

**Testimony of the Infectious Diseases Society of America  
on the Fiscal Year 2025 Department of Health and Human Services Budget  
Prepared for the U.S. Senate Appropriations Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
Submitted by Steven K. Schmitt, MD, FIDSA, IDSA President, May 24, 2024**

On behalf of the Infectious Diseases Society of America (IDSA), which represents more than 13,000 physicians, scientists, public health experts and other clinicians in infectious diseases (ID) prevention, care and research, I urge the Subcommittee to provide robust FY 2025 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.**

## **HEALTH RESOURCES AND SERVICES ADMINISTRATION**

### **The 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. IDSA is grateful to Congress for recognizing the challenges facing the ID/HIV workforce and including Section 2221 of the Consolidated Appropriations Act of 2023 bipartisan legislation authorizing both the Public Health Workforce Loan Repayment Program and the Bio-Preparedness Workforce Pilot Program. The pilot program complements the Public Health Workforce 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. [Over 140 organizations](#) support this funding request, including the Wisconsin Association of Local Health Departments and Boards, Vivent Health, the Washington State Association of Local Public Health Officials, the Washington State Hospital Association, the Washington State Public Health Association, the University of Washington School of Medicine, the Maine Medical Association and the Maine Osteopathic Association.

Nearly 80% of U.S. counties nationwide do not have a single ID physician, with rural Americans being less likely to have 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.

## Infectious Diseases Society of America

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 treat patients with infections that are resistant to many available antimicrobials, including immunocompromised individuals from infants to seniors. The pilot will enable the advancement of federal initiatives to End the HIV Epidemic and eliminate viral hepatitis. The increase in the number of ID/HIV clinicians as a result of loan repayment through the pilot program will help ensure quality care for patients with sepsis and septic shock, pneumonia, blood stream infections and tuberculosis, and meet ID needs associated with cancer chemotherapy, organ transplants, opioid use, infections of artificial joints, pacemakers and other medical devices. 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 ID professionals who work in health professional shortage areas, federal health facilities 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

### [Antibiotic Resistance Solutions Initiative](#)

**We urge \$400 million in FY 2025 for the Antibiotic Resistance Solutions Initiative**, the cornerstone of the nation's efforts to combat antimicrobial resistance (AMR). In the U.S. 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 Antimicrobial Resistance 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**

### **Biomedical Advanced Research and Development Authority**

Safe and effective antimicrobials are essential to enable modern medical advances, which carry a risk of infection. A recent outbreak of drug-resistant eye infections causing blindness due to contaminated eye drops demonstrates that serious resistant infections are a threat to us all.

Unfortunately, the pipeline of new antibiotics in development is insufficient to meet patient needs. Small companies that are responsible for nearly all current antibiotic innovations are struggling to stay in business. Factors unique to antibiotics, including the need for their judicious use, make it challenging for companies to earn a return on investments in antibiotic research and development. Additionally, new diagnostic tools are needed to help guide appropriate antibiotic use and enable surveillance, and greater investments are needed to support prevention and antibiotic stewardship.

The BARDA [Broad Spectrum Antimicrobials Program](#) and [CARB-X](#) address this issue by leveraging public/private partnerships to develop products that directly support the government-wide National Action Plan for 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**

### **National Institute of Allergy and Infectious Diseases**

\$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. I reiterate that in 2023, only 50.8% 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, 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.

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 [lcox@idsociety.org](mailto:lcox@idsociety.org) or (202) 669-4826.