



October 26, 2021

Chairwoman Anna Eshoo  
House Energy & Commerce Health  
Subcommittee  
U.S. House of Representatives  
Washington, D.C.  
20515

Ranking Member Brett Guthrie  
House Energy & Commerce Health  
Subcommittee  
U.S. House of Representatives  
Washington, D.C.  
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Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of Trust for America's Health (TFAH), I write to thank the Subcommittee for holding this hearing on the *Public Health Workforce Loan Repayment Act* (HR 3297) and urge you to advance the legislation. H.R. 3297 would reauthorize the Public Health Workforce Loan Repayment Program for individuals who serve a term at a local, state, or Tribal health department. Under this program, an individual could receive up to \$35,000 in repayment assistance for each year of service. This act would also expand the eligibility for the loan repayment program to individuals with degrees in computer science and similar fields. This measure would help ensure the public health workforce is diverse in skillset and would strengthen health departments' abilities to modernize.

Public health is significantly understaffed and underfunded. The Staffing Up project recently estimated state and local public health departments need an 80 percent increase in the workforce to provide a minimum set of public health services.<sup>1</sup> Meanwhile, public health spending has been decreasing since 2000 and now stands at under 3 percent of the nation's total health spending, according to our report, *The Impact of Chronic Underfunding on America's Public Health System*.<sup>2</sup> All too often, public health follows a cycle of short-term funding after public health emergencies and then an erosion of funds once the emergency subsides. These short-term dollars make it difficult to recruit and retain a robust public health workforce.

The pandemic has highlighted the dire consequences of these challenges, with many local, state, and Tribal health departments struggling to operate and retain staff throughout the emergency response. The field generally cannot offer competitive salaries in comparison to their private sector counterparts, and health department staff, whose work is critical to the health and safety of their jurisdictions, bear a demanding workload. In addition to these difficulties, they have been subjected to harassment, threats, and violence during the pandemic. Nearly half of the local and state department workforce is projected to leave in the coming years due to retirement or transferring to the private sector and these working conditions will likely increase the number of people leaving public health.<sup>3</sup> This important benefit would help promote a skilled and diverse

<sup>1</sup> PHNCI, [Staffing Up: Determining Public Health Workforce Levels Needed to Serve the Nation](#)

<sup>2</sup> TFAH, [The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2020](#)

<sup>3</sup> NACCHO, [Keep Communities Healthy by Investing in the Public Health Workforce](#)



workforce by attracting talented applicants to public health. This legislation would offer much-needed support to these workers who have dedicated their careers to public service and maintaining the health and wellbeing of their communities.

Governmental public health needs additional tools to be able to recruit and retain the best talent. *H.R. 3297* would help departments overcome the many challenges they are currently facing and prepare for the future.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Nadine Gracia". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

J. Nadine Gracia, MD, MSCE  
President and CEO  
Trust for America's Health

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