

Testimony of the Infectious Diseases Society of America (IDSA)

on the Fiscal Year 2019 Department of Health and Human Services (HHS) Budget

Prepared for the U.S. House Subcommittee on Labor-HHS-Education Appropriations

Submitted by Paul Auwaerter, MD, FIDSA, IDSA President on April 26, 2018

On behalf of the Infectious Diseases Society of America (IDSA), which represents more than 11,000 physicians and scientists involved in infectious disease prevention, care, research and education, I urge the Subcommittee to reject the Trump administration's proposed budget for FY2019 as short-sighted that weakens the public's health. IDSA urges the Subcommittee to provide robust FY2019 funding for public health and biomedical research activities that save lives, contain health care costs and promote economic growth. **IDSA asks the Subcommittee to provide \$8.445 billion for the Centers for Disease Control and Prevention (CDC), \$39.3 billion for the National Institutes of Health (NIH), and \$700 million for the Biomedical Advanced Research and Development Authority (BARDA).**

CENTERS FOR DISEASE CONTROL AND PREVENTION

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

The NCEZID leads CDC efforts against antibiotic resistance as well as serves to confront public health threats, including emerging and vector-borne diseases. Given this critical work, **we ask that NCEZID be funded at \$699.27 million.**

[Antibiotic Resistance Solutions Initiative](#)

We urge \$200 million in funding for the Initiative in FY2019. IDSA members see the impact daily that antimicrobial resistance (AR) has on patients. The federal response to antimicrobial

Infectious Diseases Society of America

resistance must be sustained to staunch the tide that now results in more than two million infections and 23,000 deaths each year. The administration's budget proposal would cut funding for this program, threatening recent progress toward prevention and detection of multi-drug resistant infections. The requested FY 2019 funding would allow CDC to expand Healthcare-Associated Infections (HAI)/AR prevention efforts in all 50 states, six large cities, and Puerto Rico. The CDC projects that over five years the initiative will lead substantial declines in the leading resistant infections affecting our communities. This funding will lead to a 60% decline in healthcare-associated carbapenem-resistant Enterobacteriaceae (CRE), a 50% reduction in *Clostridium difficile*, a 50% decline in bloodstream methicillin-resistant *Staphylococcus aureus* (MRSA), a 35% decline in healthcare-associated multidrug-resistant *Pseudomonas* spp., and a 25% reduction in multidrug-resistant *Salmonella* infections. This substantial payoff means a clear net positive for the federal budget to recoup the direct costs of the program.

CDC Global Health Programs

The Administration's proposed cuts to CDC global health programs jeopardize efforts to end HIV as a worldwide public health threat, diminish the fight to limit drug-resistant tuberculosis, and endanger domestic health security by reducing the ability to detect, prevent and respond to infectious disease threats. IDSA urges the Subcommittee to increase this investment in global health activities in FY2019 **by providing \$642 million in funding** to support Global Health Programs that **protect Americans** by improving health capacity and outcomes overseas. This funding supports the global HIV program that as a key implementer of PEPFAR facilitates access to life-saving antiretroviral treatment for millions, including to pregnant women living with HIV to prevent transmission to their children. The CDC provides high-quality technical support for surveillance, infection control, diagnosis and treatment of tuberculosis in 25 high burden countries that this

Infectious Diseases Society of America

funding would enhance. The CDC global health program is critical to ensure America's health security, including strengthening laboratory capacities, disease surveillance and field epidemiology activities in the developing world. Such steps stop health threats overseas before they reach American soil. The CDC is a key implementer of the Global Health Security Agenda that will expire in September 2019 from lack of funding if additional resources are not committed.

NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases (NIAID)

Within NIH, NIAID should be funded at \$5.414 billion. The NIAID plays a leading role in research for new rapid ID diagnostics, vaccines, and therapeutics. When clinicians can quickly distinguish between bacterial and viral infections with better diagnostics, targeted patient therapies help preserve our increasingly tenuous existing anti-infective drugs. These efforts, as well as research on new antimicrobials and vaccines, are set to ramp up with the \$50 million increased investment made last year. We ask that the Subcommittee continue this work in FY 2019. The [Antibacterial Resistance Leadership Group \(ARLG\)](#), led by researchers at Duke University and the University of California San Francisco, is an example of extramural AR research made possible by NIAID.

