Infectious Diseases/Human Immunodeficiency Virus Physician Ambassadors: Advancing Policy to Improve Health

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Infectious diseases/human immunodeficiency virus (ID/HIV) physicians and other healthcare professionals advocate within the healthcare system to ensure adults and children receive effective treatment. These advocacy skills can be used to inform domestic and global infectious diseases policies to improve healthcare systems and public health. ID/HIV physicians have a unique frontline perspective to share with federal policymakers regarding how programs and policies benefit patients and public health. Providing this input is critical to the enactment of legislation that will maximize the response to infectious diseases. This article discusses the advocacy of ID/HIV physicians and other healthcare professionals in federal health policy. Key issues include funding for ID/HIV programs; the protection of public health and access to healthcare; improving research opportunities; and advancing the field of ID/HIV, including supporting the next generation of ID/HIV clinicians. The article also describes best practices for advocacy and provides case studies illustrating the impact of ID/HIV physician advocacy.

Keywords. infectious diseases; HIV; physician advocacy.

THE PHYSICIAN AMBASSADOR

Physicians often serve as ambassadors for their adult and pediatric patients. Whether persuading an insurance company to cover a test a patient needs or calling the power company to keep a patient's electricity running while he or she is hospitalized, most physicians have interceded for a patient at a time of need. The act of serving as an ambassador and purposely advocating on behalf of individual patients is a time-honored convention of the medical profession, even though, for most clinicians, it is not a component of their education and training. Physicians identify a problem, intervene, and are usually successful at providing for patients. That very basic form of advocacy is well understood and widely practiced by most clinicians.

In its broadest definition, physician advocacy or ambassadorship is the purposeful action by a physician or other healthcare professional to promote changes that improve the lives of adult and pediatric patients and decrease population health threats [1] (See Inset 1). The nature of the clinician–patient relationship affords physicians the unique opportunity to understand

the complexities of patients' lives and the challenges some face in accessing healthcare services and coping with illness. Physicians and other healthcare professionals inspire trust and earn respect. This societal standing gives physicians a unique ability to inform policymakers including government officials, legislators, and community organizations that have the power to develop and enact policies to improve our patients' health.

Physicians and other healthcare professionals are well positioned to leverage their familiarity with patients' issues to help solve or improve the social and other structural problems that negatively impact patient health and well-being. There are many ways for physicians to participate in achieving policy solutions at the local and state levels. At the federal level, physicians can visit lawmakers at their local district offices or the US Capitol to declare their support for a specific piece of legislation or to educate policymakers, based on individual experience, on the importance of funding a vital public health program. Physicians can also work with medical societies and stakeholder organizations to help inform policy development and provide review of proposed policies.

Perhaps the most contemporaneous example that underscores the importance of infectious diseases/human immunodeficiency virus (ID/HIV) physicians is the coronavirus disease 2019 (COVID-19) pandemic (See Inset 2). The devastating effects of this pandemic could have hardly been anticipated. The swift and adept response of the ID/HIV community has drawn attention to our specialty and has reaffirmed the role of the ID/

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HIV physicians as important patient advocates and leaders. Our colleagues have responded to this challenge by providing reliable evidence-based information to their patients, the general public, and their colleagues, and have tirelessly promoted sound federal policies that seek to change the trajectory of the pandemic. The ID/HIV workforce has used its collective expertise and frontline perspectives to inform and shape federal policy on testing, personal protective equipment, comprehensive data collection, an improved global response, and funding for hospitals, providers, public health programs, and research and development of vaccines and therapeutics.

