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November 20, 2024

Dear President Trump:

Congratulations on winning another term as President of the United States.

As President, your leadership will be needed to tackle today's health challenges. As you set your health policy priorities, the Infectious Diseases Society of America (IDSA) offer our leaders and members as a resource to you **and request an opportunity to meet with the appropriate member(s) of your transition team** to discuss opportunities to protect all Americans from the threats that infectious diseases (ID) pose to national security and to build on the successes of your first Administration, including:

- Unleashing U.S. biomedical innovation, as you did with Operation Warp Speed;
- Ensuring Americans have access to physicians they trust in local communities;
- Combating antimicrobial resistance (AMR), as you did by strengthening Medicare's antimicrobial stewardship policies;
- Ending the HIV epidemic.

As your Administration plans the fiscal year (FY) 2026 budget and agenda for your first 100 days, we offer the following recommendations, described in greater detail in the attached document. In addition to these recommendations, we hope that your FY 2026 budget will ensure the ongoing success of the Ending the HIV Epidemic initiative that you launched in 2019. We believe that these recommendations will assist your Administration in delivering early wins for the American people by limiting costs, improving care and strengthening national security.

Recommendations:

- **Prioritize Emerging Infectious Diseases as National Security Concerns**
- **Combat Antimicrobial Resistance**
 - Delink federal payments for novel antimicrobials from the volume used, which will unleash American innovation, manufacturing and availability;
 - Support rural hospitals in implementation of the Medicare antimicrobial stewardship condition of participation enacted in 2019 during your first Administration;
 - Expand AMR prevention, surveillance and research.
- **Improve Access to Cost-Effective Infectious Diseases Care in Rural Communities**
 - Launch the congressionally authorized Bio-Preparedness Workforce Pilot Program to incentivize ID health professionals to work in rural and other shortage areas;
 - Support the development of ID quality measures to pave the way for value-based models;

- Develop 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;
- Provide resources to train and support the early career pipeline of ID physician-researchers.

IDSA represents over 13,000 physicians and other health professionals specializing in the prevention, diagnosis and treatment of infectious diseases. Critical ID needs include but are not limited to antimicrobial resistance; infections associated with complex care, such as cancer chemotherapy, organ transplantation, intensive care, joint replacement and care of ill neonates and premature infants; infections associated with opioid use; HIV; influenza; tick- and mosquito-borne diseases; and emerging and reemerging infectious diseases, such as highly pathogenic avian influenza and mpox.

We welcome the opportunity to collaborate with you.

Sincerely,

A handwritten signature in black ink that reads "Tina Q. Tan MD". The signature is written in a cursive, flowing style.

Tina Tan, MD, FIDSA, FPIDS, FAAP
President, IDSA

RECOMMENDATIONS TO ADDRESS INFECTIOUS DISEASES CHALLENGES

As your Administration plans the fiscal year 2026 budget and agenda for your first 100 days, we offer the following recommendations, which we believe will assist your Administration in delivering early wins for the American people by limiting costs, improving care and strengthening national security.

Combating Antimicrobial Resistance

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 service people 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 where 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 Operation Warp Speed, you demonstrated that investments in biomedical research can yield tremendous results, and we need similar leadership to jumpstart antimicrobial innovation.**

IDSA recommends that you:

- Enact, fund and implement a novel financing mechanism to unleash American innovation, manufacturing and availability of novel antimicrobials by delinking federal payments for novel antimicrobials from the volume used;
- Provide resources for rural hospitals to implement the Medicare antimicrobial stewardship condition of participation that your first Administration enacted in 2019;
- Expand AMR prevention, surveillance and research.

Improving Access to Cost-Effective Infectious Diseases Care in Rural Communities

Health care costs associated with infectious diseases (ID) 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, 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 to ensure that 80% of U.S. counties do have access to an ID physician.** Such an initiative could have the following components:

- Provide initial funding to launch the Bio-Preparedness Workforce Pilot Program (\$50 million), authorized in [Public Law 117-328](#), to incentivize ID health professionals to work in rural and other shortage areas in exchange for targeted loan repayment;
- Fund the development of ID quality measures to pave the way for value-based models;
- Develop 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;
- Provide resources to train and support the early career pipeline of ID physician-researchers necessary to speed advancements in the cutting-edge research critical to controlling infectious diseases.