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

Biomedical Advanced Research and Development (R&D) Authority

BARDA is a critical initiator of public-private collaborations for antibiotic, diagnostic and vaccine R&D. **IDSA recommends that the Subcommittee provide \$700 million for BARDA in FY 2019.** Such funding is necessary to allow BARDA to pursue additional work on antibiotic development while maintaining its strong focus on medical countermeasures to address other biothreats. The BARDA-NIH Combating Antibiotic Resistant Bacteria Biopharmaceutical

Infectious Diseases Society of America

Accelerator, or CARB-X, is one of the world's largest public-private partnerships focused on preclinical discovery and development of new antimicrobial products. CARB-X is working to set up a diverse portfolio with more than 20 high-quality antibacterial products.

CENTER FOR MEDICARE AND MEDICAID SERVICES

Despite the significant and vital contributions ID physicians make to patient care, research and public health, their work continues to be under-compensated. Such stresses have fueled a 20 percent decline in physicians entering this field over the last five years. While over 90% of the care provided by ID physicians is considered evaluation and management (E/M), current E/M codes fail to reflect the increasing complexity of work undertaken by ID physicians to address the spectrum of serious and emerging public health threats. The complex ID care for patients includes the opioid user epidemic, hospital and post-visit care coordination and patient counseling. New CMS research is needed to identify and quantify elements required for complex medical decision-making in these patients with serious infections and their sequelae. The Subcommittee included language in the FY2017 omnibus appropriations bill directing CMS to conduct studies on E/M codes, but the agency has not yet undertaken this research despite acknowledging these deficiencies in the codes as recently as the 2018 Physician Payment Final Rule. However, we were pleased the Administration's budget plan included \$5 million in new funding for CMS Program Management to study service codes. **We urge the Subcommittee to fully fund this effort and use this initial funding to study E/M codes.**

INFECTIOUS DISEASES AND OPIOID USE

The opioid epidemic is driving increasing rates of multiple infectious diseases including HIV, hepatitis B and C, and infections of the heart, skin and soft tissue, bones, and joints. **The IDSA**

Infectious Diseases Society of America

urges the Subcommittee to provide funding that addresses the infectious disease consequences of this epidemic. Since the 2015 HIV and hepatitis C outbreak in Scott County, Indiana, the CDC has identified 220 additional counties in 26 states that are at risk for similar HIV outbreaks among people who inject drugs. Many jurisdictions have already report increases in HIV cases linked to injection drug use. The CDC estimates a 133% increase in acute HCV infection directly arising from opioid use. While there are less data on many other infections due to insufficient reporting and surveillance, regional and state data analyses indicate a significant increase in hospital infections due to endocarditis (an infection of the heart valve requiring lengthy treatment) linked to injection drug use.

Federal FY2019 resources should support CDC - through the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention; NCEZID; and the National Center for Injury Prevention and Control—to integrate interventions aimed at preventing, tracking, and treating infectious diseases with broader efforts to address the opioid epidemic. Funding should also support collaboration with the Centers for Medicare and Medicaid Services (CMS), SAMHSA, CDC, and HRSA, to support education and training for medical providers on the frontlines of the epidemic to help expand access to comprehensive, coordinated care. Finally, NIH and CDC funding are needed to expand research on opioid-related infectious diseases to include endocarditis, osteomyelitis, bacteremia, skin and soft tissue infections, and cerebral infections, in addition to HIV and hepatitis B and C and to address the unique barriers to care and treatment for justice-involved individuals and rural populations.

Thank you for the opportunity to submit this statement. The nation's ID physicians and scientists rely on strong federal partnerships to keep Americans healthy and urge you to support these efforts. Please forward any questions to Lisa Cox at lcox@idsociety.org or (703) 299-0202.