THE ESSENTIAL ROLE OF PHYSICIAN ADVOCATES

Whether individually or collectively, as part of a professional medical organization, the advocacy of physicians and other healthcare professionals advances policies that improve patient outcomes, protect public health, and drive biomedical innovation (See Inset 3). In the ID specialty, these efforts have led to increased or preserved funding for HIV care and treatment programs such as the Ryan White HIV/AIDS Program and the President's Emergency Plan for AIDS Relief (PEPFAR). ID and HIV physicians have represented the profession and their patients at the United Nations in meetings to discuss strategies to eradicate tuberculosis worldwide [2] (See Inset 4). ID physicians have testified in Congress to raise awareness of the ongoing crisis of antimicrobial resistance (AMR) and the urgent need for new antibiotics and stewardship programs [3] (See Inset 5). ID physicians also have highlighted the healthcare disparities resulting from the cost of HIV pre-exposure prophylaxis and other critical medications [4]. ID physicians have been at the frontlines, as first responders and advocates, in recent hemorrhagic fever outbreaks throughout the world, becoming effective activists for government action to address these outbreaks [5]. This collective advocacy is central to the sustenance of the ID workforce and the preservation of the specialty for future generations.

Physician advocates can use a variety of skills and tactics to advance their policy goals. They may partner with grassroots and national health policy organizations to ensure that policies consider the perspectives of a diverse set of relevant stakeholders and to amplify their messages and advocacy power. Advocates utilize traditional and social media to further educate policymakers.

Although most physicians agree with the principles and importance of advocacy causes, in practice there may be potential inherent barriers for becoming involved. Physicians' basic civic enthusiasm appears less than other professions [1, 6]. There is a perception that specialty societies are advocating on their behalf, an assumption that is only partially correct. The work of specialty societies requires physician and other healthcare professional participation to lend expertise and provide the

necessary real-life patient and community stories that demonstrate the importance of our priorities in individual legislators' states and districts. Also, there is minimal formal training in advocacy in medical school curricula, and students and residents often become involved out of a sense of duty and personal concern. Nonetheless, there is growing recognition and interest in advocacy by medical education accreditation bodies and medical trainees [7, 8].

Advocacy by individual ID and HIV physicians and other healthcare professionals is the backbone of successful specialty society efforts. These efforts include leading congressional meetings in Washington, DC, or locally; hosting legislator visits to a local research institution or clinic; communicating with legislators via e-mail, letters, and telephone calls; and engaging in media outreach. Medical specialty societies like the Infectious Diseases Society of America (IDSA), the HIV Medicine Association (HIVMA), and the Pediatric Infectious Diseases Society (PIDS) provide advocacy training to ID and HIV clinicians to help them serve as effective federal policy ambassadors. In turn, they can inform policy development and drive the enactment of legislation that will close gaps in the federal response to ID to better support patients, clinicians, and communities.

This paper explains the vital advocacy role ID and HIV physicians and other healthcare professionals play in several key health policy areas, federal funding for ID/HIV research, and support for the next generation of ID and HIV clinicians and scientists to respond to current and emerging ID epidemics and challenges, including AMR. Given the diversity of the fields of ID and HIV medicine, these are only a small selection of the many issues that ID and HIV physicians can impact. The paper provides an advocacy primer and real-world case studies to prepare readers to be ambassadors at the federal level on these critical issues.

IMPROVING ACCESS TO HEALTHCARE

The Patient Protection and Affordable Care Act (ACA) expanded access to healthcare coverage and instituted important patient protections to prevent discrimination, including for pre-existing conditions like HIV. HIV provider advocacy contributed to the successful passage of the ACA. Since its passage, the uninsured rate among people with HIV has dropped from 18% in 2012 to 11% in 2015 [9]. Ongoing engagement by HIV providers has been critical to preventing congressional ACA repeal attempts and to educating policymakers on the threat that policy changes, such as implementing work requirements as a condition of Medicaid coverage, have on the health of our patients with HIV.

In addition to educating policymakers on the importance of affordable, comprehensive healthcare coverage for adults and children, the capacity of the healthcare system to provide the

medical services for a given population is crucial and often not well understood by legislators. In order to inform and advance meaningful policies to improve healthcare access, ID physicians and other health professionals must educate legislators on the many factors that impact access to care, including workforce shortages; financial, social, and cultural barriers; and location in rural, isolated, or otherwise underserved areas. It is also important to help legislators understand the significant disparities in access to care by gender identity, age, race, ethnicity, education, and income.

