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May 8, 2020

The Honorable Richard Durbin
The United States Senate
711 Hart Senate Office Building
Washington, DC 20510

The Honorable Jane Schakowsky
The United State House of Representatives
2367 House Office Building
Washington, DC 20515

Dear Senator Durbin and Representative Schakowsky,

On behalf of the Infectious Diseases Society of America (IDSAs) and its HIV Medicine Association (HIVMA), we write to offer our support for the Health Heroes Act, which would dramatically expand the National Health Service Corps (NHSC) and Nurse Corps to ramp up our nation's health care surge capacity and ensure a comprehensive response in public health emergencies.

IDSAs and HIVMA represent over 12,000 infectious diseases and HIV physicians, scientists, and other healthcare and public health professionals who are vital internal medicine subspecialists on the frontlines of the COVID-19 response.

We applaud you for creating a Reserve Corps to deal with health emergencies and disasters. This would be similar to a National Guard commitment and would be a major step forward to help expand emergency surge capacity by allowing Reserve Corps members to serve in high-need areas during a public health emergency. We appreciate extending the eligibility for the Reserve Corps to current and former NHSC members as well as to currently practicing health care professionals who did not previously participate in the NHSC. We agree with allowing currently practicing health care professionals to opt into reserve status. Reserve status would qualify them to receive loan forgiveness for agreeing to a required monthly commitment to conduct preparedness training or deliver care to an underserved community. IDSAs and HIVMA are also pleased to see that the bill allows health professionals who are in high-demand fields or specialties that the Secretary of Health and Human Services identifies as a national priority based on workforce shortages or changes in patient needs to participate in the Corps. Infectious Diseases and HIV physicians are in high demand in public health emergencies like the COVID-19 pandemic when outbreak containment and patient care require the care of an infectious diseases specialist, and would welcome the opportunity to serve in Reserve Corps and welcome the ability to receive loan repayment for Reserve Corps participation.

IDSA and HIVMA believe that allowing health professionals to continue to work in the setting of their choice but be called up in health emergencies/disasters to serve at the direction of the HHS Secretary alongside the Public Health Commissioned Corps or health departments would allow the health care system to be more nimble in effective scale-up to meet the needs of patients and communities during public health emergencies and other disasters.

In reviewing the text of the legislation, we offer several minor clarifying changes to the text of the bill for your consideration, followed by redlined bill text highlighting these suggestions:

- 1) p. 5, line 1 – insert “as” after “practice”

Rationale: corrects a presumed typo

- 2) p. 5, line 19 and p. 6, line 3 – insert “Federal,” before “State”

Rationale: Elsewhere in the PHSA, Federal, State, local and tribal are mentioned. We thought it would be helpful to specifically reference Federal here since the Corps would likely work with several Federal agencies.

- 3) p. 7, line 23 – strike “or”
p. 7, line 24 – insert “, and influenza or other pandemic preparedness” after “needs”

Rationale: We suggest this language to ensure that the Reserve Corps includes individuals ready to respond to a pandemic. Several PHSA programs provide the example of “pandemic influenza” and the current law requires maintaining a pandemic influenza plan (sec. 319C-1(g)(2)). Since the COVID-19 pandemic is not specifically an influenza pandemic, we suggest broadening this reference to prepare for pandemic influenza as well as other pandemics.

Thank you for your leadership on this important issue. If you have questions or require additional information, please do not hesitate to contact Lisa Cox, IDSA Government Relations Director, at lcox@idsociety.org, or Andrea Weddle, HIVMA Executive Director at aweddle@hivma.org.

Sincerely,



Thomas M. File, Jr., MD, MSc
Fellow of the IDSA
President, IDSA



Judith Feinberg, MD
Fellow of the IDSA
Chair, HIVMA

Redline:

(1) IN GENERAL.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) is amended by adding at the end the following:

“SEC. 3380. NATIONAL HEALTH SERVICE CORPS RESERVE SERVICE DEMONSTRATION PROJECT.

“(a) In General.—From the amounts made available under section 10503(b)(3)(B) of the Patient Protection and Affordable Care Act for each of fiscal years 2021 through 2024, the Secretary shall, to the extent permitted by, and consistent with, the requirements of applicable State law, use such sums as the Secretary determines necessary to establish, as a demonstration project, a National Health Service Corps Reserve Service (referred to in this section as the ‘reserve service’) under which a qualified individual agrees to engage in service for a period specified in a contract under this section in such reserve service under this section.

