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Infectious Diseases Society of America

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September 8, 2016

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Barbara Mikulski
Vice Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

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

Subject: Infectious Diseases Programs in FY2017 Appropriations Bills, Zika Supplemental

Dear Chairman Cochran, Vice Chairwoman Mikulski, Chairman Rogers, and Ranking Member Lowey:

On behalf of the Infectious Diseases Society of America (IDSA), thank you for advancing appropriations bills for Fiscal Year (FY) 2017 that contain investments necessary to prevent and respond to outbreaks and spur biomedical research. We were particularly pleased to see funding allocated to address the public health crisis of antimicrobial resistance (AR) and report language to promote access to infectious diseases (ID) care through research on appropriate Medicare reimbursement levels for cognitive specialty services. **Over the next few weeks, we ask that you work with leadership and your counterparts across the Hill to make certain that the Labor-HHS-Education and Agriculture-FDA appropriations bills for FY 2017 are completed and that the strongest funding levels possible are provided for infectious diseases programs. We also ask that you act immediately to help advance a bipartisan emergency supplemental bill to combat the Zika virus.**

IDSA represents over 10,000 infectious diseases physicians and scientists 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 available antimicrobials. Our members also help combat emerging infectious diseases such as Ebola and Zika virus.

Antimicrobial Resistance

ID physicians are particularly concerned by the growing public health crisis of antimicrobial resistance. We witness firsthand the impact that AR has on individuals and know that left unchecked the potential for a post-antibiotic era exists in the not too distant future and is in fact already a reality for some patients. The spread of antimicrobial resistance is devastating; increasing the risk posed by common surgical procedures, forcing oncologists to weigh the benefits of chemotherapy against the risk of serious infection that can't be treated, complicating the path forward for premature babies and others with weak immune systems. As a result, we have aggressively advocated for the creation and implementation of a comprehensive federal response to AR. IDSA applauds Congress, and in particular the many champions on the Appropriations Committee, for appropriating approximately \$380 million in new funding during the FY 2016 cycle to begin implementation of the [National Action Plan for Combating Antibiotic-Resistant Bacteria](#) (Action Plan). The Action Plan details and coordinates prevention, surveillance, antibiotic stewardship, as well as research and development activities across federal agencies—as recommended by the President's Council of Advisors on Science and Technology (PCAST) in their September 2014 [Report to the President on Combating Antibiotic Resistance](#) and recently [supported](#) by the President Advisory Council on Combating Antibiotic-Resistant Bacteria.

The FY 2017 Labor-HHS-Education and Agriculture [Appropriations bills](#) carry implementation of the Action Plan further forward by maintaining and in some case increasing support for involved agencies and programs. The House bill recommends an increase over FY 2016 for the Biomedical Advanced Research and Development Authority (+\$8 million); while the Senate bill puts forward important increases for the National Institute of Allergy and Infectious Diseases (+245 million), and at the Center for Disease Control and Prevention (CDC) [Antibiotic Resistance Solutions Initiative](#) (+3 million). The House version of the FY 2017 FDA-Agriculture Appropriations bill provides an increase (+\$9.9 million) for on-farm surveillance and data collection. We urge you to provide these increases in final versions of the bills.

HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

We also ask that the Committee increase support for the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. The viral hepatitis epidemic has intensified as a result of injection drug use associated with opioid addiction and yet a curative treatment is available that could save lives and help halt hepatitis C transmission. The CDC has recommended increased screening for viral hepatitis to identify the estimated 2.25 million individuals with hepatitis C in the U.S. who are unaware of their status. However, the funding allocated so far in the appropriations process is inadequate to mount the appropriate response to diagnose and link individuals with hepatitis C to treatment in the U.S. Secondly, despite a misperception as a disease of the past, tuberculosis has recently caused more deaths than any other single infectious disease agent, with 9.6 million new illnesses and 1.5 million deaths worldwide in 2014. Approximately 480,000 of those cases were caused by multidrug-resistant (MDR) tuberculosis, including 9.7% that were extensively drug-resistant (XDR). The funding suggested for TB in the House and Senate FY 2017 spending bills fails to provide resources necessary to implement the [National Action Plan to Combat Multi-Drug Resistant \(MDR\) Tuberculosis](#), which is a comprehensive plan to address drug-resistant TB in the U.S. and abroad and accelerate MDR-TB R&D.

