

**IDSA Capitol Hill Advocacy Day 2025  
Policy Priority Overview and Background  
Key Messages and Asks for Congress**

**Introductions and Framing**

- IDSA's top public policy priorities are strengthening the ID workforce, combating antimicrobial resistance and bolstering outbreak/pandemic preparedness and response. To address these issues effectively—and for ID specialists simply to do our jobs and take care of patients—we need a strong public health and biomedical research infrastructure. So, we also want to discuss some broader policies and investments related to public health and research and specifically their impacts in our communities.

**Protecting Public Health and Biomedical Research**

**Background:** Several activities undertaken by the new administration—including reductions in the federal workforce, limits to NIH indirect funds, and limits and delays in federal health agency communications—combined with potential forthcoming cuts to CDC and NIH funding, pose significant threats to the nation's capacity to protect Americans from infectious diseases. **It is important to educate Senators and Representatives about how these cuts and policies are impacting or will impact their states and districts with specific local examples.** As reforms for NIH and/or CDC and funding for these agencies are potentially considered by Congress, we want IDSA to have a seat at the table—we can secure that seat by sharing our expert knowledge about the critical functions of these agencies, maintaining an openness to reforms that are in the best interests of patients and public health, and offering ourselves as a resource to lawmakers. **You will not have time in a 20–25-minute meeting to cover everything, so work with your team to select the most compelling examples.** (Note for participants: Funding for federal HIV programs, including the Ryan White Program will be the focus of the HIVMA and RWMPC Hill day in May.)

**Key Messages:**

- As ID physicians, we rely on our nation's public health infrastructure to provide us with up-to-the-minute information about how infections are spreading locally to help us provide the highest quality care and to prevent and contain outbreaks which, left unchecked, can damage our economy and biosecurity. Public health information is also essential for all individuals to help them make the best decisions for themselves and their families.
- We also rely on biomedical research to develop cutting-edge tools to prevent, detect, and treat serious infectious diseases. Because infectious diseases and chronic diseases are inextricably linked, ID research is also important to address chronic diseases.
- Infectious diseases travel easily across national borders. Global ID surveillance and responses to contain outbreaks before they reach the US are essential to protect Americans' health and biosecurity.
- There are opportunities for reforms, and we support the need to be good stewards of taxpayer dollars. Investments in public health and biomedical research often save money over time and support our economy by creating jobs and ensuring people stay healthy so they can support local businesses. We want to work with Congress and the Administration to ensure any policy or funding changes reflect the on-the-ground expertise of ID experts across the country and the best available scientific data and are in the best interests of patients and public health.
- **Examples**—Highlight key examples of changes you have experienced with public health information or services related to federal workforce cuts or communications limitations, and

how these changes have impacted patient care/patient safety/local economy. (e.g. information and responses related to bird flu, measles, TB, influenza, other vaccine-preventable diseases, health care associated infections, Ebola, etc., cancellation of ACIP and VRBPAC meetings, etc.) Provide examples of the dangers to public health associated with delayed or missing information.

- **Examples**—Highlight key examples of research studies that could be stopped, the negative effects of even pausing these studies, or jobs that could be lost in your community if there are large cuts to NIH/NIAID funding (due to changes to indirects, delays in grant reviews, or other cuts to NIH/NIAID).
- **Examples**—Highlight examples of individuals not pursuing careers in ID, public health, or research due to recent or expected policy changes or funding cuts.
- Transition to other top IDSA priorities—**our overall public health and biomedical research infrastructure are a necessary foundation for more targeted efforts to strengthen the infectious diseases workforce (especially in rural and other underserved communities) and to combat antimicrobial resistance (AMR).**

#### **Asks for Congress:**

- Maintain or increase overall funding for infectious diseases activities at CDC and NIAID.
- If NIH reform is considered (including process for NIH indirect funds and/or the structure of NIAID), it should be done through a transparent process with meaningful opportunities for scientists and research institutions to provide input and with a goal of maintaining high priority ID research and training of early career scientists. Separating NIAID into 2 or 3 separate institutes would ignore the scientific overlaps of infectious diseases, immunology and allergy research—weakening research increasing red tape and administrative costs.
- Urge the Administration to avoid reductions to the federal health agency workforce related to ID, as this work is clearly part of public safety, and urge congressional leadership to include language in a spending bill or other appropriate vehicle to protect this workforce.
- Urge the Administration to allow transparent communication of complete scientific information without delay.

