

**Testimony of the Infectious Diseases Society of America
on the Fiscal Year 2027 Department of Health and Human Services Budget
Prepared for the U.S. House Subcommittee on Labor, Health and Human Services,
Education, and Related Appropriations
Submitted by IDSA President Ronald G. Nahass, MD, MHCM, FIDSA, on April 16, 2026**

On behalf of the Infectious Diseases Society of America (IDSA), which represents more than 13,000 physicians, scientists, public health professionals 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 \$5 million for the Bio-Preparedness Workforce Pilot Program at the Health Resources and Services Administration, \$400 million for the Antibiotic Resistance Solutions Initiative at the Centers for Disease Control and Prevention (CDC), \$7.15 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.**

We strongly encourage the Subcommittee to build on provisions in the final FY 2026 funding package that strengthened congressional oversight to help ensure that the Administration utilizes funding as Congress intends and provided important protections for the federal health workforce, NIH indirect rates and the NIH organizational structure. We further urge the Subcommittee to reject overall cuts proposed to CDC and NIH. Losses already sustained by these agencies through the Administration's workforce reductions, grant cancellations and delays, and other policy changes have already severely compromised public health and medical research in this country. Targeted investments in bipartisan priorities cannot reach their full potential without a strong public health and medical research foundation.

Health Resources and Services Administration

Bio-Preparedness Workforce Pilot Program

The ID health professional workforce is in crisis. We urge you to include \$5 million in FY 2027 to launch the Bio-Preparedness Workforce Pilot Program to help ensure that communities have the ID health care professionals needed to 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. ID specialist care is 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.

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The program would support ID health care professionals and help drive the decisions of current medical students and residents 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 expertise who agree to work in health professional shortage areas, federal or federally-funded health facilities including VA clinics and hospitals, community health centers and Ryan White HIV clinics.

Nearly 80% of U.S. counties lack an ID physician, with rural Americans being less likely to have access. Last year, 45% of ID physician training programs filled, compared to most other physician specialties that 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 program, 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.

Centers for Disease Control and Prevention

The Antibiotic Resistance Solutions Initiative

The Antibiotic Resistance Solutions Initiative (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 health care-associated infections and testing for drug-resistant pathogens.

In the U.S. alone, antimicrobial-resistant infections sickened more than 3 million and 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.

We are grateful that the Administration highlights the importance of the AR Solutions Initiative. While we appreciate the proposed increase for the program included in the FY 2027 budget, we believe that a deeper investment is needed. \$400 million in FY 2027 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 such as *E. coli* and listeria, which is critical to food safety, and responses to health care-associated infections.

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National Institutes of Health

National Institute of Allergy and Infectious Diseases

\$7.15 billion in funding for NIAID, including \$614 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. In addition, it is imperative that Congress conduct robust oversight on NIAID. Delays in routine grant review and in renewing grants for clinical trial networks, combined with a dramatic reduction in notices of funding opportunities to identify forward-looking research priorities, are significantly eroding progress in ID research and discouraging people from entering the field.

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 cannot overemphasize that only 45% of ID physician training programs filled their slots, compared to 90% or more of training programs for nearly all other specialties. This is a woefully 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.

IDSAs 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. Because so many modern medical advances carry a risk of serious infections, and those infections are increasingly resistant to available drugs, research on AMR is critical to fulfill the promise of research in many other areas of medicine.

John C. Fogarty International Center

We urge you to provide \$95.16 million in FY 2027 for the Fogarty International Center at 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

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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% go to U.S. institutions, building domestic knowledge and skills.

Administration for Strategic Preparedness and Response

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 (SRF), 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 multidrug-resistant infections and supports national security efforts. Full funding is needed to expand this approach.

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, Director of Government Relations, at lcox@idsociety.org or (202) 669-4826.