

## IDSA Capitol Hill Advocacy Day 2025 Talking Points

### Meeting Introductions and Framing – 2 minutes

- Take a moment to allow each participant to introduce themselves and talk a little about what they do in a lay friendly way to demonstrate the many roles and contributions of ID experts.
- Frame what you want to cover in the meeting. IDSA's top public policy priorities are:
  - Strengthening the ID workforce
  - Combating antimicrobial resistance
  - To address these issues effectively, we need a strong public health and biomedical research infrastructure, so we also want to discuss broader policies and investments related to public health and research and their impacts in our states and districts.
- **Note for participants: 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 to make sure you have time to cover all 3 areas below.** (Funding for federal HIV programs, including the Ryan White Program will be the focus of the HIVMA and RWMPC Hill day in May.)
- **Have a conversation, not a presentation.** Invite congressional staff to ask questions or give feedback throughout your meetings. This increases the likelihood of offices supporting our requests.

### Protecting Public Health and Biomedical Research: 3-4 minutes

Share examples of changes you have experienced with limits on public health information or services related to federal workforce cuts the impact on patient care and safety, 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.

**Asks for Congress** (Note for participants: of our “asks” related to the new Administration’s activities, these are the “asks” for which Congress has the most direct role):

- Maintain or increase overall funding for infectious diseases activities at CDC and NIH.
- **If NIH indirect funding is going to be examined**, the goal should be to maintain high priority ID research and training of early career scientists via an open process that allows scientists and research institutions to provide input. We support the need to be good stewards of taxpayer dollars. We want to work with Congress and the Administration to ensure any policy or funding changes reflect the expertise of ID experts and the best available scientific data and are in the best interests of patients and public health.

**Transition from protecting public health and biomedical research to top IDSA priorities below: 1 minute**

- **A strong overall public health and biomedical research infrastructure is required** for targeted efforts to grow the infectious diseases workforce in rural and underserved communities and combat antimicrobial resistance (AMR).

### Strengthening the ID Workforce to Expand Access to ID Care: 3-4 minutes

**Asks for Congress:**

- **Fund the Bio-Preparedness Workforce Pilot Program (\$50 million) at HRSA** to incentivize health care professionals to pursue ID and emergency preparedness careers and work in health professional shortage areas, medically underserved communities or federally-facilities like VA facilities, Ryan White clinics and community health centers. **Please include this as one of your appropriations requests for FY2026 and sign the upcoming dear colleague letters.**
  - **ID health professionals play a key role in national security**, including community preparedness and response to bioterror attacks and other destabilizing ID events, yet nearly **80% of US counties do not have a single ID physician.**

- Patients with serious infections who are treated by an ID physician have shorter hospital stays, lower Medicare costs and better outcomes.
- ID physicians are central to nearly all areas of medicine and patient safety, as so many health care procedures carry a risk of infection (give examples).
- **ID physicians are the 3<sup>rd</sup> lowest paid specialty relative to other fields of medicine.** Low pay and high medical student debt are financial barriers to recruiting urgently needed new ID physicians.
- **In 2023 and 2024 only half of ID physician training programs filled their training slots** during the annual match. **Emphasize match results or other recruitment challenges in your state.**

### Antimicrobial Resistance: 3-4 minutes

Highlight key examples of federal funding to combat AMR, including state health department staff to help stewardship training; improved surveillance and data collection; research that has impacted patient care

#### Ask for Congress:

- **Protect and increase funding for antimicrobial resistance surveillance, prevention, stewardship, and research** across federal agencies including CDC, NIAID, and BARDA, including signing congressional dear colleague letters. Every year there are at least 2.8 million AMR infections and 173,000 deaths. Growing resistance and lack of novel antimicrobials endangers modern medicine.
  - The more we use antimicrobials, the more bacteria become resistant to them, making infections more difficult and sometimes impossible to treat.
  - 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.
  - CDC received supplemental funding a few years ago to expand AMR public health activities 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.
  - **Emphasize local examples of how AMR funding is supporting your state.**
  - We appreciate sustained bipartisan Congressional funding for CDC, NIAID, and BARDA AMR activities and the work of the previous Trump Administration to launch the current Combating Antibiotic Resistance Bacteria (CARB) National Action Plan and finalized the Medicare Condition of Participation requiring hospitals to implement antimicrobial stewardship programs.

#### Supplemental Talking Points For Each Discussion – If time allows

##### Public Health and Biomedical Research

Asks for Congress (Note for participants: in addition to advancing legislation, any congressional office can contact the Administration with requests, and that type of pressure can help change policy.)

- **Urge the Administration not to reduce the federal health agency workforce related to ID**, as a matter of public safety, and urge congressional leadership to protect this workforce via a spending bill or other bill.
- **Urge the Administration to resume transparent communication of complete scientific information** without delay. Timely ID surveillance and responses to contain outbreaks before they reach the US are essential to protect Americans.
- **Please continue to support a unified NIAID**, which fosters cutting-edge research at the intersection of immunology and infectious diseases. Legislation which proposes to separate NIAID into 2-3 separate institutes would take biomedical research, pandemic preparedness and training the workforce backwards.

Such a move would generate bureaucracy, increased administrative spending, and would lead to gaps in research priorities for the most innovative research areas which combine work in immunology and infectious diseases. (Note for participants: while there is a strong congressional role regarding NIH reform/restructuring, congressional attention is more focused on funding at this point in the year, and we will have more opportunities in the future to speak in more detail about NIAID's structure.)

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

Asks for Congress

- **Include IDSA in broader congressional 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.