IDSA 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

IDSA
Infectious Diseases Society of America

November 12, 2013

The Honorable Peter Roskam
227 Cannon House Office Building
Washington, DC 20515

Dear Representative Roskam:

On behalf of the Infectious Diseases Society of America (IDSA), I write to express support for H.R. 2085, the Diagnostic Innovation Testing and Knowledge Advancement Act of 2013. The legislation would increase patient access to important diagnostic testing services by helping to ensure appropriate reimbursement. Medicare's appropriate valuation of diagnostic tests is needed to spur innovation and integration into clinical care. Diagnostic tests are needed to help guide and improve patient care, and their appropriate use can improve patient outcomes and reduce healthcare costs associated with suboptimal treatment. IDSA is particularly encouraged by your bill's provision to establish an independent advisory panel to provide expert input into rate setting and consideration of patient value and potential impact on health as criteria for use in a new payment setting process.

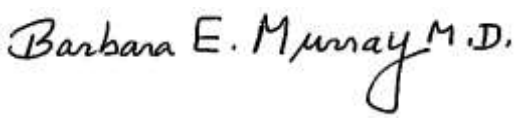
In the area of infectious diseases, rapid diagnostics can mean the difference between life and death. For example, early detection and treatment of sepsis (acute organ dysfunction resulting from infection) improves outcomes. However, current diagnostic tests for the condition typically require 1-5 days to complete, which results in 20-30% of patients receiving inadequate or delayed therapy. These delays are consequential, as death from sepsis increases dramatically with time to the administration of appropriate antibiotics.

In addition to impacting individual patient care, diagnostics can also play a role in protecting public health. The recent Centers for Disease Control and Prevention (CDC) report *Antibiotic Resistance Threats in the United States, 2013*, offered some insight into the consequences of insufficient diagnostic testing capabilities. CDC estimates that 50% of prescriptions for antibiotics are not needed or are misused. Improved diagnostic tests would lessen the need for physicians to treat infections empirically, which reduces inappropriate use of antibiotics—a key driver of the escalating antibiotic resistance crisis. Beyond treatment, new rapid diagnostic tests are critical to identifying patients who may need to be isolated to contain disease. Such tests are also important to the conduct of new clinical trials for antimicrobials, as the rapid identification of eligible patients can reduce overall time and costs. For these reasons, CDC describes the development of new diagnostic tests as a central part of any strategy to address the increase in antibiotic resistance.

By not appropriately valuing diagnostic tests, Medicare currently creates a disincentive to the development of new diagnostics. The Medicare fee schedule for diagnostic tests has been adjusted for inflation just five times in the past 23 years. What's more, the process for assigning reimbursement codes to new diagnostics is convoluted and lengthy, providing a great deal of uncertainty to industry and sometimes delaying patient access. A set of federal policy interventions is necessary to create proper conditions for robust research and development for new diagnostic tests, and H.R. 2085 is a critical component of such an effort.

We thank you for your commitment to removing obstacles to innovation in the area of diagnostics and ultimately improving patient care. Should you have any questions, please contact Jonathan Nurse, Director of Government Relations for the Infectious Diseases Society of America, at 703-299-0202 or jnurse@idsociety.org.

Sincerely,



Barbara E. Murray, MD, FIDSA
President, IDSA