#### **Strengthening the ID Workforce to Expand Access to ID Care**

**Background:** IDSA continues to work on several fronts to strengthen the ID workforce by removing financial barriers to pursuing ID—this includes targeted loan repayment for providing ID services through the Bio-Preparedness Workforce Pilot Program and improving ID reimbursement.

#### **Key Messages:**

- Nearly every type of care provided in the hospital (organ and bone marrow transplants, cancer chemotherapy, hip and knee replacements, and other surgeries) carries a risk of infection, making ID specialists a critical component of safe health care.
- When cared for by an ID physician, patients with serious infections have shorter hospital stays, lower Medicare costs and better health outcomes.
- ID health professionals play a critical role in national security, including community preparedness and response to bioterror attacks and other destabilizing ID events.
- Unfortunately, nearly 80% of US counties do not have a single ID physician, and for the last two years, only half of ID physician training programs filled their training slots during the annual match. This means that many Americans—especially in rural communities—have little to no

access to ID physicians and we are not training enough new ID physicians to keep up with the demand.

- ID physicians are the 3<sup>rd</sup> lowest paid specialty, below even general internal medicine despite having an additional 2-3 years of specialized ID training. Low compensation relative to other fields of medicine combined with high medical student debt present a significant financial barrier to recruiting urgently needed new ID physicians.

#### **Asks for Congress:**

- Fund the Bio-Preparedness Workforce Pilot Program (\$50 million) at HRSA to provide targeted loan repayment to ID and emergency preparedness health care professionals who work in health professional shortage areas, medically underserved communities or federal facilities (e.g. VA, community health centers, Ryan White). Include this as one of your appropriations requests for FY2026 and sign the upcoming dear colleague letters.
- Include IDSA in broader discussions around reforming physician reimbursement. We want to collaborate on efforts to improve reimbursement for non-procedure-based physicians (including ID), provide funding through CMS to support the development of ID quality measures to pave the way for value-based care, and create opportunities for ID physicians to participate in the cost-savings their work generates.

#### **Antimicrobial Resistance**

**Background:** IDSA is advocating to protect and increase federal funding to maintain and expand current federal activities on AMR (surveillance, prevention, stewardship, research, innovation). CDC received supplemental funding a few years ago to expand AMR public health activities (including surveillance, reporting and training health professionals to improve antimicrobial use) in every state, and that supplemental funding is running out. If Congress does not fill the gap, states will face reductions in public health activities to prevent and respond to AMR, causing the nation to lose ground in the fight to protect people from AMR.

#### **Key Messages:**

- Every year there are at least 2.8 million AMR infections and 173,000 deaths.
- Growing resistance and lack of novel antimicrobials compromises modern medicine, as many medical procedures carry a significant risk of infection.
- Just six of the worst AMR pathogens result in over \$4 billion in additional healthcare spending every year, with half of that borne by Medicare.
- AMR is a national security threat, as resistant infections have already impacted US soldiers in recent conflicts, and enemies could weaponize AMR pathogens against the US.
- Since FY2016, Congress has sustained investments in AMR surveillance, prevention, stewardship, research and innovation across multiple federal agencies, including CDC, NIAID and BARDA. These investments have had strong bipartisan support—the previous Trump Administration launched the current Combating Antibiotic Resistance Bacteria (CARB) National Action Plan and finalized the Medicare Condition of Participation requiring hospitals to implement antimicrobial stewardship programs.
- **Examples**—highlight key examples of the positive impacts of federal investments to combat AMR (e.g. having state health department staff to support stewardship training for health care professionals; improved surveillance and data collection; research that has impacted patient care)

**Ask for Congress:**

- Support funding for antimicrobial resistance activities across various federal agencies (CDC, NIAID, BARDA, etc.), including signing congressional dear colleague letters.