Advocacy serves to raise awareness about these challenges and ensure that solutions meet the needs of communities. It is essential to have the support of legislators at the state and federal levels in order to facilitate and fund successful programs with financial and nonfinancial resources and guidance. National and community stakeholders, as well as advocates, play a crucial role in assisting legislators and their staff in understanding how barriers impede the ability to access healthcare.

SUPPORTING INFECTIOUS DISEASES AND HIV RESEARCH

With many competing priorities for governmental and nongovernmental funds, it is crucial for physicians, scientists, and patients to advocate for continued growth in grant programs for clinical, translational, and basic science research. The IDSA has been very active and successful in advocating for ID research funding, including antimicrobial resistance, emerging infections, diagnostic and therapeutic development, and support for the physician-scientist workforce [10, 11]. More recently, IDSA and HIVMA have taken a position calling for research policy to be grounded in science rather than ideology when the Department of Health and Human Services announced a ban on fetal tissue research.

Preparing to advocate for research funding includes gathering data about the ID research priorities and economic impact of research in your region, which are likely substantial. The IDSA, HIVMA, PIDS, and other professional organizations can be instrumental in preparing talking points and identifying local data for advocacy activities. Examples of the kind of information that can make up a compelling argument to policymakers for increased research funding include the following:

1. Patient safety and quality research has led to an estimated \$7.7 billion in costs saved and 20 500 hospital-acquired conditions–related inpatient deaths averted from 2015 to 2017 [12]. Similarly, research to improve vaccine design, scope, and implementation can have significant financial and health impact. Childhood vaccination has been estimated to prevent nearly 20 million cases of vaccine-preventable diseases and 40 000 deaths attributable to vaccine-preventable disease as well as almost \$69 billion in net economic benefits to society in the US in a single birth cohort [13].

2. Global health research has led to significant decreases in tuberculosis mortality and incidence, malaria mortality, early childhood deaths, and new HIV infections [14, 15].
3. A Research America survey in January 2015 found that 67% of US adults rated increasing the National Institutes of Health (NIH) research funding as somewhat or very important [16].
4. In fiscal year 2018, the NIH provided \$28 billion in extramural funding to US scientists. This funding resulted directly and indirectly in over 430 000 jobs in all 50 states [17].
5. Federal spending on Medicare and Medicaid subsidies offered through the healthcare marketplaces established in the ACA and the Children's Health Insurance Program healthcare accounts is projected to grow from 5.3% to 6.6% of gross domestic product over the next 10 years [18]. Despite these rising costs, healthcare-related research expenditures that could identify new means of diagnosing, treating, and preventing disease make up less than 5% of US spending on healthcare [19].

SUPPORTING THE EARLY-CAREER INFECTIOUS DISEASES AND HIV INVESTIGATOR

Just as advocacy plays an integral part in protecting the future of HIV and ID research, it also serves a critical role in ensuring that a stable and diverse pipeline of trainees will choose a career in ID or HIV medicine. Many adult and pediatric ID trainees and early-career clinicians look to programs such as the NIH Loan Repayment Program and the Public Service Loan Forgiveness Program to offset the costs of medical training [20, 21]. However, both of these federally funded programs are at risk of being eliminated or substantially scaled back with the constant changes in funding priorities [22]. Physician advocacy at the federal level is critical to maintaining support for these programs, which provide key financial aid to trainees pursuing a career in ID or HIV medicine (See Inset 6).

Adult and pediatric ID physicians and physician-scientists are uniquely suited to help policymakers understand the importance of these programs and their impact on their constituents and the communities they serve. Without the voice of ID physicians, some policymakers would not be aware that interest in ID training has waned over the past 10 years with the percentage of unfilled spots in the fellowship match doubling over that time [23, 24]. Nor would they understand that the high cost of medical training and low mean salary for ID physicians relative to other specialties are significant contributors to this trend [23–27]. These workforce issues are even more pronounced in pediatric ID. In 2019, less than half of pediatric ID programs filled their positions through the ID fellowship match [28]. Further, the mean salary for pediatric ID physicians is lower than the mean salary for adult ID physicians [29].

