

**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. Senate Subcommittee on Labor-HHS-Education Appropriations  
Submitted by Paul Auwaerter, MD, FIDSA, IDSA President on June 1, 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 cuts for FY2019 and 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 (ARSI)**

**We urge \$200 million in funding for the Initiative in FY2019.** IDSA members see the impact daily that antimicrobial resistance (AMR) has on patients. The federal response to antimicrobial resistance must be sustained to staunch the tide that now results in more than two million infections and 23,000 deaths each year. In April 2018, a CDC Vital Signs report, Containment of Novel Multidrug-Resistant Organisms and Resistance Mechanisms, showed that early aggressive action does slow the spread of resistant bacteria in healthcare settings, thereby reducing such infections. The analysis details evidence that confirms the value of the investment, including increased funding at CDC, to combat AMR.

The report also highlights the need for continued and robust funding for AMR given that nationwide testing last year documented 221 cases of so-called "nightmare bacteria," that can spread resistance to last-resort antibiotics. The report spells out the need to accelerate efforts to curb resistance or face an increasing burden from these health threats including novel resistance mutations. Despite the grim warnings in the report, the administration's budget proposal would cut funding for ARSI, 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)/AMR prevention efforts in all 50 states, six large cities, and Puerto Rico. The CDC projects that over five years the initiative will yield 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 is a key implementer of PEPFAR and facilitates access to life-saving antiretroviral treatment for 14 million people, 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 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.

### **Vector-borne Diseases**

A 2018 CDC Vital Signs report found significant increases in vector-borne diseases over the past decade, including a doubling of tick-borne diseases and outbreaks of mosquito-borne diseases like Zika and Chikungunya in the US for the first time. **Robust funding of at \$26.410 million for CDC's vector-borne disease efforts** is necessary to support state and local health department capacity for testing, surveillance, and prevention.

### **National Healthcare Safety Network (NHSN)**

**Funding of \$21 million in FY2019** would enhance NHSN reporting at more than 20,000 healthcare facilities, including acute-care hospitals, dialysis facilities, nursing homes and ambulatory surgical centers, and enable CDC to continue to provide data for national HAI elimination. Funding will also increase the number of facilities reporting antibiotic use and resistance data, which is essential to evaluate the impact of efforts to reduce inappropriate antibiotic use and prevent the development of resistance.

### **Advanced Molecular Detection Initiative (AMD)**

**Funding of \$30 million** would allow CDC to more rapidly determine where emerging diseases come from, whether microbes are resistant to antibiotics, and how microbes are moving through a population. The AMD strengthens CDC's epidemiologic and laboratory expertise to guide public health action effectively.

### **Immunization Grant Program**

**\$650 million in funding for the CDC's Immunization Program** would allow providers to obtain and store vaccines; establish and maintain vaccine registries, and educate the public about the importance of vaccines. The program helps to decrease the number of adults who die each

year from vaccine-preventable illnesses and helps prevent outbreaks of diseases due to inadequate vaccination rates.

## **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 AMR research made possible by NIAID.

### **John C. Fogarty International Center**

**IDSA urges \$78.500 million for the Center in FY2019.** The Fogarty Center is instrumental to our nation's global standing, global health security and our ability to detect and respond to pandemics. U.S. patients and researchers benefit from Fogarty funded breakthroughs on diseases including HIV, tuberculosis, malaria, cancer, diabetes, and heart disease. More than 80 percent of Fogarty's extramural grant budget goes to U.S. academic institutions, and 100 percent of funding engages U.S scientists and researchers.

## **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 \$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. While BARDA's current efforts have made important progress, the antibiotic pipeline remains insufficient to meet the needs of our physicians and patients, and severely complicates our responses to public health emergencies. The BARDA-NIH Combating Antibiotic Resistant Bacteria Biopharmaceutical 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 (CMS)**

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 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 reported increases in HIV cases linked to injection drug use. The CDC estimates a 133% increase in acute HCV infections 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](mailto:lcox@idsociety.org) or (703) 299-0202.