

**Testimony of the Infectious Diseases Society of America (IDSA)
on the Fiscal Year 2025 Department of Health and Human Services (HHS) Budget
Prepared for the U.S. House Subcommittee on Labor, Health and Human Services,
Education, and Related Appropriations
Submitted by Steven K. Schmitt, MD, FIDSA, IDSA President, on May 3, 2024**

On behalf of the Infectious Diseases Society of America (IDSA), which represents more than 13,000 physicians, scientists, public health and other clinicians in infectious diseases (ID) prevention, care and research, I urge the Subcommittee to provide robust FY2025 funding for public health and biomedical research activities that save lives, cut health care costs and promote economic growth. **IDSA asks the Subcommittee to provide \$50 million for the Bio-preparedness Workforce Pilot Program at the Health Resources and Services Administration (HRSA), \$400 million for the Antibiotic Resistance Solutions Initiative (ARSI) at the Centers for Disease Control and Prevention (CDC), \$7.151 billion for the National Institute of Allergy and Infectious Diseases (NIAID) and \$330 million for the Biomedical Advanced Research and Development Authority (BARDA) Broad Spectrum Antimicrobials and CARB-X programs.**

HRSA - Bio-Preparedness Workforce Pilot Program

IDSA urges you to include \$50 million in the budget to launch the new Bio-Preparedness Workforce Pilot Program. We note that HRSA has launched similar programs for other health professionals with as little as \$15 million and would be grateful for any level of funding to launch this Pilot. The Pilot Program complements the Public Health Loan Repayment Program by ensuring the public health workforce has strong ID partners in community health care settings by incentivizing more health care professionals to enter the field of ID and work in underserved areas. Nearly 80% of U.S. counties nationwide do not have a single ID physician, with rural Americans being less likely to have

Infectious Diseases Society of America

access. In 2023, only 50.8% of ID training programs filled all of their positions, while most other medical specialties filled 90% or more of their training programs. Average medical educational debt of more than \$250,000 drives many physicians away from ID—the fourth lowest paid medical specialty—and toward more lucrative specialties. Shortages persist among other ID experts who would be eligible for the Pilot, including clinical laboratory staff, infection preventionists, nurses and physician assistants.

Despite deep ID workforce gaps, no federal program offered loan repayment for providing ID care or conducting bio-preparedness activities in health care facilities prior to the establishment of the Pilot. This program fills a discrete but critical need without duplication of federal resources. The Pilot will help ensure the U.S. has the ID workforce necessary to address diseases such as HIV and viral hepatitis, and meet ID needs associated with cancer chemotherapy, organ transplants, opioid use, infections of medical devices, and other complex care. As we monitor the H5N1 outbreak, a full ID workforce is key to readiness for future public health threats.

\$50 million for the pilot program will provide up to \$50,000 in loan repayment to as many as 1,000 infectious diseases (ID) professionals who work in health professional shortage areas, federal health facility such as VA clinics, Ryan White HIV/AIDS Program clinics or tribal health facilities. This funding will impact the decisions of medical students, residents and other trainees in this year's recruitment processes, help secure the resources necessary for the pilot to more equitably distribute and increase the size of the ID workforce, and allow us to further leverage the investments the Committee has made to improve pandemic preparedness, combat antimicrobial resistance, eliminate viral hepatitis, control sexually transmitted infections and end the HIV epidemic.

CENTERS FOR DISEASE CONTROL AND PREVENTION - [ARSI](#)

We urge \$400 million in FY2025 for the Antibiotic Resistance Solutions Initiative, the cornerstone of the nation's efforts to combat AMR. In the US alone, antimicrobial-resistant infections contributed to nearly 173,000 deaths in 2019. Rates of antimicrobial-resistant infections and deaths in U.S. hospitals rose 15% in 2020. AMR accounts for direct health-care costs of at least \$20 billion. Infections are a primary or associated cause of death in [50% of patients with cancer](#), as AMR can make these infections difficult or impossible to treat. AMR has a [disproportionate impact](#) on certain communities due to variance in risk of exposure, susceptibility to infection or treatment received. Rates of several serious AMR infections, including community-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections, are higher incidence in Black populations. [Globally](#), resistant infections directly caused 1.27 million deaths in 2019. If we do not act now, antibiotic-resistant infections will be the leading cause of death by 2050 and could cost the world \$100 trillion.

\$400 million would expand antibiotic stewardship across the continuum of care; double state and local grant awards; expand the AR Laboratory Network globally and domestically to better identify, track and contain deadly pathogens; support AMR research and epicenters; and increase public and health care professional education and awareness. ARSI is also a critical building block of CDC's public health infrastructure that directly supports broader agency activities, including foodborne illness pathogen detection, global AMR prevention and surveillance, and responses to sexually transmitted infections and health care-associated infections.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE – BARDA

The BARDA [Broad Spectrum Antimicrobials program](#) and [CARB-X](#) leverage public/private partnerships to develop products that directly support the government-wide National Action Plan for

Infectious Diseases Society of America

Combating Antibiotic-Resistant Bacteria and have been successful in developing new FDA-approved antimicrobials. Despite this progress, the pipeline of new antimicrobials development does not meet patient needs, and \$330 million is needed to speed new product R&D to help prevent a post-antibiotic era in which we lose many modern medical advances that depend upon the availability of antibiotics.

NATIONAL INSTITUTES OF HEALTH – NIAID

\$7.151 billion for NIAID, including \$608 million for AMR research, would allow NIAID to address AMR while conducting its broader role in supporting infectious diseases research, including emerging infectious diseases, HIV, TB and influenza. Funding would strengthen and diversify the biomedical research workforce, including early-career physician-scientist training. There is an inadequate pipeline of ID physician-scientists necessary to lead clinical trials and additional research to prevent and respond to ID threats. NIAID should use funding to provide additional K, T, and F awards, Early Investigator Awards, and research opportunities for community-based ID physicians to enhance recruitment, training and diversity of the research workforce.

In addition, increased funding would support AMR research on mechanisms of resistance, therapeutics, vaccines and diagnostics; and development of a clinical trials network to reduce barriers to research on emerging and difficult-to-treat resistant infections.

CONCLUSION

Thank you for the opportunity to submit this statement. The nation's infectious diseases physicians and scientists rely on strong federal partnerships to keep Americans healthy and urge you to support these efforts. Please forward any questions to Lisa Cox at lc Cox@idsociety.org or (202) 669-4826.