The *BIO Preparedness Workforce Act* would provide up to \$50,000 for each year of service. That amount is comparable to other loan repayment programs.
- The CDC EIS Loan Repayment Program (Sec. 317F), National Health Service Corps Loan Repayment Program (Sec. 338B PHSA), NIH Intramural Loan Repayment Program (Sec. 487A), and NIH Extramural Loan Repayment Program (Sec. 487B) authorize payment up to \$50,000 for each year of service.
- The Pediatric Specialty Care Workforce Loan Repayment Program (Sec. 775) and the Public Health Workforce Loan Repayment Program (Sec. 776) provide up to \$35,000 for each year of service.
- The Substance Use Disorder Treatment Workforce Loan Repayment Program (Sec. 781) provides up to \$250,000 total over 6 years of service, which is a maximum of approximately \$42,000 per year of service.

Who supports this bill?

Support for the bill continues to grow. The list of supporters as of Oct 15, includes:

- AIDS Institute
- American Association for the Study of Liver Disease
- American Dental Association
- American Hospital Association
- American Medical Association
- American Society for Microbiology
- Association for Professionals in Infection Control and Epidemiology
- HIV Medicine Association
- Infectious Diseases Society of America
- Johns Hopkins Center for Health Security
- National Rural Health Association
- Society for Health Care Epidemiology of America
- Society of Infectious Diseases Pharmacists
- University of Wisconsin Health System
- University of Wisconsin School of Medicine and Public Health
- Vivent Health
- Wisconsin Medical Society