

**Testimony of the Infectious Diseases Society of America (IDSA)  
on the Fiscal Year 2018 Department of Health and Human Services Budget  
Prepared for the U.S. House of Representatives  
Subcommittee on Labor-HHS-Education Appropriations  
Submitted by William G. Powderly, MD, FIDSA, IDSA President  
March 8, 2017**

On behalf of the Infectious Diseases Society of America (IDSA), I offer testimony in support of the U.S. Department of Health and Human Services (HHS) agencies and programs engaged in the prevention, detection and treatment of infectious diseases (ID). IDSA represents over 10,000 physicians and scientists dedicated to ID research, education, prevention, and patient care. **IDSA encourages the Subcommittee to provide \$7.8 billion for the Centers for Disease Control and Prevention (CDC) and at least \$2 billion above the Fiscal Year 2017 appropriation for the National Institutes of Health (NIH).**

IDSA is alarmed by the growing public health crisis of antimicrobial resistance (AR) and greatly appreciates the Subcommittee's leadership in providing increased federal investments in FY16 to address AR. The activities include prevention, surveillance, antibiotic stewardship, and research and development (R&D) efforts across multiple federal agencies. The federal response to antimicrobial resistance must be sustained.

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

**National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)**

The NCEZID leads CDC efforts to address antibiotic resistance and emerging threats. **We ask that NCEZID be provided the \$629.5 million, including \$200 million for continuation of the [Antibiotic Resistance Solutions Initiative](#), which was initiated with FY 2016 support from this Subcommittee.** This funding would allow CDC to expand prevention

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efforts from 25 states to up to 50 states, six large cities, and Puerto Rico. The CDC projects that over five years the initiative will lead to 25-60% declines in several deadly infections.

IDSA also supports the proposed budget of \$21 million for the National Healthcare Safety Network (NHSN) to increase the number of participating healthcare facilities, including increasing the number of sites reporting antibiotic use data from 130 in 30 states to 750 in all 50 states. These data are critical for evaluating the success of interventions to address AR.

IDSA recommends that at least \$30 million be allocated for the Advanced Molecular Detection (AMD) initiative. This funding will allow CDC to more rapidly determine where emerging diseases come from and how they spread. During the 2014/2015 Ebola outbreak, AMD helped determine whether the virus was changing as it spread, which informed responses.

### **Global Health Security**

IDSA supports CDC efforts to implement the Global Health Security Agenda to accelerate efforts to prevent, detect and slow the spread of infectious diseases across borders. Funding will build response and prevention in the U.S. and territories as well as international surveillance and response capacity in highest risk countries.

IDSA also encourages the Subcommittee to increase research, monitoring, and evaluation efforts for malaria and neglected tropical diseases such as Zika, Chikungunya, Chagas disease and dengue fever. At least 40% of the world's population is at risk for serious illness and death from mosquito-borne viral diseases.

IDSA also urges the Subcommittee to include \$132 million for the CDC Global AIDS Program, which supports physicians, epidemiologists, and public health advisors globally.

**National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)**

Tuberculosis causes more deaths than any other infectious disease, with 9.6 million new illnesses and 1.5 million deaths in 2014. Approximately 480,000 of those cases were multidrug-resistant tuberculosis, including 9.7% that were extensively drug-resistant. Sustained funding of at least \$157.3 million is necessary for TB, HIV and STD prevention and surveillance.

Approximately 40,000 new HIV infections occur annually and CDC reports a record high number of chlamydia, gonorrhea and syphilis cases in the U.S. IDSA supports a \$67 million increase for the Division of HIV Prevention and an increase of \$35 million for STD prevention.

IDSA recommends an increase of \$30 million for NCHHSTP for the response to the viral hepatitis C epidemic that has been fueled by injection drug use associated with opioid addiction.

**National Center for Immunization and Respiratory Diseases**

Immunizations are among the most cost-effective clinical preventive services. However, national adult immunization rates remain low for most routinely recommended vaccines. Every year vaccine-preventable diseases result in tens of thousands of deaths and billions of dollars in direct and indirect healthcare costs. Among children, outbreaks of serious infectious diseases, such as measles, are very real threats due to vaccine hesitancy. This persistent challenge underscores the need for robust efforts to educate the public about the benefits and safety of immunizations. IDSA asks that the CDC Immunization Grant Program (Section 317) be funded at least at the FY 2016 level of \$611 million.

IDSA recommends that the Subcommittee provide at least \$188 million for CDC efforts to control influenza, including surveillance activities that inform response efforts and public communications regarding prevention and treatment.

## **NATIONAL INSTITUTES OF HEALTH**

### **National Institute of Allergy and Infectious Diseases (NIAID)**

**Within NIH, NIAID should be funded at least at \$4.961 billion. Further, we believe that NIAID should be provided an increase that is proportionate to any increase provided to the NIH as a whole.** The NIAID plays a leading role in research for new rapid ID diagnostics, vaccines and therapeutics. By allowing physicians to quickly distinguish between bacterial and viral infections, better diagnostics can lead to faster and more appropriate treatments, detect outbreaks, and identify patients for antimicrobial drug clinical trials.

The [Antibacterial Resistance Leadership Group \(ARLG\)](#), led by researchers at Duke University and the University of California San Francisco, is an example of extramural research funded by NIAID. The ARLG manages a clinical research agenda to increase knowledge of antibacterial resistance and supports early clinical research on new antibacterials and diagnostics.

### **Office of AIDS Research**

We urge the Subcommittee to provide at least \$3.45 billion for the Office of AIDS Research (OAR) to continue advances in HIV as researchers work toward a vaccine and a cure.

## **ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)**

### **Biomedical Advanced Research and Development Authority**

BARDA is a critical initiator of public-private collaborations for antibiotic, diagnostic and vaccine R&D. IDSA recommends that the Subcommittee provide \$520 million for BARDA in FY 2018 to allow BARDA to pursue additional work on antibiotic development while maintaining its strong focus on other medical countermeasures to address biothreats.

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The Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator, or CARB-X, is supported by BARDA and NIH and is one of the world's largest public-private partnerships focused on preclinical discovery and development of new antimicrobial 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 undervalued, which has led to a decline in young physicians entering the specialty. 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 E&M work. Care for patients with chronic and complex infections involves preventing complications, exploring complicated diagnostic and therapeutic pathways, care coordination, patient counseling and other necessary follow up.

**We urge the Subcommittee to include report language in the FY 2018 funding bill asking that CMS undertake research necessary to develop new E&M codes.**

### **AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

IDSA asks that \$12 million be provided in FY 2018 for research to develop improved methods for combating resistance and conducting stewardship in multiple healthcare settings.

Thank you for the opportunity to submit this statement. Please forward any questions to Amanda Jezek at [ajezek@idsociety.org](mailto:ajezek@idsociety.org) or (703) 740-4790.