**Testimony of the Infectious Diseases Society of America (IDSA)
on the Fiscal Year 2026 Department of Health and Human Services (HHS) Budget
Prepared for the U.S. Senate Subcommittee on Labor, Health and Human Services, Education, and Related Appropriations
Submitted by IDSA President Tina Tan, MD, FIDSA, FPIDS, FAAP on June 13, 2025**

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 ensure a solid public health and biomedical infrastructure that saves lives, reduces health care costs and promotes economic growth and national security. **Please 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), $7.29 billion for the National Institute of Allergy and Infectious Diseases (NIAID), $330 million for the Biomedical Advanced Research and Development Authority (BARDA) Broad Spectrum Antimicrobials and CARB-X programs, and $95.16 million for the John C. Fogarty International Center.**

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Bio-Preparedness Workforce Pilot Program

The infectious diseases (ID) health professional workforce is in crisis. We urge you to include $50 million in FY2026 to launch the Pilot Program to help ensure that communities have the ID health care professionals needed to expertly respond to acute and chronic threats like antimicrobial resistance (AMR), health care associated infections, infections associated with complex care (e.g. cancer, organ transplantation, artificial joints, and other surgeries), HIV and viral hepatitis. Infectious diseases (ID) specialist care and ID research are critical to preventing and managing chronic conditions and associated infectious diseases. Infectious diseases have been shown to cause chronic diseases, including type 1 diabetes, cancer, liver disease, asthma and gastrointestinal disease.

Individuals with serious infections who are cared for by ID physicians have significantly shorter hospital stays, lower health care costs and significantly better clinical outcomes. ID physician services frequently help prevent infections and avert hospitalization. HHS has launched similar programs for other health professionals with as little as $15 million and we welcome any level of funding to launch the Pilot. We recognize that health workforce programs may be moved to the new Administration for a Healthy America and highlight the urgent need to fund the Pilot regardless of where it is located.

The program would support up to 1,000 ID health care professionals and influence the decisions of current medical students and residents in this year's recruitment processes to pursue a career in infectious diseases by providing up to three years of loan repayment to health care professionals with ID or emergency preparedness experience who agree to work in health professional shortage areas or federally-funded health facilities including VA clinics, community health centers, and Ryan White HIV clinics.

Nearly 80 percent of U.S. counties lack an ID physician, with rural Americans being less likely to have access. For the past two years, just over half of ID physician training programs filled, compared to most other physician specialties which filled nearly all their programs. Average medical educational debt of more than $250,000 drives many physicians away from ID—the third 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.

This program fills a discrete but critical need without duplication of federal resources and would further leverage the investments the Committee has made to create and support healthy communities, combat antimicrobial resistance, improve patient safety, eliminate viral hepatitis, control sexually transmitted infections, end the HIV epidemic and improve community outbreak readiness and response.

The Pilot will help ensure the U.S. has the ID workforce necessary to address diseases such as severe bloodstream infections, bone and joint infections, HIV and viral hepatitis, and meet ID needs associated with cancer chemotherapy, organ transplants, and other complex care. As we monitor the H5N1, pertussis, measles, and tuberculosis outbreaks, a full ID workforce is key to readiness for future public health threats.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Antibiotic Resistance Solutions Initiative (AR Solutions Initiative)

The AR Solutions Initiative is the cornerstone of the nation's efforts to combat AMR yet alarmingly states will experience a more than 50% reduction in support for their efforts to combat AMR including loss of capacity to prevent healthcare associated infections (HAIs), and testing for drug resistant pathogens, as a large portion of existing funding for this work was recently rescinded by the administration.

In the US alone, antimicrobial-resistant infections contributed to nearly 173,000 deaths in 2019. 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.

$400 million in FY2026 funding would sustain essential antibiotic stewardship across the continuum of care; maintain state and local grant awards; support the AR Laboratory Network to better detect and contain deadly pathogens; and fortify AMR research and epicenters. AR Solutions Initiative is also a critical building block of CDC's public health infrastructure that directly supports broader agency activities, including detection of foodborne illness pathogens for such as E.coli and listeria which is critical to food safety, and responses to health care-associated infections.

ADMINISTRATION FOR STRATEGIC PPREPAREDNESS AND RESPONSE (ASPR)

We recommend funding of $330 million to support the Broad-Spectrum Antimicrobials Program and CARB- X at the Biomedical Advanced Research and Development Authority (BARDA). The BARDA broad spectrum antimicrobials and antifungals program and CARB-X leverage critically important public/private partnerships to develop innovative products that prevent, detect, and treat antimicrobial resistant infections. These infections place patients at significantly greater risk for complications and death. Despite this progress, the pipeline of new antibiotics and antifungals in development is insufficient to meet patient needs. Novel antimicrobials are urgently needed to support complex medical care that carries a significant risk of drug resistant infections, including cancer chemotherapy, organ transplantation, hip and knee replacements and other surgeries and the growing use of immunosuppressing medications for a variety of chronic conditions.

We recommend funding of $200 million for the Project BioShield Special Reserve Fund, Broad Spectrum Antimicrobials. The Project BioShield SRF is positioned to support the response to public health threats, including AMR. BARDA and NIAID efforts have been successful in helping companies bring new antibiotics to market, but those companies now struggle to stay in business and two filed for bankruptcy in 2019, with others on similar trajectories. In October 2022, a second contract was awarded through Project BioShield to support the development and procurement of a novel antimicrobial product that addresses multi-drug resistant infections and supports national security efforts. Full funding is needed to expand this approach.

NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases (NIAID)

$7.29 billion in funding 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. Infectious diseases research is critical to combating chronic illnesses, as ID and chronic disease are linked in many ways. Infectious diseases have been shown to cause chronic diseases, including type 1 diabetes, cancer, liver disease and gastrointestinal disease. Furthermore, chronic diseases leave patients more vulnerable to infectious diseases and exacerbate the symptoms and severity of infectious diseases.

I reiterate that in 2025, just over half of ID physician training programs filled their slots, compared to 90% or more of training programs for nearly all other specialties, creating 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.

IDSA members conduct groundbreaking research that yields new treatments, vaccines and diagnostic tools, which have a significant positive impact on the health of persons of all ages, but with many ID physician-scientists at or approaching retirement, it is imperative Congress provide increased funding to support the next generation of ID researchers that will move these discoveries forward. Without these advances, we risk losing critical ground in the battle to create and maintain good health for all Americans.

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.

John C. Fogarty International Center

We urge you to provide $95.16 million in FY2026 for the Fogarty International Center at the NIH. Fogarty connects American scientists and health-care professionals with their global health peers to support basic, clinical, and applied research along with training programs in low- and middle-income countries. A bipartisan initiative, the Center was created to promote international research and collaboration and has led to scientific advances contributing to improved health and longevity at home and globally. The Center sponsors over 500 research and health grants, with more than 100 of those related to the prevention, treatment and care of infectious diseases in areas of the greatest and most immediate needs. Fogarty develops scientific expertise in resource-limited countries to detect and address pandemics where they begin. At the same time, all Fogarty grants involve U.S. investigators, and 80 percent go to U.S. institutions, building domestic knowledge and skills.

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 lcox@idsociety.org or (202) 669-4826.