



September 10, 2024

Dear President Trump:

As you consider your health policy priorities for a potential Trump Administration, the Infectious Diseases Society of America (IDSA) and its HIV Medicine Association (HIVMA) request an opportunity to meet with you or the appropriate member(s) of your team to discuss urgent infectious diseases (ID) issues. We offer ourselves as a resource to you and respectfully request that you consider our recommendations for strengthening the prevention, diagnosis and treatment of infectious diseases that pose a serious threat to our national security. Our recommendations have the potential to reduce health care costs significantly. Critical ID needs include but are not limited to antimicrobial resistance (AMR); infections associated with complex care, such as cancer chemotherapy and organ transplantation; infections associated with opioid use; HIV; influenza; tick- and mosquito-borne diseases; and emerging and re-emerging infectious diseases, such as highly pathogenic avian influenza and mpox.

We appreciate the Trump Administration's leadership in launching Operation Warp Speed to deliver COVID-19 vaccines in record time and strengthen U.S. manufacturing capacity, as well as the Trump Administration's initiative to end the HIV epidemic. We would welcome the opportunity to work with you to build on these important achievements. With that in mind, we offer the below recommendations that we believe align well with Republican Party Platform priorities to protect Americans from rising health care costs and strengthen our military and national security.

#### **Expanding the ID Workforce to Provide Cost-Effective Care**

Health care costs associated with infectious diseases increased from an estimated \$4.1 billion in 2009 to \$6.6 billion in 2019. Without intervention, these costs will grow. Increasingly complex medical care with growing numbers of immunosuppressed individuals, ill premature infants and elderly people means that even more patients will be at risk of serious infections. **Patients with serious infections who are cared for by ID physicians have shorter hospital stays, lower health care costs and better outcomes.**

**Unfortunately, nearly 80% of U.S. counties do not have a single ID physician.** Shortages are particularly acute in rural communities, and we are not recruiting and training enough ID physicians to meet growing needs. Last year, only half of ID physician training programs filled their slots, whereas in most other specialties all or nearly all programs filled their slots. ID is one of the lowest reimbursed medical specialties, and high medical student debt is a key barrier to entering the field. **This shortage presents an opportunity for a new initiative to reverse this trend, for example by ensuring that 80% of U.S. counties do have access to an ID physician.**

IDSA recommends:

- Provide initial funding to launch the Bio-Preparedness Workforce Pilot Program (\$50 million), authorized in [Public Law 117-328](#), to provide loan repayment to ID health professionals in exchange for service in rural and other shortage areas.
- Advance reimbursement improvements for ID, such as providing an ID-specific incentive payment, funding the development of ID quality measures to pave the way for value-based

models, and developing mechanisms to enable ID physicians to participate in the cost-savings their work generates and to encourage more trainees to enter the field of ID.

- Increase funding for the National Institute of Allergy and Infectious Diseases (NIAID) to train and support a pipeline to grow the ID physician researcher workforce necessary to speed advancements in the cutting-edge research critical to controlling infectious diseases.

### **Combating Antimicrobial Resistance**

AMR is an increasing and severe threat to human health and national security. As our antimicrobial drugs grow less effective due to overuse, we are eroding medical gains that rely upon antimicrobials, including cancer chemotherapy and other complex care and surgeries. Our military servicepeople are at particular risk for resistant infections, as they may be stationed in parts of the world where certain hard-to-treat pathogens are endemic and combat wounds and burns can easily become infected. AMR is also contributing significantly to health care costs, with just six of the worst pathogens adding more than \$4 billion to health care costs every year and half of that burden being borne by Medicare. With Project Warp Speed, you demonstrated that investments in biomedical research can yield tremendous results, and we need that type of leadership to jumpstart antimicrobial innovation.

IDSA recommends:

- Enact, fund and implement the bipartisan PASTEUR Act to unleash American innovation, manufacturing and availability of novel antimicrobials by delinking federal payments for novel antimicrobials from the volume used and providing hospitals resources for cost-saving antimicrobial stewardship programs.
- Expand funding for programs at the Centers of Disease Control and Prevention, NIAID, and the Administration for Strategic Preparedness and Response/Biomedical Advanced Research and Development Authority to support AMR prevention, surveillance, stewardship, research and innovation.

IDSA represents over 13,000 physicians and other health care and public health professionals specializing in the prevention, diagnosis and treatment of infectious diseases, and they are involved in patient care, research and public health activities. We welcome the opportunity to collaborate with you. **Amanda Jezek, IDSA senior vice president for public policy and government relations, will be following up with your team in the coming days to schedule a time to meet.** Please feel free to reach out to her at [ajezek@idsociety.org](mailto:ajezek@idsociety.org) with any questions or requests.

Sincerely,



Steve Schmitt, MD, FIDSA  
President, IDSA



Allison Agwu, MD, ScM, FIDSA, FAAP  
Chair, HIVMA

### **Attachments**

[State of ID Workforce Brief](#)

[Superbugs Can Affect Anyone](#)