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Infectious Diseases Society of America

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October 21, 2019

The Honorable Richard Shelby  
Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Nita Lowey  
Chair  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

The Honorable Patrick Leahy  
Vice Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Kay Granger  
Ranking Member  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

## Subject: Infectious Diseases Programs in FY2020 Appropriations Omnibus Bills

Dear Chair Shelby, Vice Chair Leahy, Chair Lowey, and Ranking Member Granger:

On behalf of the Infectious Diseases Society of America (IDSociety), thank you for advancing appropriations bills for FY2020 that contain investments in domestic and global programs necessary to protect public health, prevent and respond to outbreaks and other emergencies, and spur biomedical research. We were particularly pleased to see funding allocated to address the rapidly growing public health crisis of antimicrobial resistance (AMR), the infectious disease impacts of the opioid epidemic, HIV/AIDS, sexually transmitted diseases, hepatitis, tuberculosis, vaccines and immunizations, influenza and emerging infectious diseases. As you continue your work to finalize funding for FY2020, **we urge working with leadership and counterparts across Congress to make certain that the Labor-HHS-Education and State and Foreign Operations appropriations bills for FY 2019 are completed with full funding levels for infectious diseases programs.**

IDSociety represents over 12,000 infectious diseases physicians, scientists and other healthcare professionals devoted to patient care, prevention, public health, education, and research in the area of infectious diseases. Many of our members care for patients with serious infections, including pneumonia, HIV/AIDS, tuberculosis, as well as infections that are resistant to many available antimicrobials. Our members also help combat emerging infectious diseases such as Ebola and Zika viruses.

## Labor, Health, Human Services, and Related Agencies Appropriations Centers for Disease Control and Prevention

IDSociety is also deeply appreciative of funding for ID/HIV programs at the Centers for Disease Control and Prevention (CDC). We strongly support \$186 million in funding for the Antibiotic Resistance Solutions Initiative as appropriated in the House LHHS bill to reduce the emergence and spread of AMR pathogens and to improve appropriate antibiotic use through antimicrobial stewardship. Infections resistant to multiple drugs kill an estimated 162,044 people in the U.S. each year, and a sustained and multi-faceted approach is necessary to address antimicrobial resistance. A report released in April 2018 by CDC demonstrated that AMR is an increasingly dangerous threat, but that CDC containment strategies are effective in preventing its spread. For example, the report found 221 instances of unusual resistance genes in just one of the most-deadly bacteria (carbapenem-resistant Enterobacteriaceae or CRE) in the US in 2017. CDC further estimated that its aggressive containment strategy could prevent 1600 cases of CRE in a single state in a three-year period. We also advocate for \$12 million for funding for the CDC Healthcare-Associated Infections



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(HAIs) activities, \$22.75 million for the National Healthcare Safety Network, and \$32.5 million for the Advanced Molecular Detection Initiative (AMD) as provided in the House LHHs bill. The NHSN increase will be essential to help more hospitals report data on antibiotic use and resistance, to help the CDC and other scientists evaluate our efforts to combat AMR and track emerging threats. The additional funding for the AMD Initiative will 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. Each of these steps is essential to prevention of patient morbidity and mortality.

IDSociety supports funding of \$650 million in the House LHHs bill for the Section 317 Immunization Grant Program that would allow healthcare providers to obtain necessary vaccines. The program helps decrease the number of children and adults who die each year from vaccine-preventable illnesses and helps prevent outbreaks of diseases due to inadequate vaccination rates. Vaccine hesitancy is fueling a resurgence of vaccine-preventable diseases such as measles, making this a critically important time to invest in a comprehensive response. Many communities have been deemed “at risk” for outbreaks of measles and other vaccine-preventable illnesses due to insufficient vaccination rates. During January 1–October 1, 2019, a total of 1,249 measles cases and 22 measles outbreaks were reported in the United States. This is the greatest number of cases reported in a single year since 1992.

