



# IDSAs

Infectious Diseases Society of America

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April 13, 2017

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

The Honorable Rodney Frelinghuysen  
Chairman  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

The Honorable Patrick Leahy  
Vice Chairman  
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**

Dear Chairman Cochran, Vice Chairman Leahy, Chairman Frelinghuysen, and Ranking Member Lowey:

On behalf of the Infectious Diseases Society of America (IDSAs), 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) as well as language promoting access to infectious diseases (ID) care by supporting research on appropriate Medicare reimbursement levels for cognitive specialty services. As you continue your work to finalize funding for FY2017, **we urge 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 with the strongest funding levels possible are provided for infectious diseases programs.** Further, we urge you to reject funding cuts proposed by the Administration for the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) public health preparedness and response grants, CDC global and domestic HIV and TB efforts, and global health programs at the United States Agency for International Development (USAID) and the State Department.

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 care for patients with serious infections, including pneumonia, HIV/AIDS, tuberculosis, as well infections that are resistant to available antimicrobials. Our members also help combat emerging infectious diseases such as Ebola and Zika viruses.

### ***Antimicrobial Resistance***

ID physicians are particularly concerned by the growing threat to the nation's people by the growing frequency of highly resistant bacterial organisms causing illness and death. We see firsthand the impact that AR has on individuals daily. In the not too distant future, if left unfettered, this problem will lead to a post-antibiotic era as if we were returning to the early 20<sup>th</sup> century healthcare. In fact, this scenario already exists 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. This support allows for enhanced 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 maintain and in some cases increase 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 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. Critical progress has been made in reducing new HIV cases and increasing the number of individuals who are diagnosed who can initiate treatment. Treated patients ultimately lower future costs by helping contain the spread of infection to uninfected people. Funding must be sustained to sustain and improve upon these gains. The viral hepatitis epidemic has intensified as a result of injection drug use associated with opioid addiction. Yet a curative treatment is available that could save lives and help halt hepatitis C transmission. Increased screening for viral hepatitis is urgently needed 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.

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 address drug-resistant TB affecting both the U.S. and abroad and also accelerate MDR-TB R&D. Finally, we have seen dramatic increases in sexually transmitted infections, particularly chlamydia, gonorrhea and syphilis, with the increases disproportionately occurring among younger adults and adolescents. Sufficient resources are needed to support state and local efforts to reverse this alarming trend.

#### ***Ryan White HIV/AIDS Program***

We urge full funding of the Ryan White HIV/AIDS Program by rejecting the Senate proposals to cut Ryan White Part C by \$4 million and eliminate the Special Projects of National Significance program. The science is clear that effectively treating HIV infection improves health outcomes and reduces disease transmission. The Ryan White Program is a critical source for HIV care serving more than half of individuals diagnosed with HIV in the U.S.

#### ***Global HIV and Other Infectious Disease Research and Programs at the State Department and U.S. Agency for International Development***

We strongly urge you to preserve funding for PEPFAR, tuberculosis, the U.S. contribution to the Global Fund to fight AIDS, Tuberculosis and Malaria, and other global health programs. Please

provide adequate resources for global health preparedness and global health security activities to strengthen surveillance and public health infrastructure to quickly detect and contain infectious disease outbreaks where they occur.

### ***Infectious Diseases Emergency Fund***

Over the last two years, outbreaks of Ebola and Zika viruses 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. While we were grateful that Congress finally approved a bipartisan Zika virus supplemental funding bill, we were extremely concerned at the time it took to enact this legislation given the enormity of the Zika crisis. With this in mind, 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 vital contributions these physicians make, their work continues to be undervalued leading to a significant compensation disparity as compared to most other specialty- and primary-care physicians. This disparity is the 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 resistant 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 spring. If we can serve as a resource for your efforts, please have your staff contact Lisa Cox, IDSA Director of Government Relations, at [lcox@idsociety.org](mailto:lcox@idsociety.org) or (703) 299-0202.

Sincerely,



William G. Powderly, MD, FIDSA  
President, IDSA

CC: Senators Blunt, Murray, Hoeven, Merkley  
Representatives Cole, DeLauro, Aderholt, Sanford Bishop