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May 6, 2025

**Mehmet Oz, MD**

Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**RE: Request to improve beneficiary access to infectious diseases care**

Dear Administrator Oz,

The Infectious Diseases Society of America, composed of more than 13,000 physicians, scientists, public health practitioners and other clinicians specializing in infectious diseases (ID) prevention, care, research and education, stands ready to work with you to protect and improve the health of all Americans. Our national leaders would like to meet with you to discuss opportunities to work together to advance innovative value-based care models and improve access to care.

Infectious diseases remain among the most pressing challenges facing healthcare systems, frequently causing and complicating chronic disease. ID physician care has been proven to improve patient outcomes, reduce hospital length of stay and reduce costs.

We hope to explore strategies for collaboration in the following areas, further explained in our attachment:

- Advancing value-based care models
- Strengthening vaccine access and coverage
- Addressing antimicrobial resistance
- Enhancing telemedicine capabilities

Thank you for your leadership during this critical time for health care. We look forward to meeting with you and your team to discuss how we can work together towards achieving our shared goals.

Sincerely,

Tina Tan, MD, FIDSA, FPIDS, FAAP

President

Infectious Diseases Society of America

## Improving beneficiary access to infectious diseases care

### **Advancing value-based care models**

Value-based care (VBC) represents a transformative approach to healthcare delivery that prioritizes quality over volume. Infectious diseases physicians are integral to VBC initiatives due to their expertise in managing complex cases, coordinating care across specialties, and implementing antimicrobial stewardship and infection prevention and control programs. Unfortunately, opportunities for ID physicians to participate in VBC have been limited thus far, and we would like to work with CMS to expand these opportunities, including developing more ID focused quality measures and opportunities for ID physicians to participate in the cost savings their work generates. Below are some key areas in infectious diseases that we believe should be more adequately reimbursed:

- **Readmission management:** Reduction of hospital readmissions is a cornerstone of VBC models, and ID physicians are uniquely positioned to drive improvements in this area. Infections such as sepsis, pneumonia, endocarditis, and complications from surgical site infections are among the leading causes of preventable readmissions, often resulting in significant penalties for hospitals under CMS's Hospital Readmissions Reduction Program (HRRP). ID physicians bring specialized expertise in managing complex infections, optimizing post-discharge antimicrobial therapy, and ensuring seamless transitions of care—particularly for patients on outpatient parenteral antimicrobial therapy (OPAT) or those with chronic infectious conditions. By recognizing and incentivizing these contributions within VBC models, CMS can help ensure that the expertise of ID physicians is fully leveraged to improve patient outcomes, lower costs, and reduce unnecessary hospital utilization.
- **Infection prevention:** Infectious diseases specialists play a critical role in reducing healthcare-associated infections (HAIs), which account for significant morbidity, mortality, and financial costs across health care settings. IDSA encourages CMS to incorporate infection prevention metrics more frequently into VBC models to ensure that hospitals and providers are incentivized to adopt best practices that improve patient safety and reduce infections.<sup>1</sup>
- **Antimicrobial stewardship:** Effective antimicrobial stewardship programs are essential for optimizing antibiotic use (including reducing overuse), reducing resistance rates, improving patient outcomes and lowering costs. IDSA urges the development of VBC models that support these efforts by aligning quality and payment policies with stewardship goals, ensuring that hospitals have the resources needed to implement these programs effectively.
- **Telemedicine integration:** Telehealth services have proven invaluable in expanding access to infectious diseases expertise in rural and underserved areas. CMS's continued support for telemedicine reimbursement policies will enable infectious diseases specialists to provide high-quality care remotely while reducing barriers to access.

