

**Testimony of the Infectious Diseases Society of America (IDSA)  
on the Fiscal Year 2020 Department of Health and Human Services (HHS) Budget  
Prepared for the U.S. Senate Subcommittee on Labor-HHS-Education Appropriations  
Submitted by Cynthia Sears, MD, FIDSA, IDSA President on June 3, 2019**

On behalf of the Infectious Diseases Society of America (IDSA), which represents more than 11,000 physicians, scientists, public health practitioners and other providers involved in infectious diseases prevention, care, research and education, I urge the Subcommittee to provide robust FY2020 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 at least \$8.2 billion for the Centers for Disease Control and Prevention (CDC), at least \$41.7 billion for the National Institutes of Health (NIH), and at least \$750 million for the Biomedical Advanced Research and Development Authority (BARDA).**

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

**[Antibiotic Resistance Solutions Initiative](#)**

**We urge at least \$200 million in funding for the Initiative in FY2020.** IDSA members see the impact daily that antimicrobial resistance (AMR) has on patients. Antimicrobial resistance is a public health crisis. In November 2018, a *Journal of Infection Control and Hospital Epidemiology* report found that as many as 162,044 people die in the U.S. each year as a result of antimicrobial resistance, making AMR the third leading cause of death in our country. To protect patients and save lives, the federal response to AMR must be increased to prevent and detect multi-drug resistant infections. The requested funding would allow CDC to expand Healthcare-Associated Infections (HAI)/AMR prevention efforts in all 50 states, six large cities, and Puerto Rico. A deeper investment of \$200 million will allow CDC to work with additional health care providers and facilities to implement effective antimicrobial stewardship programs to reduce inappropriate antibiotic use and prevent resistant infections. Increased funding is also needed to expand global surveillance and antibiotic stewardship activities. The CDC projects over the five years of the initiative, the most frequent resistant infections affecting our communities will be substantially reduced. Specifically, this funding will markedly limit infections due to healthcare-associated carbapenem-resistant Enterobacteriaceae (CRE) (est. 60% infection decline), *Clostridium difficile* and bloodstream methicillin-resistant *Staphylococcus aureus* (MRSA) (est. 50% decline in each) healthcare-associated multidrug-resistant *Pseudomonas* spp. (est. 35% decline), and multidrug-resistant *Salmonella* infections (est. 25% decline). These substantial payoffs mean a clear net positive for the federal budget to recoup the direct costs of the program and a win for patients and their families.

**[Advanced Molecular Detection \(AMD\)](#)**

**Funding of at least \$32.5 million for the AMD program** would allow CDC to determine the source of emerging diseases more rapidly, whether microbes are resistant to antibiotics, and how pathogens are moving through a population. AMD strengthens CDC epidemiologic and laboratory expertise to guide public health actions more effectively. Additional funding in FY2020 would help ensure state and local health departments have enhanced knowledge to harness DNA sequencing of pathogens facilitate early detection and response to surging disease outbreaks.

**[National Healthcare Safety Network](#)**

**FY2020 funding of at least \$22.75 million for the National Healthcare Safety Network (NHSN)** will enable CDC to expand tracking of healthcare-associated infections (HAIs), antibiotic use, and antibiotic resistance. The NHSN is the most widely used HAI tracking system in the country and provides facilities, states, regions, and the nation with data needed to identify problem areas, by providing information on antibiotic use and resistance, measuring the progress of prevention efforts, and ultimately eliminating HAIs. As of April 1, 2018, 776 out of the over 5,500 U.S. hospitals have voluntarily reported antibiotic use data, and 317 hospitals have reported antibiotic resistance data to the CDC NHSN Antibiotic Use and Resistance (AUR) module. This represents only limited progress and falls strikingly short of the stated goal in the National Action Plan for Combating Antibiotic Resistant Bacteria for 95% of hospitals to report these data by 2020. Comprehensive data on antibiotic use and resistance are essential to inform, evaluate and enhance antibiotic stewardship activities and other efforts to address AMR.

### **Infectious Diseases and the Opioid Epidemic**

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 tissues, bones, and joints. IDSA is grateful to Congress and the Administration for enacting the SUPPORT Act, which expanded the Public Health Services Act to enhance the federal response to infectious diseases commonly associated with injection drug use. Given the significant and growing burden of the opioid epidemic, **IDSA strongly urges that Congress provide at least \$58 million to address infectious diseases associated with the opioid epidemic.** We also recommend report language to make clear that this funding should be used to support surveillance, prevention services, detection and linkages to care for the scope of viral, bacterial, and fungal infectious diseases associated with injection drug use.

### **National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention**

Rising cases of sexually transmitted diseases (STD) underscore the need for new resources for a robust public health response. Gonorrhea diagnoses increased by 67 percent from 2016 to 2017, the third consecutive year of increases. Growing antibiotic resistance has left only one highly effective antibiotic to treat gonorrhea in the US, and reports of gonorrhea infections in other countries that are resistant to all antibiotics are deeply concerning. Primary and secondary syphilis cases have increased by 76 percent from 2016 to 2017. The number of congenital syphilis cases is the highest it has been since 1997. New hepatitis C cases nearly tripled from 2010 to 2015, many due to injection drug use. CDC estimates that the actual number is much higher since hepatitis C has few early symptoms, and many newly infected individuals go undiagnosed. The tools necessary to end the hepatitis C epidemic exist, but resources are needed to expand surveillance and prevention efforts, identify individuals with hepatitis C, and link them to treatment. **IDSA recommends at least \$1.47 billion for this Center.**

### **CDC Center for Global Health**

IDSA urges the Subcommittee to **provide at least \$642 million in FY2020 funding** to support programs at the CDC Center for Global Health that **protect Americans** by helping to stop health threats overseas before they reach American soil. The 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. As the ongoing Ebola outbreak in the Democratic Republic of Congo demonstrates, current investments in preparedness and response to outbreaks is essential. CDC is a key implementer of the Global Health Security Agenda that will expire in September 2019 if additional resources are not committed.