IDSociety urges funding of \$595.84 million for the agency’s Global Health Program including \$208.2 million for the CDC Center for Global Health global public health protection program as provided in the Senate LHHs bill. The CDC is a key implementor of the Global Health Security Agenda, and as such CDC global health security activities help protect Americans by strengthening health capacity in resource-limited settings, stopping health threats at their source before they reach American shores, and improving health outcomes worldwide. Without sustained funding for activities to prevent, detect and respond to infectious disease threats globally, Americans will be left more vulnerable to high consequence pathogens, including drug-resistant infections.

The speed with which emerging infectious diseases spread makes clear the need for additional resources to rapidly address public health emergencies and infectious disease outbreaks at their source, and before the infectious organisms reach American shores. IDSociety is pleased that the House and Senate LHHs bill maintains \$50 million in resources for initiatives that will help CDC and other agencies prepare for and rapidly respond to global and domestic infectious diseases. While this fund may not be sufficient for complete responses, it will provide essential “bridge” resources to begin a response quickly while policymakers assess needs thoroughly and develop a more comprehensive approach.

IDSociety appreciates \$20 million in funding included in the House LHHs bill for CDC efforts to address opioid addiction, HIV/AIDS, and hepatitis. We are increasingly concerned about how the opioid crisis is driving higher rates of infectious diseases including hepatitis C, endocarditis, HIV, pneumonia, and skin, soft tissues, bone and joint infections. Some of our members report that 25 to 50 percent of their inpatient hospital consultations are for infections in patients who inject drugs.

We urge support for \$5 million in funding provided in the House LHHs bill to support the public health workforce, including loan repayment for health professionals participating in the Epidemic Intelligence Service (EIS) who are on the front lines against public health emergencies. Congress just provided CDC authority to provide loan repayment for EIS officers in the Pandemic and All Hazards Preparedness and Innovation Act, and increased funding is essential to allow CDC to fulfill congressional intent and recruit physicians to the EIS.





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We also ask that \$1.335 billion in FY2020 funding be provided for the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, as appropriated in the House bill. This funding will help reduce new HIV cases and address the viral hepatitis epidemic, now much intensified as a consequence of opioid addiction. Additionally, these resources will support ongoing efforts to fight tuberculosis including multidrug-resistant (MDR) tuberculosis, and sexually-transmitted infections, particularly chlamydia, gonorrhea, and syphilis. According to the CDC, their Sexually Transmitted Disease Surveillance Report highlights more than 2.5 million cases of chlamydia, gonorrhea, and syphilis reported in the US last year--the highest number ever reported.

We advise funding of \$43.6 million as provided in the House LHHS bills for vector-borne diseases efforts to help reduce the impact of infections such as the Zika virus and tick-borne illnesses including Lyme disease. CDC found that the number of disease cases in the US due to mosquito, tick or flea bites tripled from 2004 to 2016, demonstrating the need for increased funding to support evidence-based surveillance and prevention efforts.

### *Assistant Secretary for Preparedness and Response (ASPR)*

IDSAs urges FY2020 funding of \$567 million for the Biomedical Advanced Research and Development Authority (BARDA), as provided in the House LHHS bill. This level will help the federal effort to combat antibiotic-resistant bacteria. The BARDA broad spectrum research program leverages partnerships with public and private partners to develop products that directly support the government-wide National Action Plan for Combating Antibiotic-Resistant Bacteria. While the first BARDA-supported new antibiotic secured FDA approval in 2017, one of the few small antibiotics companies went bankrupt in 2019 and two others laid-off significant numbers of staff. If more companies are allowed to go bankrupt, the antibiotic pipeline will collapse, depriving patients of lifesaving new antibiotics and putting modern medicine and national security at risk. More, not stagnant, investment in antibiotic research and development through BARDA is essential.

