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Infectious Diseases Society of America

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The Honorable Xavier Becerra
Secretary
US Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

March 30, 2021

Dear Secretary Becerra,

On behalf of the Infectious Diseases Society of America (IDSAs), I am writing to congratulate you on your confirmation, offer IDSAs and our more than 12,000 members as a resource and highlight priorities on which we hope to collaborate. IDSAs is a community of infectious diseases physicians, scientists and other public health and health care professionals. Our members are on the front lines of the COVID-19 pandemic, caring for patients, designing and updating infection prevention and patient management protocols, collaborating with state and local health departments on communications and mitigation efforts, leading health care facility responses and conducting research to develop new tools for the prevention, diagnosis and treatment of COVID-19. IDSAs is committed to an evidence-based response that promotes health equity to COVID-19 and other infectious diseases epidemics.

IDSAs strongly supports the Biden Administration's National Strategy for the COVID-19 Response and Pandemic Preparedness and was proud to advocate for congressional passage of the American Rescue Plan Act. IDSAs has developed a set of COVID-19 resources that we hope you will find useful as you help lead our nation's response. We would welcome the opportunity to collaborate with you and your staff on COVID-19 activities.

- [COVID-19 Policy Resources](#) — policy briefs, fact sheets and letters on issues including vaccines, treatments, health disparities, workforce, the global response and more
- [COVID-19 Real-Time Learning Network](#) — a curated repository of clinical guidance, emerging research and practice management tools to support clinicians of all backgrounds
- [COVID-19 Vaccine News and Updates](#) — FAQs and other resources on vaccine distribution, authorized vaccines and vaccines in development
- [COVID-19 Podcasts](#) — Regularly produced recordings featuring infectious diseases experts; recent topics include variants, physician mental health and COVID-19 vaccines, diagnostics and therapeutics

We look forward to applying lessons learned from the COVID-19 pandemic and working with you to better prepare our nation for future public health emergencies and position our communities to successfully address persistent infectious diseases threats. Specific recommendations are below.

Infectious Diseases Workforce

We strongly support the Biden Administration's bold actions to strengthen the public health workforce. We request the opportunity to work with you on similar efforts to strengthen the workforce of physicians who care for patients with serious infectious diseases. The infectious diseases (ID) physician workforce is at risk, as increasing numbers of physicians with significant medical student debt find the lower paying specialties, like ID, financially infeasible, and ID physician training programs struggle to fill their slots. According to Medscape, the average annual salary for an ID physician is about \$100,000 less than the average annual salary for all specialist physicians. The combination of lower salaries and high student debt can make it particularly challenging for individuals from underserved communities to pursue careers in infectious diseases, a hurdle we must overcome to build the diverse workforce needed to achieve health equity. Meanwhile, much of the U.S. is underserved in terms of ID medicine; a [June 2020 study in the *Annals of Internal Medicine*](#) found that 208 million Americans live in areas with little or no access to an ID physician.

We would welcome the opportunity to work with you on policies to help ensure a sufficient ID physician workforce to prepare for and respond to current and future threats, such as 1) updating inpatient evaluation and management codes, which account for the majority of ID physician services; 2) developing mechanisms to reimburse ID physicians for significant additional work undertaken during public health emergencies involving outbreaks, similar to Medicare's existing trauma activation coding and payment policies; and 3) providing loan repayment for ID physicians providing care for HIV and other infectious diseases in underserved areas or performing activities critical to preparedness.

Antimicrobial Resistance

Antimicrobial resistance (AMR) impedes our preparedness for any pandemic or mass casualty event, as secondary infections complicate treatment, lengthen hospital stays, significantly increase cost and increase the number of lives lost. AMR also threatens to undo decades of medical progress, as cancer chemotherapy, cesarian sections, transplants and other surgeries and care of complex patients all rely upon the availability of antibiotics.

The National Action Plan for Combating Antibiotic Resistant Bacteria (CARB), launched during the Obama Administration, laid essential groundwork for progress against AMR. Key steps taken so far — including requirements that hospitals and long-term-care facilities implement antimicrobial stewardship programs and deeper investments in antibiotic research and development through the National Institute of Allergy and Infectious Diseases (NIAID) and the Biomedical Advanced Research and Development Authority (BARDA) — have yielded important results, but significant challenges remain. Nearly all large pharmaceutical companies have abandoned antibiotic research and development (R&D), and the small companies responsible for most recent innovation

struggle to stay in business. We strongly urge you to elevate AMR as a national priority; increase investments in stewardship, surveillance, prevention and research; and advance a novel financing strategy to sustain antibiotic R&D, such as the bipartisan, bicameral Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act.

Investments in Domestic and Global Public Health and Research

National public health leadership is essential to rapidly detect, track and respond to emerging threats, develop and implement evidence-based prevention strategies and promote health equity and well-being. We must strengthen public health systems to combat AMR; improve our national vaccine infrastructure and boost vaccine confidence and uptake; end HIV as an epidemic in the U.S.; address infectious diseases associated with the opioid epidemic (including HIV, viral hepatitis and bacterial and fungal infections); and reduce the burden of sexually transmitted infections. Investments in biomedical research and the recruitment and training of the next generation of scientists are equally critical. The historically rapid success of COVID-19 vaccine development demonstrates what is possible when sufficient resources are devoted to science, and we urge a similar commitment to the development of new tools to address antimicrobial resistance and other pressing infectious diseases threats.

Finally, COVID-19 serves as a stark reminder of the interconnectedness of our world. We cannot effectively address infectious diseases without global coordination, and we urge deeper investments in global surveillance and laboratory capacity to identify threats where they originate and in systems capable of containing threats long before they reach our shores.

If you have any questions or if we can assist you in any way, please feel free to contact Amanda Jezek, IDSA's Senior Vice President for Public Policy & Government Relations, at ajezek@idsociety.org. Thank you for your leadership. We look forward to working with you to bring the current pandemic to an end and to effectively address other pressing infectious diseases threats and epidemics.

Sincerely,



Barbara D. Alexander, MD, MHS, FIDSA
President, IDSA