### **Epidemic Intelligence Service Loan Repayment**

## Infectious Diseases Society of America

IDSIA urges the Subcommittee to **provide at least \$5 million for the EIS program**. The EIS is a two-year program within CDC's Division of Scientific Education and Professional Development in which health professionals learn epidemiology to respond to public health emergencies. EIS officers mobilized for the 2014-2015 Ebola response, as well as responses to Zika, the opioid epidemic, natural disasters and human-made biothreats such as anthrax. The 2018 EIS class includes only 62 officers (75-80 is optimal), setting the program back to the response capability of the 1980s. The Pandemic and All Hazards Preparedness and Advancing Innovation Act (PAHPAI) provides CDC authority to offer student loan repayment to EIS officers to strengthen their recruitment. New funding is needed to implement this authority.

### **Infectious Diseases Rapid Response Fund**

The quick spread of emerging infectious diseases makes clear the need for the Rapid Response Fund. The Fund enables CDC and other federal agencies to quickly address public health emergencies and infectious disease outbreaks at their source, and before they reach American shores, if possible. **A deeper investment of at least \$300 million is needed** to ensure agencies, led by the CDC can move forward with brisk, well-organized initial response activities to contain the spread of infection; treat infected individuals and launch research for vaccines, diagnostics and therapeutics.

## **NATIONAL INSTITUTES OF HEALTH**

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

**Within NIH, funding of at least \$5.808 billion should be provided for NIAID.** The NIAID plays a leading role in research for new rapid ID diagnostics, vaccines, and therapeutics. Given the threat to public health posed by growing antimicrobial resistance, a deeper investment in valuable research at NIAID through the Combating Antibiotic Resistant Bacteria Initiative will support relevant research into how to counter the ever-evolving threat posed by resistant microbes.

With increased funding in FY2020, NIAID would be able to establish a global network of emerging infectious diseases research centers with multidisciplinary teams to better understand emerging threats and how to stop them. The Institute would be able to fund an acute flaccid myelitis (AFM) natural history study. AFM is a severe weakness likely linked to viral infection, and it mostly impacts children. While the severe impacts of AFM have thus far struck a small number of patients, there is an opportunity for this virus to spread much more broadly. More research is needed to better understand the underlying viral causes to drive prevention and treatment. NIAID is also planning to expand efforts to support the next generation of researchers, but this will be challenging without additional resources. Support at the requested level would enable NIAID to increase funding and success rates for early and mid-career awards, and pilot a new innovator award to promote bold new ideas from early stage investigators. This kind of thinking is precisely what is needed to address growing ID threats.

### **[Fogarty International Center](#)**

**Congress should provide full funding of at least \$84.9 million for the Center in FY2020.** 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 \(R&D\) Authority](#)**

BARDA is a critical initiator of public-private collaborations for antibiotic, diagnostic and vaccine R&D. **IDSA recommends that the Subcommittee provide at least \$750 million for BARDA in FY 2020.** Such funding is necessary to allow BARDA to pursue essential work on antibiotic development while maintaining its strong focus on medical countermeasures to address other biothreats. 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 on setting up a diverse portfolio with more than 20 high-quality antibacterial products.

**CENTERS FOR MEDICARE AND MEDICAID SERVICES**

Infectious diseases physicians underpin the ability of hospitals to provide complex medical care advances (e.g., transplant medicine, many surgical procedures) as well as enhancing the quality of care in hospitals. Further, in the community, for example, ID physicians serve to advance public health, foster appropriate use of antibiotics and continue the care of often highly complex patients after discharge from the hospital. Despite these crucial roles in broadly supporting medical care, ID physicians are undervalued. At a time when ID physicians are needed more than ever, there has been a 21.6% decline in the number of applicants to infectious disease fellowship training programs over a 5-year period ending in 2016. IDSA surveyed internal medicine residents in 2014 and found financial concerns were the chief barrier to pursuing ID. Further, the average salary of an ID physician (according to IDSA's 2017 compensation survey) is \$100,000 less than the median salary of a specialty physician (according to the 2017 Medscape Physician Compensation Report). The chief driver of the compensation gap is the evaluation and management (E/M) codes, which cover more than 90% of ID physician services, which have not been updated in over a decade. IDSA was very grateful that the Subcommittee's report on the FY2017 LHHS bill included report language urging CMS to address this issue. Unfortunately, the 2019 Physician Fee Schedule Final Rule exacerbates the low value of E/M codes by maintaining level 5 E/M to account for the most complex patients and visits, but collapsing levels 2-4 E/M codes in 2021, which would result in reductions in payment for the Level 4 E/M. The final rule does not reflect Congress's urging to work with the medical community on a revised proposal and FY17 report language urging CMS to address the undervaluation of E/M codes. **IDSA urges the Subcommittee to encourage CMS to take time during the 2020 rule-making process to better understand how reimbursement for E/M services impacts the current ID workforce distribution and shortage.** CMS must ensure that changes to the payment structure should not further exacerbate workforce shortages which may ultimately lead to not only significant patient access issues but increased morbidity and possibly mortality for vulnerable US citizens afflicted with infectious diseases.

**CONCLUSION**

Thank you for the opportunity to submit this statement. The nation's infectious diseases 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 [lc Cox@idsociety.org](mailto:lc Cox@idsociety.org) or (703) 299-0202.