



Infectious Diseases Society of America (IDSA) 2021 Policy Priorities

Advancing an Evidence-Based, Equitable Response to COVID-19

IDSA is urging Congress to pass [COVID-19 rescue legislation](#) that includes significant new funding to support COVID-19 vaccination, testing, treatments and medical supplies, including in congregate settings. The COVID-19 response should promote health equity, bolster the public health and health care workforce, strengthen global health, support schools, and provide paid leave and financial relief for individuals, families and small businesses hardest hit by the pandemic.

Combating Antimicrobial Resistance and Promoting Antibiotic Research and Development

Antimicrobial resistance (AMR) impedes our preparedness for any pandemic or mass casualty event, as resistant initial and secondary infections complicate treatment, lengthen hospital stays, increase costs and increase the number of lives lost. AMR also threatens to undo decades of medical progress, as cancer chemotherapy, Caesarian sections, transplants, surgeries, and care of complex patients all rely on the availability of safe and effective antibiotics. Unfortunately, nearly all large pharmaceutical companies have abandoned antibiotic research and development (R&D) and the small companies responsible for most recent antibiotic innovation struggle to stay in business. **We need a One Health approach (human, animal, environment) with increased federal funding to support antibiotic stewardship, surveillance, research, and innovation. Specifically, IDSA urges passage of the bipartisan *Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act* to revitalize the antimicrobials pipeline and promote appropriate antibiotic use.**

Securing the Infectious Diseases (ID) Physician Workforce

The ID 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. A [recent study in the *Annals of Internal Medicine*](#) found that 208 million Americans live in areas with little or no access to an ID physician. According to *Medscape*, the average annual salary for an ID physician is about \$100,000 less than that the average annual salary for all specialist physicians. Several [studies](#) indicate treatment of infections which are managed by an ID trained specialist results in less costly and improved clinical outcomes-including decreased mortality. ID physicians primarily use evaluation and management (E/M) codes to bill for the services they provide. These codes have long been undervalued compared to codes for health care procedures, driving the physician salary disparity. The Centers for Medicare and Medicaid Services (CMS) finalized updates to outpatient E/M codes for 2021, and **it is imperative that CMS update inpatient E/M codes, which represent the majority of direct patient care services provided by ID physicians.**

Strengthening Biomedical Research and Supporting a Diverse Scientific Workforce

The U.S. is the world leader in biomedical research funding and innovation, which is largely driven by the work of the National Institutes of Health (NIH). **Congress should continue to grow the capacity of the**

National Institute of Allergy and Infectious Diseases (NIAID) to train and support a larger and more diverse workforce. NIH should expand efforts to address the growing threat of antibiotic resistance while carrying out its broader role in supporting infectious diseases research. This includes research on new treatments, diagnostics and vaccines for tuberculosis, HIV, emerging infections, and other infectious disease threats. Further, we must build upon COVID-19 investments to strengthen our clinical

trials infrastructure to support the development of vaccines, diagnostics and therapeutics for public health emergencies, emerging infectious diseases and other unmet needs. Ensuring more diverse clinical trial participation should be a key priority.

The NIH Fogarty International Center has mobilized to respond to the COVID-19 pandemic, including providing technical assistance in low-and middle-income countries and conducting vital research on COVID-19 and its impacts. Fogarty-funded breakthroughs have also directly contributed to advances in longstanding epidemics including HIV, tuberculosis, and malaria. We urge increased funding for the Fogarty Center to improve global health security and strengthen our ability to detect and respond to pandemics. U.S. patients and researchers benefit from Fogarty-funded discoveries. More than 80% of Fogarty's extramural grant budget goes to U.S. academic institutions, and all funding engages U.S. scientists and researchers.

Investing in Public Health

The COVID-19 pandemic has dramatically strained our public health system, which has been under-resourced for years. 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. **It is imperative to provide sustained, increased federal funding to strengthen public health infrastructure, including the public health workforce.** This includes increased resources for the Centers for Disease Control and Prevention (CDC) efforts to combat antimicrobial resistance, improve our national vaccine infrastructure and boost vaccine confidence and uptake, 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. Increased CDC funding is essential to ensure state and local health departments are able to meet routine public health needs and prepare for and respond to emergencies.

Committing to Global Health

The COVID-19 pandemic has profoundly impacted global public health in ways that will be felt for years to come while demonstrating clearly that infectious diseases know no borders. The pandemic has further weakened already fragile health systems, including decimating health workforces in resource-limited countries and setting back U.S. and global responses to longstanding epidemics including HIV, tuberculosis, and malaria. The World Economic Forum [estimates](#) that disruptions to HIV, TB, and malaria services may result in an additional three million deaths on top of the 2.5 million deaths from these infections every year. Now more than ever, American leadership is urgently needed to control the COVID-19 pandemic and address its impacts while improving global capacity to prevent, detect, and respond to future infectious disease threats. **We urge increased funding for global health security activities at CDC and the United States Agency for International Development (USAID) and greater investments for the President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, TB and Malaria, and global infectious disease programs at USAID.**

Protecting Access to Diagnostic Testing and Promoting Diagnostics Innovation

The ongoing COVID-19 pandemic has demonstrated the impact that delayed diagnostic testing has on transmission, reporting, resource utilization and management, and above all, patient and public health. More broadly, infectious diseases diagnostics are critical to guide appropriate patient care, reduce inappropriate antibiotic use, trigger infection prevention protocols, and identify patients for clinical trials.

IDSA acknowledges the complexity of diagnostics regulation in a rapidly innovating field. We value continued collaborative efforts to create a risk-based framework for *in vitro* diagnostics development and strongly advocate for an approach that avoids introducing new or duplicative regulatory hurdles for laboratories developing tests for numerous conditions that are critical in everyday patient care. **We recommend that Congress work with all relevant stakeholders, including physicians and academic clinical laboratories, to ensure that new regulatory approaches for diagnostic tests do not inappropriately hinder development of or patient access to high quality testing for infectious diseases.**