“(b) Reserve Service Requirements.—An individual whose obligated service under a contract under section 338A is provided, pursuant to a contract under subsection (a), as reserve service, and any other participating individual described in subparagraph (B) of subsection (c)(2) may practice **as** a health profession in any private capacity, subject to the following requirements:

“(1) In the event of a public health emergency declared under section 319, a major disaster declared by the President under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, or an emergency declared by the President under section 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act or a national emergency declared by the President under the National Emergencies Act, for the duration of such emergency or disaster, such individual shall be subject to serve in such capacity as the Secretary shall determine appropriate to carry out the purposes of this section, and in accordance with the Secretary’s plan to increase surge capacity in response to public health emergencies or disasters. Such service may be furnished in coordination with the Corps described in section 204, a **Federal**, State, territorial, or local public health department, or through the process described in section 319(e).

“(2) Not less frequently than 2 days each month, and for a total of not fewer than 30 days each year, as directed by the Secretary, such individual shall—

“(A) conduct trainings on public health preparedness and response activities, which may be in coordination with the **Federal**, State, territorial, or local health department; or

“(B) furnish health care services to low-income individuals in a health professional shortage area (as defined under section 332(a)), a medically underserved population (as defined under section 330(b)(3)), or a medically underserved area or area at high risk of a public health emergency as designated by the Secretary.

“(c) Qualified Individuals.—An individual may be eligible to participate in the reserve service under this section if such individual meets one of the following criteria:

“(1) An individual participating in the Scholarship Program under section 338A may satisfy the obligated service requirement under such program if the individual’s contract provides for such service.

“(2) An individual who participated in the Loan Repayment Program under section 338B and who satisfied the obligated service requirements under such program, in accordance with the individual’s contract.

“(3) An individual who—

“(A) did not participate in the Scholarship Program under section 338A or the Loan Repayment Program under section 338B;

“(B) has a graduate degree in medicine, osteopathic medicine, dentistry, or another health profession, or an appropriate graduate degree from a program of behavioral or mental health, or is certified as a nurse midwife, nurse practitioner, or physician assistant;

“(C) holds a license issued by a State, the District of Columbia, or a territory to practice the applicable profession;

“(D) is otherwise qualified to practice, and has experience practicing, in a profession—

“(i) described in section 338B(a)(1); or

“(ii) another high-demand health care field or specialty that the Secretary identifies, through a process conducted every 3 years, as a field or specialty of national priority, based on relative workforce shortages, expected workforce changes, ~~or~~ projected changes in patient needs, and influenza or other pandemic preparedness; and

“(E) satisfies any other eligibility or application requirements specified by the Secretary in order to demonstrate the individual’s qualifications.

“(d) Reserve Service Plan.—In carrying out this section, the Secretary shall establish, in coordination with the Surgeon General and State, tribal, and local health departments, an action plan for the service commitments, priority areas, coordination efforts, training requirements, and such other considerations as the Secretary determines appropriate, to ensure the complementary, additive capacity of such individuals providing reserve service.

“(e) Contracts for Certain Participating Individuals.—An individual described in subparagraph (B) of subsection (c)(2) who is participating in the reserve service program under this section shall receive loan repayments in an amount equal to 50 percent of the amount of payments that would be required with respect to a participant of the same clinical profession in the Loan Repayment Program pursuant to a contract entered into at the same time under section 338B(g), in a manner similar to the manner in which payments are made under such section, pursuant to the terms of a contract between the Secretary and such individual. The Secretary shall establish a system of contracting for purposes of this subsection which shall be similar to the contract requirements and terms under subsections (c), (d), and (f) of section 338B.

“(f) Report.—Not later than 5 years after the date of enactment of this section, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that evaluates the demonstration project established under this section, including—

“(1) the effects of such program on health care access, public health emergency response capacity, and the provider workforce pipeline; and

“(2) any other considerations as the Secretary determines appropriate.”.

(2) CONFORMING AMENDMENTS.—

(A) SCHOLARSHIP PROGRAM.—Section 338A of the Public Health Service Act (42 U.S.C. 2541) is amended—

(i) in subsection (b)(2), by inserting “, or be eligible for, or hold, an appointment in the reserve service under section 338O” before the semicolon;

(ii) in subsection (c)(2)(B), by inserting “or through reserve service under an agreement under section 338O” after “section 338D”; and

(iii) in the flush text of subsection (f)(1)(B)(v), by inserting “, including service under the reserve service in accordance with section 338O, as applicable” before the semicolon at the end.

(B) OBLIGATED SERVICE.—Section 338C of the Public Health Service Act (42 U.S.C. 254m) is amended—

(i) in subsection (a), by inserting “or 338O” after “section 338D”; and

(ii) in subsection (c)—

(I) in paragraph (1), by striking “, or” and inserting a semicolon;

(II) in paragraph (2), by striking “agreement,” and inserting “agreement; or”; and

(III) by inserting after paragraph (2) the following:

“(3) in the case of an individual who enters into an agreement with the Secretary under section 338O, on the date specified in such agreement,”.