Empowering Illinois

Advantages of a Robust Infectious Disease (ID) Workforce

An infectious diseases (ID) health professional prevents, diagnoses and treats acute and chronic diseases caused by bacteria, viruses, fungi, parasites and prions. ID physicians are internal medicine doctors with additional fellowship training in ID, and experts in addressing antimicrobial resistant infections, viral hepatitis, influenza, emerging diseases such as avian flu, HIV, and infections associated with organ transplants, cancer care and opioid use. Low reimbursement for ID and HIV physicians and high medical student debt has led to significant recruitment challenges and workforce shortages, that threaten patient access to essential care.

The Problem

Only 19 counties in Illinois have any ID physicians.

In 2024, Loyola University Medical Center only filled 1 out of 3 available infectious disease fellowships.

88% of counties have fewer than 2 ID physicians per 100,000 residents.

The Solution

1. Fund the Bio-Preparedness Workforce Pilot Program

The pilot program would provide loan repayment for ID and HIV health care professionals as well as bio-preparedness health care professionals who work in shortage areas, medically underserved communities, or federally-funded health facilities (e.g., Veterans Affairs facilities, Ryan White HIV/AIDS Program – funded clinics). Expanding the ID workforce in areas with the greatest need will improve patients' access to lifesaving care and reduce health care costs.

a. Funding the Bio–Preparedness Workforce Pilot Program would benefit **ID trainees and early career ID health care professionals in Illinois.**

b. The pilot program will be better able to attract and retain ID professionals at health care delivery sites in Illinois including **510 Federally Qualified Health Care service delivery sites[1], 50 Veterans Health Administration sites[2], and 51 Ryan White sites.**

2. Improve ID Physicians Reimbursement

Inadequate reimbursement is a serious barrier to growing and sustaining the ID and HIV workforce, and workforce shortages limit access to care. The following solutions will support patients' access to high-quality ID care:

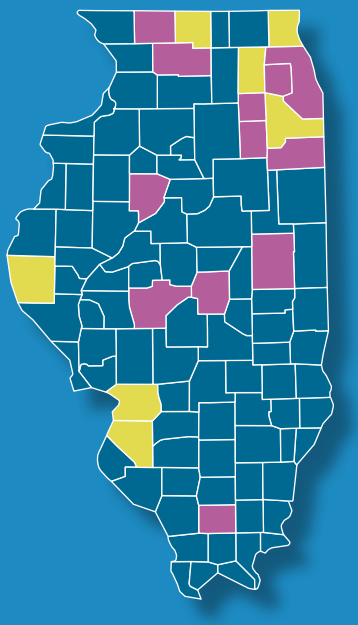
a. Provide a temporary 10% incentive payment for ID physicians;

b. Fund the development of ID quality measures to pave the way for value-based models;

c. Develop mechanisms to enable ID physicians to participate in the cost savings their work generates.

1 https://www.nachc.org/nachc-content/uploads/2025/01/State-Fact-Sheet-Illinois.pdf
2 https://www.va.gov/directory/guide/state.asp?STATE=IL&dnum=ALL

Counties with ID Physicians



- Above National Average Density (1.76 per 100,000 US Population)
- Below National Average Density (1.76 per 100,000 US Population)
- No ID Physician

ID Fast Facts in Illinois

Lack of ID Care Adversely Impacts a Wide Array of Patients in Illinois

More than 78,870 individuals in Illinois are expected to be diagnosed with cancer in 2025.[3] Infections are one of the most common complications in cancer patients, and about half of cancer deaths are estimated to involve an infection.[4] ID physicians are essential components of cancer care teams.

There were 3,849 overdose deaths, 30.0 deaths per 100,000 people (age adjusted), in Illinois related to synthetic opioids, psychostimulants, and cocaine in 2022.[5] Individuals who inject drugs are at significantly increased risk for serious infections, including infections of the heart, skin, bone and joint; HIV and viral hepatitis.

Sepsis (a bodily response to infection that causes organs to function poorly) is the second leading cause of death among pregnant women. In Illinois there was a maternal mortality rate of 17.30 deaths per 100,000 individuals, translating to 95 deaths in 2024.[6] ID physicians are critical to timely intervention for prevention of death and other serious complications. Childbirth by vaginal and surgical delivery has a risk of infection.

Approximately 1,185,700 adults, or 10.7% of the adult population in Illinois, have diagnosed diabetes.[7] 19-34% of people with diabetes are expected to develop a foot ulcer, and 60% of those are expected to become infected.[8]

36,225 people are living with HIV and 1,306 residents were newly diagnosed with HIV in Illinois in 2022.[9] HIV clinicians are critical members of care teams for individuals living with HIV to ensure patients are receiving appropriate care to achieve and maintain viral suppression for their own health and to prevent transmission.

3 https://cancerstatisticscenter.cancer.org/
4 https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21697
5 https://www.cdc.gov/injury/budget-funding/illinois.html
6 https://worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state
7 https://diabetes.org/sites/default/files/2025-02/adv_2025_state_fact_sheets_2_3_25_final-il.pdf
8 https://diabetesjournals.org/care/article/46/1/209/148198/Etiology-Epidemiology-and-Disparities-in-the
9 https://map.aidsvu.org/profiles/state/illinois/overview