Comments on U.S. National Action Plan on Combating Antibiotic-Resistant Bacteria

The Infectious Diseases Society of America (IDSA) greatly appreciates that PACCARB is continuing its important work and supports continuation in the next CARB National Action Plan of the 5 goals in the current plan. However, achieving these goals is not possible without reversing the collapse of the infectious diseases (ID) workforce**.** We are facing a dangerous paradox: while the prevalence and complexity of multi-drug resistant organisms are expanding exponentially, the human infrastructure to fight them is rapidly eroding. Ensuring that the US has a sufficient ID workforce to address the threat of AMR is paramount to achieving these goals.

In its 2023 report *Preparing for the Next Pandemic in the Era of Antimicrobial Resistance*, PACCARB recommended bolstering the workforce by expanding recruitment and support of public health professionals, infection preventionists, and infectious diseases specialists and engaging a broader set of providers in human and animal healthcare. PACCARB also recommended that "Adequate funding should be provided for loan forgiveness or repayment programs as included in the bipartisan Bio-Preparedness Workforce Pilot Program authorized under the Consolidated Appropriations Act of 2023."

IDSA endorses these recommendations. ID is one of few specialties to look holistically at the whole patient, as infections can impact the whole body. Trained health professionals are needed to spearhead antibiotic stewardship programs; prevent, diagnose and treat resistant infections; lead research; conduct surveillance and disseminate information but the workforce is being decimated:

- Last year, only 45% of ID physician training programs filled in the annual match, in stark contrast to nearly all other specialties.
- ID is one of the lowest reimbursed specialties, and high medical student debt drives many toward more lucrative fields.
- Similar challenges persist among clinical microbiologists, ID pharmacists, infection preventionists and public health professionals.

IDSA also recommends improved reimbursement for ID clinicians and increased NIAID funding to support AMR researchers through the career span. Federal research funding should support work on the interrelationship between the human microbiome and the development of resistance and the impact of antimicrobials on the microbiome and overall health over a patient's lifetime.

Examples of possible metrics for progress toward workforce goals:

- ID fellowship match rates
- Survey data in collaboration with professional societies to assess barriers to entering the AMR workforce and impacts of federal interventions

IDSA also recommends the National Action Plan include a novel financing mechanism to revitalize the development of novel antimicrobials and alternative treatments for AMR. While alternative treatments hold great promise, this research is still new and it is unclear what it may yield. It is also critical to invest in development of novel antimicrobials. Traditional financing mechanisms have failed the antimicrobial market, and it is imperative that the federal government establish a financing approach that delinks federal payment for novel antimicrobials from the volume of antimicrobials used.

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