### *National Institutes of Health*

IDSAs is very grateful that the House and Senate bills included substantial increases in funding for the National Institutes of Health, particularly at the National Institute of Allergy and Infectious Diseases and the Fogarty International Center. We urge funding of \$5.937 billion for NIAID, as included in the Senate Labor, Health, and Human Services (LHHS) bill, and \$600 million in funding for AMR research included in the Senate LHHS bill. This level of funding would allow NIAID to address AMR and support infectious diseases research on new treatments, diagnostics, and vaccines for emerging infections and other infectious disease threats. This level of funding would also allow NIAID to continue development and implementation of programs designed to attract and to retain physician-scientists to the field of infectious diseases, which is critical for future success. Additionally, we urge \$84.9 million in funding as provided in the House LHHS bill for the Fogarty Center to improve global health security and improve our ability to detect and respond to pandemics. Fogarty-funded breakthroughs have directly contributed to advances in such infections as HIV, tuberculosis, malaria, cancer, diabetes, and heart disease.

### *Health Resources and Services Administration*

We urge FY2020 funding for the Ryan White Program of \$2.435 billion, as provided in the House LHHS bills to help treat people with HIV and to control the HIV epidemic. The program serves the most vulnerable people living with HIV. For those who have neither public nor private insurance, it is their only source of HIV care and treatment. We also support



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\$25 million in funding for the Substance Use Disorder Loan Repayment Program, authorized in the Opioid Response Act of 2018.

### State and Foreign Operations Appropriations (SFOPs)

We stress the importance of providing \$4.370 billion for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) as included in the House SFOPs bill, and \$1.56 billion for the Global Fund to Fight AIDS, Tuberculosis and Malaria, as provided in the House and Senate bills. Further, we recommend funding \$310 million for the tuberculosis program through the US Agency for International Development as proposed in the House and Senate bills. PEPFAR is considered to be the most successful global health treatment initiative in history. Continued funding is necessary to achieve an AIDS-free generation. Support for the Global Fund and the USAID TB program will not only allow continued reductions in malaria and TB but help staunch the growth of drug-resistant forms of these infections. Investing in global health security, including surveillance, laboratory infrastructure and training programs ensures we can swiftly respond to emerging disease outbreaks.

Additionally, we call on Congress to sustain adequate funding for USAID implementation of the Global Health Security Agenda (GHSA). Between 2014 and 2019, USAID has supported GHSA global AMR activities, including training health providers to prevent healthcare-associated infections – which often contribute to AMR – and expanding surveillance of drug-resistant bacteria. In addition, the current Ebola outbreak in the Democratic Republic of Congo has made clear how USAID and CDC investments in surveillance, epidemiology and laboratory capacity are essential to allow rapid identification and response to such outbreaks. Strong funding for GHSA activities across agencies must be sustained to ensure the continuation of these and other vital programs

### Conclusion

We are concerned that federal ID/HIV programs are currently operating under a continuing resolution (CR), rather than under FY2020 funding levels. Aside from the budget implications, CRs create inefficiencies and uncertainty for agencies, scientists and public health leaders across the country. Any further delay in finalizing FY 2020 funding levels – or, worse, reverting to a long-term stopgap that freezes funding at the levels in FY 2019 – would slow our progress toward combating infectious disease threats and ultimately impede our ability to address major public health challenges.

To enable passage of a bipartisan spending package that maximizes investment in ID/HIV programs at the Department of Health and Human Services, State Department, and the US Agency for International Development, we strongly urge you to provide a meaningful increase in the allocation for LHHS and SFOPs appropriations and to complete the spending bills as soon as possible. In passing the Bipartisan Budget Act, Congress recognized that our nation's discretionary funding priorities could not be fully realized under the spending caps in the Budget Control Act. In light of the budget agreement that increased the non-defense discretionary caps by nearly \$25 billion over FY 2019, the allocation for the final FY 2020 LHHS and SFOPs funding bills should reflect that commitment.

Once again, we thank you for the attention given to infectious diseases and urge you to push for completion of the FY 2020 spending bills by the end of this year. Patients, as well as our nation's health and safety, all depend on your direction and funding. If we can serve as a resource for your efforts, please have your staff contact Lisa Cox, IDSAs Director of Government Relations, at [lc Cox@idsociety.org](mailto:lc Cox@idsociety.org) or (703) 299-0202.

Sincerely,





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