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Nov. 16, 2023

The Honorable Ron Wyden  
Senate Finance Committee Chair  
United States Senate  
Washington, D.C. 20210

The Honorable Mike Crapo  
Senate Finance Committee Ranking Member  
United State Senate  
Washington, D.C. 20510

Chairman Wyden and Ranking Member Crapo,

On behalf of the Infectious Diseases Society of America (IDSAs), I am writing to **request congressional action to level the playing field for the infectious diseases (ID) workforce** due to the disproportionately negative impact on the ID workforce of the CY 2024 Medicare Physician Fee Schedule (MPFS) Final Rule released by the Centers for Medicare and Medicaid Services (CMS) on Nov. 2. Congressional action would enable recruitment to the field and help ensure our health care system has the diverse array of specialists patients need.

IDSAs supports congressional efforts to prevent cuts to Medicare physician reimbursement and to stabilize the fee schedule, but additional targeted efforts are needed to support ID, given that our field's reimbursement is lower than nearly all other specialties. Specifically, we recommend:

- Providing a temporary 10% incentive payment to ID physicians (similar to what was done for primary care and general surgery) to help account for significant non-reimbursable ID work and inadequate valuation of ID physician services.
- Funding the Bio-Preparedness Workforce Pilot Program authorized last Congress to help address the high medical school debt that, combined with inadequate reimbursement prevents many new physicians from entering the ID specialty.

IDSAs offered [comments](#) on the proposed MPFS rule in September. We were encouraged by CMS' request for feedback on evaluation and management (E/M) codes, and we greatly appreciate the [bipartisan call](#) for CMS to consider our feedback on this issue. Unfortunately, the final rule would cut ID physician reimbursement and continue the longstanding undervaluation of inpatient E/M codes, which account for the large majority of ID physician services. ID physicians are the fourth-lowest paid medical specialty, with compensation even below general internal medicine despite years of additional training. Low compensation relative to other specialties significantly hampers the ability to recruit new physicians to the specialty and limits patient access to ID care. **Only 56% of ID physician training programs filled in 2022, whereas most other specialties filled 90%-100%**

**of their training programs, and nearly 80% of counties in U.S. do not have a single ID physician.**

The reimbursement cut for ID physicians in the MPFS final rule is driven in part by the implementation of the G2211 “complexity” add-on code. The final rule appears to make the case that G2211 would benefit ID physicians. **Unfortunately, the new add-on code only applies to outpatient E/M services, and most ID physician care is inpatient.**

IDSA represents more than 12,000 infectious diseases physicians, scientists and other public health and health care professionals. ID physicians care for patients with serious infections, including antimicrobial-resistant infections; influenza; infections associated with procedures such as cancer chemotherapy and organ transplantation; HIV; viral hepatitis; surgical-site and medical device-related infections; infections associated with injection drug use; and emerging infectious diseases. ID physicians are also integral to core hospital functions like infection prevention and emergency preparedness and response.

Please reach out to IDSA Senior Vice President of Public Policy and Government Relations Amanda Jezek at [ajezek@idsociety.org](mailto:ajezek@idsociety.org) if we can be helpful to your office. Thank you for your attention to this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven K. Schmitt, MD". The signature is fluid and cursive, with the first name "Steven" and last name "Schmitt" being the most legible parts.

Steven K. Schmitt, MD, FIDSA

President, IDSA