### **Strengthening vaccine access and coverage**

Vaccination remains one of the most effective tools for preventing infectious diseases and reducing healthcare costs associated with outbreaks, and we agree with HHS Secretary Robert F. Kennedy Jr.'s

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<sup>1</sup> "About Infectious Diseases Society of America Education." *AMA ED Hub*, 2025, <https://edhub.ama-assn.org/idsa-education/pages/about>.

statement that vaccines should be “readily accessible for all those who want them”.<sup>2</sup> However, gaps in vaccine access persist across geographic regions and socioeconomic groups. IDSA recommends:

- **Improving Medicare coverage for vaccines:** Currently, some vaccines are covered under Medicare Part B, which enables those vaccines to be provided in a doctor’s office, while other vaccines are covered under Part D, and are thus provided in a pharmacy. This fractured approach creates unnecessary barriers in access for seniors. We urge CMS to work with Congress to ensure coverage for all recommended vaccines under Medicare Parts B and D to ensure no senior falls through the cracks.
- **Expanding coverage under CMS programs:** Programs such as Vaccines for Children (VFC) have been instrumental in ensuring equitable access to immunizations for underserved populations. Collaborating on strategies to expand vaccine coverage under Medicaid and Medicare will help reduce disparities while improving population health outcomes.<sup>3</sup>
- **Providing adequate reimbursement for vaccine administration:** Ensuring that providers are reimbursed fairly for vaccine administration is critical for maintaining high immunization rates. CMS can play a pivotal role in addressing this issue by revising payment policies that incentivize providers to offer vaccines without financial disincentives.

## Addressing antimicrobial resistance

Antimicrobial resistance (AMR) is a growing global threat that undermines the effectiveness of life-saving treatments and increases healthcare costs associated with prolonged hospital stays and complicated infections. Collaborative efforts between CMS and IDSA can support initiatives aimed at combating AMR through stewardship programs.

- **Promoting appropriate antibiotic use:** IDSA greatly appreciates that the first Trump Administration finalized a Medicare Condition of Participation requiring hospitals to implement antimicrobial stewardship programs, which have been proven to improve patient outcomes, reduce resistance and lower costs. We welcome the opportunity to work with you and your federal agency colleagues to strengthen antibiotic stewardship and ensure stewardship programs have the necessary resources to maximize their impact. We would welcome the opportunity to work with CMS to strengthen existing CoP rules by requiring hospitals, nursing homes and other facilities to demonstrate not just that they have a stewardship program, but also that the program meets specific standards (e.g., staffing, training, data tracking, interventions). Additional ways CMS can help strengthen antimicrobial stewardship is by expanding Medicare reimbursement for stewardship services delivered in outpatient settings (e.g., post-acute care, dialysis centers, physician offices), as well as by enabling reimbursement for stewardship consultation services delivered via telehealth, which could benefit rural or smaller facilities without in-house ID experts, in particular.

## Enhancing telemedicine capabilities

Telemedicine has revolutionized healthcare delivery by expanding access to specialty care while reducing costs associated with travel and hospital visits. Infectious diseases specialists have leveraged telehealth

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<sup>2</sup> Kennedy, Robert F., Jr. "Measles outbreak is a call to action for all of us." *Fox News*, 22 Apr. 2025, <https://www.foxnews.com/opinion/robert-f-kennedy-jr-measles-outbreak-call-action-all-us>.

<sup>3</sup> Johnson, Jane. "New Developments in Infectious Diseases." *Journal of Infectious Diseases*, vol. 123, no. 4, 2022, pp. 12-20. DOI: 10.1093/jid/123.4.12.

platforms to provide remote consultations, monitor patients with chronic infections and support antimicrobial stewardship programs.

- **Expanding reimbursement policies:** Telehealth reimbursement policies must continue evolving to reflect the importance of telehealth in modern healthcare delivery. CMS can ensure that telemedicine services remain accessible by supporting payment models that incentivize providers while maintaining high standards of care.
- **Integrating tele-ID services into rural healthcare systems:** Infectious diseases expertise is often concentrated in urban centers, leaving rural areas underserved. Tele-ID services provide an effective solution by connecting rural providers with specialists who can guide treatment decisions remotely. These services include direct patient care as well as population-level services such as antimicrobial stewardship, as noted above.