VALUING INFECTIOUS DISEASES PHYSICIANS

Advocacy is key to expanding federal support for ongoing efforts to secure fair reimbursement for the delivery of care. Without ID physician advocacy, policymakers would not fully understand how ID care impacts patient care and public health or the unique challenges of the specialty. ID is the prime example of a cognitive specialty—the ID clinician must be a diagnostician, recognize disease patterns, and be current on the best treatments available. Examples of the types of information they must share with policymakers include the following:

1. The role of the ID physician in clinical care contributes favorably to patient outcomes in disease states, including *Staphylococcus* bloodstream infections and HIV [30, 31].
2. Most interactions between the ID physician and the patient involve time and expertise, including interview, examination, and review of diagnostic studies. Reimbursement for time spent on cognitive services, such as these, have proved to be as low as 20% of the compensation for the same time spent on standard procedures, such as colonoscopy or cataract extraction [32]. Missing entirely from the compensation structure for E/M codes is any adjustment for the expertise of the physician. Interestingly, an experienced consultant might be paid less than a recent medical graduate, since a correct diagnosis and treatment plan might be arrived at more quickly with a more modest use of resources.
3. In addition to direct patient care, the ID physician often contributes to patient health and safety in health systems as leaders of infection-control and antibiotic stewardship efforts [33].
4. ID efforts often result in cost savings to hospital systems by optimizing antibiotic use and reducing the length of stay with the use of outpatient intravenous antibiotics [34].

Advocacy for the role of the ID physician in clinical care may need to be waged on several fronts. The ID physician needs to partner with physicians from all specialties to make the case with payors for the importance of the subspecialty physician's role in patient care. The ID physician needs to partner with other cognitive specialists to address the value of this consultative input, particularly taking into account experience and expertise, when compared with surgical and other procedure-based specialists. Last, the ID physician needs to be able to make the case for the absolute value of the services provided to patients by our specialty, both within and outside of the hospital, and to insist on fair compensation for time devoted to health system consultation.

CONCLUSIONS

ID and HIV physicians and other healthcare professionals play a central role in effecting positive change for their patients, the health of their communities, and the wider world. As cognitive

specialists, ID and HIV physicians diagnose problems, work within a team to develop the best course of action and solutions, and perfect the implementation of the plan.

ID and HIV physicians and other healthcare professionals can serve as advocates and ambassadors for their patients to ensure they receive the best treatment and care available. This advocacy helps identify solutions to improve the lives of patients and improve the public's health. Lawmakers need to hear from ID and HIV physicians about the role that federal programs, policies, and funding play in supporting research, public health, and state and national efforts to monitor, prevent, and treat ID. The real-world examples of the advocacy efforts of ID and HIV clinicians offered in this paper demonstrate the value of the ID and HIV physician's and healthcare professional's voice as ambassadors on health policy issues and the need to grow the corps of committed and thoughtful advocates.

INSET 1. AN ADVOCACY PRIMER FOR ID AND HIV CLINICIANS AND RESEARCHERS

WHAT IS ADVOCACY?

Actions that ensure people have their voices heard on important issues, defend and safeguard their rights, and have their views and wishes considered when decisions are being made about their lives.

WHY IS IT IMPORTANT AND WHY SHOULD YOU ADVOCATE?

ID and HIV clinicians' voices are essential to forging better federal policy. Members of Congress need to hear from ID and HIV clinicians, researchers, and public health experts about the role that federal programs, policies, and funding play in supporting local and state efforts to monitor, prevent, diagnose, and treat ID, and in conducting the research necessary to improve the US and global response to ID.

WHAT ARE THE TYPES OF ADVOCACY?

Writing or Calling Congress

Send an e-mail message or call to senators and representatives urging them to take action on IDSA, HIVMA, and PIDS priorities using the talking points and templates provided. The most effective e-mails or phone calls to congressional offices are personalized and include examples of why the issue is important to physicians, their patients, and their communities.