The science clearly points to the importance of effectively treating HIV infection to improve individual health outcomes and to our nation's public health. With access to effective HIV care and treatment, patients can stay healthy and productive and reduce their risk of transmitting the virus to others to near zero. Nearly three quarters of individuals with HIV in care are treated at Ryan White-funded clinics and individuals touched by the Ryan White Program are more likely to be virally suppressed, which is the clinical goal of treatment. We urge full funding of the HIV/AIDS Bureau's Ryan White HIV/AIDS Program by rejecting the Senate proposals to eliminate the Special Projects of National Significance program and to cut Ryan White Part C by \$4 million.

Zika Supplemental

Emerging infectious diseases threaten countries across the globe, including the United States. As you know, the Zika virus is a public health emergency that poses a particular threat to pregnant women and their babies. The virus can be transmitted sexually or via mosquito bites and can remain in bodily fluids for months. We are only beginning to understand the full scope of health impacts from the Zika virus. However, we already know that it causes birth defects such as microcephaly as well as the potentially serious neurological condition— Guillain-Barré syndrome (GBS) in non-pregnant adults.

As of August 31, 16,832 cases of Zika virus disease were reported in U.S. states and territories. On July 29, Florida health officials confirmed the first cases of locally transmitted Zika (through mosquito bites) in the continental U.S. We face billions of dollars in excess healthcare costs as well as lifelong impacts on families if Congress fails to act. Too much time has already been spent debating a response to the crisis. While the virus spreads, researchers have indicated that clinical trials aimed at yielding a vaccine may be delayed if funding isn't soon approved. We urge Congress to approve a bipartisan Zika virus supplemental funding bill this month. Additionally, we ask that you avoid diverting resources necessary to address other public health threats and biomedical research priorities, such as Ebola virus, to fund Zika virus prevention and response.

Infectious Diseases Emergency Fund

Over the last two years, outbreaks of Ebola and Zika virus have highlighted the need for the federal government to respond quickly during the onset of a public health crisis. Agencies such as the CDC and NIH are expected to rapidly execute prevention, response and research activities. However, necessary funding is often several months behind. We applaud the House Appropriations Committee for approving a \$300 million Infectious Diseases Rapid Response Reserve Fund in the FY 2017 Labor-HHS- Education bill. The fund would provide CDC a head start during such outbreaks while Congress considers more comprehensive funding requests from an administration.

Infectious Diseases Workforce

The aforementioned public health threats demonstrate the increasing need for infectious diseases physicians and their role in preventing and treating illnesses, protecting public health and leading biomedical research efforts. Despite the significant and vital contributions these physicians make their work continues to be undervalued, leading to a significant compensation disparity as compared to many other specialty and primary care physicians. This disparity is a key driver in the decline of young physicians pursuing ID specialty training. 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. ID physicians often care for patients with chronic illnesses, including HIV, hepatitis C, and recurrent infections. Such care involves preventing complications and exploring complicated diagnostic and therapeutic pathways. ID physicians also conduct significant post-visit work, such as care coordination, patient counseling and other necessary follow up.

New research is needed to better identify and quantify the inputs that accurately capture the elements of complex medical decision-making. Such studies should take into account the evolving health care delivery models with growing reliance on team-based care, and should consider patient risk-adjustment as a component to determining complexity. Research activities into more accurate payment models should include the direct involvement of physicians who primarily provide cognitive care. We were pleased to see that committee-approved funding bills in both the House and Senate for FY 2017 included report language asking CMS to undertake research necessary to develop new E&M codes that more precisely describe the cognitive work in these physician-patient encounters.

Once again, we thank you for the attention given to infectious diseases and urge you to push for completion of the FY 2017 spending bills this fall. If we can serve as a resource for your efforts, please have your staff contact Jonathan Nurse, IDSA Director of Government Relations, at jnurse@idsociety.org or (703) 299-0202.

Sincerely,



Johan S. Bakken, MD, PhD, FIDSA
President, IDSA

CC: Senators Blunt, Murray, Moran, Merkley
Representatives Cole, DeLauro, Aderholt, Farr