



May 31, 2018

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies
United States Senate
260 Russell Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
United States Senate
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies
United States House of Representatives
2467 Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
United States House of Representatives
2413 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen and Ranking Members:

As you develop the Fiscal Year (FY) 2019 Labor-Health and Human Services-Education Appropriations bill, the Infectious Diseases Society of America (IDSA), HIV Medicine Association (HIVMA), and Pediatric Infectious Diseases Society (PIDS) thank you for your attention to public health and research priorities related to infectious diseases. We have appreciated [earlier opportunities](#) to weigh in on these issues. We write now to alert you to legislation recently advanced by the Senate Health, Education, Labor, and Pensions Committee and the House Energy and Commerce Committee to address the opioid epidemic, including its infectious diseases impacts. **We urge you to consider this legislation and provide the resources and guidance necessary to address the dangerous spread of infectious diseases related to the opioid epidemic.**

Who We Are

Our societies collectively represent over 12,000 adult and pediatric infectious diseases and HIV physicians, researchers and other healthcare providers who are increasingly concerned about how the opioid crisis is driving higher rates of infectious diseases including hepatitis C, endocarditis, HIV, skin and soft tissues infections. Some of our members report that 25 to 50 percent of their inpatient hospital consultations are for infections in patients who inject drugs. Failing to prevent and treat infections as well as the addiction will lead to increased deaths and severe public health consequences.

To help advance policy solutions aimed at the dangerous infectious diseases arising from opioid use disorder, IDSA, HIVMA, and PIDS have developed a [fact sheet](#) on the impact of infectious diseases due to the opioid epidemic. Our [policy brief](#) outlines a comprehensive set of recommendations to improve prevention, surveillance, workforce capacity and access to treatment. We have also [written to the National Institutes of Health](#) to outline research gaps.

We are heartened by reports that the House and Senate intend to send final opioids legislation to the President later this summer. However, without sufficient funding, the benefits of the proposals under consideration will be limited. **The Bipartisan Budget Act of 2018 provided \$6 billion to combat the**

opioid epidemic over two years, and we urge for some of the funding to be allocated to address the infectious diseases impact of the opioid epidemic. While work on the FY2019 funding legislation is underway, we hope that it will be informed by the bi-partisan commitment to enhancing the response to the opioid epidemic demonstrated by key House and Senate committees. We outline opioid-related funding priorities for consideration below.

Surveillance: H.R. 5353, Eliminating Opioid Related Infectious Diseases Act of 2018 and Section 512 Surveillance and Education Regarding Infections Associated with Injection Drug Use and Other Risk Factors of S. 2680, the Opioid Crisis Response Act of 2018

We are encouraged that the Senate HELP Committee and the House Energy and Commerce Committee have advanced much-needed legislation (referenced above) to expand surveillance of infectious diseases associated with the opioid epidemic; healthcare provider training on the coordinated treatment of addiction and related infectious disease, and loan repayment to invest in the workforce needed to treat addiction and related infectious diseases.

Both H.R. 5353 as reported by the Energy and Commerce Committee and Sec. 512 of S. 2680 as reported by the Health, Education, Labor and Pensions Committee would strengthen surveillance to determine the incidence and prevalence of infections associated with injection drug use, including HIV, viral hepatitis, and infective endocarditis. National data to evaluate the scope of the problem is urgently needed to help affected communities identify outbreaks earlier and to inform the development of more effective responses to prevent outbreaks. **We urge you to provide necessary funding increases to the Centers for Disease Control and Prevention, particularly the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention and the National Center for Emerging and Zoonotic Infectious Diseases to implement these important surveillance activities. We also suggest report language (attached) urging CDC to integrate interventions aimed at preventing, tracking, and treating infectious diseases with broader efforts to address the opioid epidemic.**

We also strongly support the provision in H.R. 5353 to support healthcare provider education on the detection and control of infectious diseases associated with substance use and the coordination of treatment of infectious diseases and addiction. To better combat this public health crisis, providers and their patients would benefit from training in collaborative, comprehensive care delivery models to effectively co-treat infections and substance use disorder. **We urge you to allocate sufficient funding to CDC to provide this training.**

Workforce Capacity: H.R. 5102, Substance Use Disorder Workforce Loan Repayment Act of 2018 Section 415 Loan Repayment for Substance Use Disorder Treatment Providers of S. 2680, the Opioid Crisis Response Act of 2018

Both H.R. 5102, Substance Use Disorder Workforce Loan Repayment Act of 2018 and Section 415 (Loan Repayment for Substance Use Disorder Treatment Providers) of S. 2680, the Opioid Crisis Response Act of 2018 address the urgent need to build workforce capacity to address the opioid epidemic, including the infectious diseases impact. **We urge you to provide the necessary funding to implement loan repayment for substance use, infectious diseases, and HIV care providers either through the National Health Service Corps or a new program.** The opioid epidemic is already driving significant increases in serious infectious disease, with dire consequences for patients, public health, and healthcare costs. Expert healthcare providers are urgently needed to implement evidence-based prevention, detection and treatment strategies to improve health outcomes for patients affected and to stop the transmission of infections.

While the pressing need for a robust infectious diseases and HIV workforce continues to grow in response to ongoing public health epidemics and emerging infections, fewer physicians are pursuing this career path. In large part, this is due to significant medical school debt. In fact, there has been a more than 20 percent decline in individuals pursuing infectious diseases fellowship training over the past five years, and the CDC predicts a serious shortfall in HIV providers by 2019. Average medical school debt is about \$200,000, which places tremendous pressure on young physicians to pursue more lucrative areas of medicine.

Research

We also underscore the need for research to understand better the infectious diseases stemming from the opioid epidemic and the best approaches to prevent and treat them. We urge you to allocate sufficient funding for the National Institute of Allergy and Infectious Diseases to undertake such studies and to collaborate with other institutes, centers and agencies as appropriate. We also recommend report language to encourage expanded research on opioid-related infectious diseases and respond to the unique barriers to care and treatment for justice-involved individuals and rural populations.

Promoting Cross-Agency Innovative Approaches

Finally, we offer suggested report language (attached) to encourage the Department of Health and Human Services to undertake cross-agency innovative approaches to build the workforce necessary to address the opioid epidemic and its infectious diseases impacts, including leveraging telemedicine and offering provider education.

Once again, IDSA, HIVMA, and PIDS thank you for your commitment to addressing the opioid epidemic, including the growing infectious diseases impact. If we may be of any assistance to you, please contact Amanda Jezek, IDSA's Senior Vice President for Public Policy and Government Relations at ajezek@idsociety.org, Andrea Weddle, HIVMA's Executive Director at aweddle@hivma.org, or Christy Phillips, PIDS' Executive Director at cphillips@idsociety.org.

Sincerely,



Paul G. Auwaerter, MD, MBA, FIDSA
President, IDSA



Melanie Thompson, MD
Chair, HIVMA Board of Directors



Paul Spearman, MD, FPIDS
President, PIDS