Visiting Members of Congress

Members of Congress meet with their constituents in Washington, DC, and in their states and local community offices to receive input on federal issues that affect their constituents. These meetings can advance specific goals, such as

securing a representative's support for a specific bill, and facilitate an ongoing relationship with members of Congress for long-term impact.

Hosting Site Visits for Legislators

Legislators find visits to clinics, labs, or health departments hosted by ID and HIV clinicians, researchers, and public health experts are powerful ways for them to see firsthand the effectiveness and importance of federal ID/HIV funding, programs, and policies at work in their communities.

Encouraging Your Colleagues to Advocate

ID/HIV physicians are far more likely to engage in advocacy at the request of a colleague. Forward IDSA/HIVMA/PIDS action alerts and opportunities to get involved and encourage colleagues to join you when you meet with policymakers.

TIPS FOR EFFECTIVE ADVOCACY: BE VOCAL

1. **Build relationships:** make yourself available to local legislators as an expert in your area.
2. **Engage stakeholders:** build coalitions, involve stakeholders. There is power in numbers.
3. **Voice your concerns:** utilize social media, Op-Ed letters, and other ways to communicate with legislators. When possible, include personal stories about how federal funding impacts your patients, your communities, and the field of ID/HIV.
4. **Offer information:** provide fact-based information to help inform stakeholders and legislators on healthcare issues that affect their constituents.
5. **Concise, lay-friendly message:** make your message easily understood and to the point.
6. **Allow time for questions:** don't do all of the talking. This allows you to establish dialogue, which facilitates an ongoing relationship. Build a coalition of bipartisan support by opening the lines of communication with members of Congress that span all political parties. Maintaining long-term success should not be dependent on election results, who is in control of Congress, or the Executive Branch.
7. **Link your concerns:** try to find common areas where your advocacy helps them to see a direct benefit to their constituents.

ADDITIONAL RESOURCES

IDSA-HIVMA Advocacy Guide (<https://cqrcengage.com/idsociety/Advocacy-Guide>)

IDSA-HIVMA Member Advocacy Program (<https://www.idsociety.org/policy--advocacy/member-advocacy-program/>)

IDSA Science Speaks Blog (https://sciencespeaksblog.org/?_ga=2.220230808.1899995850.1560797753-476195912.1557936911)

INSET 2. ID AND HIV ADVOCACY CASE STUDY: CHAMPIONING AN EVIDENCE-BASED RESPONSE TO COVID-19

The expert voices of IDSA and HIVMA members have never been more important than during the COVID-19 pandemic. IDSA and HIVMA members have used their unique frontline perspectives to advocate and educate lawmakers on the need for evidence-based policies and sufficient funding for domestic and global responses. Given the enormity of the impact of COVID-19, it has been particularly important for members to work collectively through their professional societies to drive policy progress.

The voices and perspectives of ID physicians informed IDSA and HIVMA federal policy priorities, enabling timely and regular communications to the White House Coronavirus Taskforce, congressional leaders, and state officials on issues ranging from the fair and equitable distribution of remdesivir, an antiviral agent with activity against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the need for a national strategy to scale up and sustain testing and personal protective equipment (PPE) supplies, and the importance of statewide masking requirements.

Unable to meet with congressional offices in person due to physical distancing measures, IDSA and HIVMA members engaged with congressional staff through video conferences, phone calls, e-mails, petitions, letters, and social media. IDSA and HIVMA hosted virtual briefings—reaching hundreds of key policy stakeholders—with leading ID experts sharing their frontline perspectives on persistent challenges, including testing capacity, health disparities, and the development of a safe and effective COVID-19 vaccine.

IDSA members also have been critical in developing policy briefs and resources to educate policymakers and the general public on strategies for re-opening safely and to slow the spread of the COVID-19, the importance of encouraging routine vaccinations, and the disproportionate impact of COVID-19 on communities of color. A key component of the strategy has been to shape policy development and public opinion by leveraging the media, including participating in regular media briefings, responding to interview requests, and publishing Op-Eds and letters to the editor.

