



IDSAs

Infectious Diseases Society of America

2016-2017 BOARD OF DIRECTORS

President
William G. Powderly, MD, FIDSA
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
ST. LOUIS, MO

President-Elect
Paul G. Auwaerter, MD, MBA, FIDSA
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD

Vice President
Cynthia L. Sears, MD, FIDSA
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD

Secretary
Larry K. Pickering, MD, FIDSA
EMORY UNIVERSITY SCHOOL OF MEDICINE
ATLANTA, GA

Treasurer
Helen W. Boucher, MD, FIDSA
TUFTS MEDICAL CENTER
BOSTON, MA

Immediate Past President
Johan S. Bakken, MD, PhD, FIDSA
ST. LUKE'S ID ASSOCIATES
DULUTH, MN

Angela M. Caliendo, MD, PhD, FIDSA
BROWN UNIVERSITY/RHODE ISLAND HOSPITAL
PROVIDENCE, RI

Henry F. Chambers, MD, FIDSA
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SAN FRANCISCO, CA

Janet A. Englund, MD, FIDSA
SEATTLE CHILDREN'S HOSPITAL
SEATTLE, WA

Thomas Fekete, MD, FIDSA
TEMPLE UNIVERSITY MEDICAL SCHOOL
PHILADELPHIA, PA

Joel E. Gallant, MD, MPH, FIDSA
SOUTHWEST CARE CENTER
SANTA FE, NM

Lawrence P. Martinelli, MD, FIDSA
COVENANT HEALTH
LUBBOCK, TX

Daniel P. McQuillen, MD, FIDSA
LAHEY HOSPITAL & MEDICAL CENTER
BURLINGTON, MA

Thomas A. Moore, MD, FIDSA
IDC OF KANSAS
WICHITA, KS

Trish M. Perl, MD, MSc, FIDSA
UT SOUTHWESTERN MEDICAL CENTER
DALLAS, TX

Chief Executive Officer
Christopher D. Busky, CAE

IDSAs Headquarters
1300 Wilson Boulevard
Suite 300
Arlington, VA 22209
TEL: (703) 299-0200
FAX: (703) 299-0204
EMAIL ADDRESS:
info@idsociety.org
WEBSITE:
www.idsociety.org

November 14, 2016

The Honorable Bill Cassidy
United States Senate
703 Hart Senate Office Building
Washington, DC 20510

The Honorable Brian Schatz
United States Senate
722 Hart Senate Office Building
Washington, DC 20510

Dear Senators Cassidy and Schatz:

The Infectious Diseases Society of America (IDSAs) is pleased to offer its support for the Public Health Emergency Response and Accountability Act, S. 3280. The bipartisan legislation would provide a necessary mechanism for the rapid and effective distribution of resources to address future public health emergencies. As the legislation moves forward, we request that you consider additional funding triggers to make certain that varying types of public health emergencies are covered. IDSAs also strongly urges Congress to fully fund this legislation so that its full potential can be realized when needed.

IDSAs 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 are on the front lines of government response efforts during public health emergencies. During these periods, they have too often seen the health of individual patients and the health security of broader communities jeopardized by delays in federal funding.

Over the last two years, the United States and nations around the globe have been confronted by public health emergencies that required an immediate and well-coordinated government response. However, experts at agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health were often left without adequate tools to respond. Despite bipartisan recognition of the need to act, Congress and the Administration struggled to come to agreement on supplemental resources to combat the Ebola and Zika viruses. The bills that were ultimately approved fell well short of the funds requested. What's more, Congress took nearly eight months to pass a bill to address the Zika virus, as new locally-acquired cases were reported in U.S. territories and communities in south Florida.

The Federal response to the ongoing Zika virus is the latest demonstration of the need for passage of the Public Health Emergency Response and

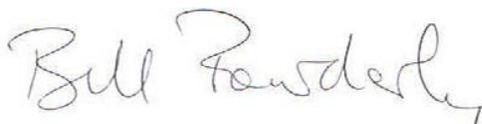
Accountability Act. The funding that the Administration requested was intended to enable federal, state, tribal and local government agencies to undertake a wide range of activities to combat the spread of the Zika virus and prevent the life-altering birth defects that often follow. More specifically, resources were requested to speed the development of a vaccine; facilitate testing among pregnant women and others; and ensure that states and communities could support vector control, improve surveillance, and educate residents about protecting themselves. Funding would also support prevention and response efforts abroad, as infectious diseases do not respect national borders. These efforts were slowed by the delay in congressional approval, unnecessarily risking the health of the public. Additionally, resources were diverted from ongoing public health work such as the response to Ebola to help fund initial activities to deal with the Zika virus.

The spread of infectious diseases has become increasingly difficult to control as the world becomes more interconnected. Further, changes in climate pose new challenges for infectious diseases professionals. The speed with which emerging infectious diseases spread makes clear the need for the Public Health Emergency Fund that is proposed in your legislation.

The creation of a Public Health Emergency Fund would enable federal agencies to, at a minimum, move forward with initial prevention and response activities in a manner that aggressively promotes health and save lives. While the legislation authorizes a necessary mechanism for the rapid distribution of funding during a public health emergency, appropriations are needed to achieve the goal. We appreciate that the bill allows the Secretary of Health and Human Services (HHS) to trigger use of the fund through declaration of a public health emergency. However, we note that neither outbreaks of Ebola virus disease or the Zika virus were formally declared public health emergencies. Going forward, language permitting a broader set of triggers may be helpful to make certain that funds are made available as soon as an emergency confronts the nation. Additional triggers could include activation of the CDC Emergency Operations Center or declaration of a public health emergency by the World Health Organization. Lastly, we are pleased that the bill provides HHS with the authority to utilize flexible transaction and hiring mechanisms. Such authority is particularly important to provide resources to communities in a timely manner.

We believe that passage of your bill would go a long way towards addressing unforeseen infectious diseases threats that emerge. Once again, we thank you for your leadership in the area of public health. If we can be of assistance to your efforts to advance the legislation please contact Jonathan Nurse, IDSA Director of Government Relations, at jnurse@idsociety.org or (703) 299-0202.

Sincerely,

A handwritten signature in black ink that reads "Bill Powderly". The signature is written in a cursive, slightly slanted style.

William G. Powderly, MD, FIDSA
President, IDSA