



Preparedness Policy Fact Sheet

PANDEMIC AND ALL- HAZARDS PREPAREDNESS ACT PUBLIC HEALTH WORKFORCE FY08 APPROPRIATION

ASTHO supports \$10 million in funding for the newly created Health Resources and Services Administration (HRSA) public health workforce programs.

In 2006 Congress passed the Pandemic and All-Hazards Preparedness Act. This legislation created two programs within HRSA's National Health Service Corps to address the current public health workforce shortage. The first sets up a public health workforce demonstration project. The second creates a public health workforce loan repayment program. Both programs are designed to encourage health professionals to enter employment in a federal, state, or local public health agency.

The most difficult challenge state and local public health agencies face in responding to terrorist events, emerging infectious diseases, and other public health threats and emergencies is assuring a qualified workforce.

Basic Facts about Public Health Agency Workforce Needs

- Retirement rates are projected to be 45% in some state public health agencies by 2008.
- Rates are as high as 20% now in some state public health agencies.
- In some parts of the country, turnover rates reach 14%.
- Between 1992 and 2002, state public health agencies lost almost 20% of their epidemiologists.
- 65% of state health laboratories report they do not have enough staff to provide surge capacity such as that needed following the 2001 anthrax attacks.
- The average age of public health nurses, the largest professional group in the public health workforce, is 49.5 years.
- In 2004, approximately 6,400 individuals graduated from accredited schools of public health. Most took jobs in the private sector.
- In the past 20 years, the ratio of public health workers per 100,000 Americans has decreased by 10% while their responsibilities have continued to expand.
- The Bureau of Labor Statistics projects that from 2004 to 2014 there will be an increase in private sector demand for highly educated graduates in scientific fields such as biological sciences (17%) and epidemiology (26.2%). Governmental public health agencies will have difficulty competing for those highly skilled scientists.

SEC. 203. PUBLIC HEALTH WORKFORCE ENHANCEMENTS.

(a) Demonstration Project- Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254I) is amended by adding at the end the following:

SEC. 338M. PUBLIC HEALTH DEPARTMENTS.

(a) In General- To the extent that funds are appropriated under subsection (e), the Secretary shall establish a demonstration project to provide for the participation of individuals who are eligible for the Loan Repayment Program described in section 338B and who agree to complete their service obligation in a State health department that provides a significant amount of service to health professional shortage areas or areas at risk of a public health emergency, as determined by the Secretary, or in a local or tribal health department that serves a health professional shortage area or an area at risk of a public health emergency.

(b) Procedure- To be eligible to receive assistance under subsection (a), with respect to the program described in section 338B, an individual shall--

(1) Comply with all rules and requirements described in such section (other than section 38B(f)(1)(B)(iv)); and

(2) Agree to serve for a time period equal to 2 years, or such longer period as the individual may agree to, in a State, local, or tribal health department, described in subsection (a).

(c) Designations- The demonstration project described in subsection (a), and any healthcare providers who are selected to participate in such project, shall not be considered by the Secretary in the designation of health professional shortage areas under section 332 during fiscal years 2007 through 2010.

(d) Report- Not later than 3 years after the date of enactment of this section, the Secretary shall submit a report to the relevant committees of Congress that evaluates the participation of individuals in the demonstration project under subsection (a), the impact of such participation on State, local, and tribal health departments, and the benefit and feasibility of permanently allowing such placements in the Loan Repayment Program.

(e) Authorization of Appropriations- There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2007 through 2010.'

(b) Grants for Loan Repayment Program- Section 338I of the Public Health Service Act (42 U.S.C. 254q-1) is amended by adding at the end the following:

(j) Public Health Loan Repayment-

(1) IN GENERAL- The Secretary may award grants to States for the purpose of assisting such States in operating loan repayment programs under which such States enter into contracts to repay all or part of the eligible loans borrowed by, or on behalf of, individuals who agree to serve in State, local, or tribal health departments that serve health professional shortage areas or other areas at risk of a public health emergency, as designated by the Secretary.

(2) LOANS ELIGIBLE FOR REPAYMENT- To be eligible for repayment under this subsection, a loan shall be a loan made, insured, or guaranteed by the Federal Government that is borrowed by, or on behalf of, an individual to pay the cost of attendance for a program of education leading to a degree appropriate for serving in a State, local, or tribal health department as determined by the Secretary and the chief executive officer of the State in which the grant is administered, at an institution of higher education (as defined in section 102 of the Higher Education Act of 1965), including principal, interest, and related expenses on such loan.

(3) APPLICABILITY OF EXISTING REQUIREMENTS-With respect to awards made in paragraph (1)--

(A) The requirements of subsections (b), (f), and (g) shall apply to such awards; and

(B) The requirements of subsection (c) shall apply to such awards except that with respect to paragraph (1) of such subsection, the State involved may assign an individual only to public and nonprofit private entities that serve health professional shortage areas or areas at risk of a public health emergency, as determined by the Secretary.

(4) AUTHORIZATION OF APPROPRIATIONS- There are authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2007 through 2010.'