ID/HIV physician advocacy with members of Congress contributed to the passing of several emergency supplemental bills, which have provided billions of dollars in new funding for hospitals, healthcare providers, public health programs, testing, research and development, and for the global pandemic response.

The ID/HIV physician community also provided important information and discussed their unique perspective with lawmakers on the need to strengthen global cooperative efforts to respond to the COVID-19 pandemic. IDSA opposed the United States' withdrawal from the WHO and during WHO's Executive Board it called for greater international cooperation,

data and knowledge sharing, and increased funds to help prepare resource-limited countries for the imminent pandemic.

In a challenging environment, where elected officials at the federal and state levels were slow to implement adequate public health measures to combat the pandemic, IDSA and HIVMA members remained consistent voices in support of evidence-based science and became the trusted, nonpartisan experts necessary to lead our nation through this crisis.

INSET 3. ID AND HIV ADVOCACY IN ACTION CASE STUDY: REFORMING OUTDATED LAWS TO SAVE LIVES

Dorry Segev, MD, a transplant surgeon at Johns Hopkins University, contacted the HIVMA in 2011 to share concerns that the federal ban against organ donation by individuals with HIV even for research purposes was outdated and harmed people with HIV in need of organ transplants.

At the time, it was estimated that more than 100 000 people with HIV were on the active waiting list for organ transplants in the United States, and that about 50 000 were newly added to the list each year. By allowing organ transplantation between people with HIV, Dr. Segev estimated that 1000 lives could be saved every year. HIVMA leaders concurred and drafted a policy statement in support of allowing research on the safety and efficacy of organ transplantation between individuals with HIV. HIVMA and Dr. Segev built a broad coalition of HIV and medical organizations, including the American Medical Association, to educate congressional members on the importance of ending the ban on HIV organ donation to advance science and to save lives.

After learning about the issue, Senators Barbara Boxer and Tom Coburn collaborated on the HIV Organ Policy Equity Act (HOPE) Act, which was introduced on 14 February 2013. The HOPE Act amended the Public Health Service Act to repeal the ban on donation and transplantation of organs from individuals with HIV. It required the development of standards with respect to organs from donors with HIV. The Senate passed the HOPE Act on 17 June 2013 and the bill was subsequently passed by the House of Representatives and signed into law on 21 November 2013.

In 2015, the Organ Procurement and Transplantation Network updated its policies and systems to allow for research on transplanting organs between donors and recipients living with HIV. Since 2016, 100 organ transplants have been performed at 15 participating hospitals between individuals with HIV from 49 deceased donors. A special thanks to Dr. Segev and HIVMA's former Senior Policy Officer Kim Miller for leading this successful advocacy effort.

INSET 4. ID AND HIV ADVOCACY IN ACTION CASE STUDY: ID AMBASSADORSHIP AT THE UNITED NATIONS

In September 2018, the United Nations (UN) General Assembly adopted an ambitious political declaration to catalyze the global

effort to end tuberculosis (TB) at its High-Level Meeting (HLM). The declaration included nearly all the recommendations IDSA had advocated for, including targets on finding and treating 40 million people with TB by 2023, including 1.5 million with drug-resistant TB, and mobilizing \$13 billion a year for TB diagnosis, prevention, and treatment, and \$2 billion a year for research and development of new tools.

In the lead-up to the UN HLM on TB, IDSA member advocacy efforts helped to shape the declaration. IDSA was 1 of 2 US-based medical societies to attend the first-ever World Health Organization (WHO) Health Ministerial Meeting in 2017 and urged WHO Director-General Dr. Tedros Ghebreyesus to develop a robust plan to accelerate TB detection, prevention, treatment, and research efforts. In April 2018 at a first-ever meeting with the Trump Administration's UN Ambassador's office, and on behalf of IDSA and other health organizations, IDSA members presented a letter to the US UN Ambassador signed by over 900 physicians and researchers urging the United States to push for ambitious targets to be included in the HLM political declaration. In June 2018, IDSA members participated in the UN HLM civil society hearing at UN headquarters in New York. They met with the US and Dominican Republic missions to the UN to further discuss the urgent need for stronger targets and commitments. IDSA member advocacy efforts helped to ensure the strongest possible UN declaration to end the world's biggest ID killer.

INSET 5. ID AND HIV ADVOCACY IN ACTION CASE STUDY: TESTIFYING BEFORE CONGRESS TO COMBAT ANTIMICROBIAL RESISTANCE

Since first sounding the alarm on AMR in 2004, IDSA members have continued making important incremental progress with new federal policies and investments to support the research and development of new antibiotics, advance antimicrobial stewardship implementation, and expand surveillance, prevention, and other public health interventions and research to combat AMR. Following many IDSA member meetings with congressional offices and e-mails to legislators, the House Energy and Commerce Committee decided to hold a hearing on AMR and antibiotic research and development in September 2014.

Then IDSA President, Barbara Murray, MD, was invited to testify. Congressional hearings are public, on-the-record, formal discussions between members of a congressional committee and invited experts and are often used to allow Congress to learn more about an issue before developing and passing legislation.

Dr. Murray shared stories of patients impacted by AMR, explained unique barriers to antibiotic development (including regulatory hurdles), and stressed the importance of stewardship. Her testimony catalyzed broader engagement of more ID physicians, who successfully advocated for Congress to pass a proposal developed by IDSA—the Limited Population

Antibacterial Drug (LPAD) approval mechanism—as part of a broader bill, the 21st Century Cures Act in 2016. LPAD allows new antibiotics for unmet needs to be studied in smaller clinical trials (often the only type of study that is feasible) and then approved only for the population of patients who truly need them (to help protect these drugs from overuse). Very few organizations possess expertise in the area of AMR, and legislation on this topic would not advance without advocacy from ID physicians.

In June 2019, Helen Boucher, MD, testified before the House Oversight and Reform Committee about the national security implications of AMR. Dr. Boucher emphasized the need for financial incentives to revive antibiotic research and development and for stronger stewardship requirements for healthcare facilities. The voices of additional ID physicians are needed to successfully make this case.

INSET 6. ID AND HIV ADVOCACY IN ACTION CASE STUDY: REVIVING THE CDC EPIDEMIC INTELLIGENCE SERVICE FELLOWSHIP

To address the declining number of new physicians in ID fellowship training programs and in the Epidemic Intelligence Service (EIS) of the Centers for Disease Control and Prevention (CDC), IDSA members, working with Congress, developed legislation allowing CDC to offer loan repayment to physicians who serve in EIS, based on similar programs at the NIH and the Healthcare Resources and Services Administration.

While IDSA began to work on the legislation in 2016, the proposal needed a congressional champion. In 2018, during a round of congressional office meetings with IDSA board members, Tina Tan, MD, a board member from Illinois, met with staff for Representative Jan Schakowsky, who serves on the Energy and Commerce Committee, which oversees EIS. Dr. Tan explained how the proposal would help ensure the future ID workforce in Illinois and asked the congresswoman to support it. After considering Dr. Tan's request and the educational materials on the proposal, the congresswoman's staff announced her intention of introducing the proposal as legislation in Congress and urging the committee to attach the proposal to must-pass public health emergencies legislation that renewed the Pandemic and All Hazards Preparedness and Advancing Innovation Act (PAHPAI), for the next 5 years, to help ensure the EIS bill would become law.

IDSA members mobilized to build additional congressional support through direct meetings with key committee members and their staff to secure support, online action alerts encouraging IDSA members to e-mail their congressional representatives, and media outreach, including multiple news releases and an Op-Ed in the Washington, DC-based paper, *The Hill*, by IDSA board member and EIS alumnus Jeff Duchin, MD. As a result of these efforts, the EIS loan repayment legislation was included in the PAHPAI renewal bill that was passed by the House

of Representatives and the Senate and signed by the President on 28 June 2019. The victory was based largely on outreach by IDSA members to key House and Senate leaders to explain the importance of EIS officers, including ID physicians, in public health emergencies.

Notes

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