

**The Infectious Diseases Society of America's (IDSA) Fiscal Year 2014 Funding Statement
Submitted to the Senate Appropriations Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Department of Health and Human Services
May 6, 2013**

The Infectious Diseases Society of America (IDSA) represents more than 10,000 infectious diseases (ID) physicians and scientists devoted to patient care, prevention, public health, education, and research. Investment in ID research and public health efforts can reduce health care costs, save lives, and create jobs. IDSA urges you to provide strong funding for the Department of Health and Human Services' (HHS) National Institutes of Health, Centers for Disease Control and Prevention, Office of the Assistant Secretary for Preparedness and Response, and Biomedical Advanced Research and Development Authority as well as adopt appropriate report language for the Centers for Medicare and Medicaid Services.

NATIONAL INSTITUTES OF HEALTH (NIH)
National Institute of Allergy and Infectious Diseases (NIAID)

IDSA recommends that the Subcommittee continue to invest strongly in medical research funding at the NIH, and at NIAID, in particular, so that patients may continue to benefit from the live-saving benefits that medical research affords. In April, IDSA released an [updated report on the dire status of the antibiotic pipeline](#), which found only seven (7) antibiotics to treat Gram-negative bacteria, which represent the most urgent needs, in Phase II development or later. Given the growing crisis related to antibiotic-resistant infections and the lack of new antibiotics in development (read more at www.AntibioticsNow.org), we believe it is particularly imperative that NIAID invest more vigorously in antibacterial resistance research, including related diagnostics research, so that our nation can better respond to these dangerous and expensive pathogens, which threaten patient care, public health and national security. Our funding goal for NIAID's antibacterial resistance and related diagnostics efforts is at least \$500 million annually by the end of FY 2014. As part of this effort, we believe NIAID should invest at least \$100 million/year in the antibiotic-resistance focused clinical trials network that the institute now is establishing and which should be up and running in 2014. NIAID should be applauded for establishing this new network, but unfortunately, the planned investment of \$10 million/year over the next seven years will not be sufficient to undertake the critical studies needed to address what are quickly becoming untreatable infections.

The Subcommittee also should adopt report language urging NIAID to invest in research on new antiviral drugs and related diagnostics that are effective against emerging drug-resistant influenza variants. The dearth of novel antiviral influenza drugs is of concern, especially as resistance grows.

IDSA also urges the Subcommittee to restore the salary cap for NIH grantees to Executive Level I. The salary cap reduction enacted in FY2012 disproportionately affects physician-investigators and serves as a deterrent to their recruitment into research careers.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

IDSA supports strong funding for NCEZID, which houses CDC's antimicrobial resistance activities. We must be able to track resistance, understand its driving factors and measure the impact of efforts to limit resistance. State and local public health laboratories are key, but they depend largely upon CDC for funding, and currently only about half of them can

provide some level of antimicrobial susceptibility testing. NCEZID also needs strong funding to enhance data collection on antimicrobial use and to promote the uptake of antimicrobial stewardship programs to help protect the effectiveness of these precious drugs. In particular, IDSA urges the subcommittee to fully fund two requests in the President's budget proposal: (1) the Advanced Molecular Detection (AMD) initiative and (2) the National Healthcare Safety Network (NHSN). AMD is a necessary and overdue effort that will allow CDC to more quickly determine the origin of emerging diseases, whether microbes are resistant to antibiotics, and how microbes are moving through a population. The AMD initiative will strengthen CDC's epidemiologic and laboratory expertise to effectively guide public health action. Additional funding for NHSN will allow CDC to further invest in the EpiCenters—five academic centers which conduct research projects on health care-associated infections and antibiotic-resistant infections. The EpiCenters have survived on a \$2 million budget over the past 15 years with no increase. Critical areas where the EpiCenters could expand their work include: evaluating interventions to prevent or limit the development of antimicrobial resistance, facilitating public health research on the prevention and control of resistant organisms, and assessing the appropriateness of surveillance and prevention programs in health care and institutional settings. IDSA also urges strong funding for the Emerging Infections Program (EIP) to assess the epidemiology of emerging resistant pathogens in infectious diseases of public health importance.

IDSA also encourages the Subcommittee to adopt antimicrobial resistance report language to encourage the following activities to the extent possible given the current budgetary constraints:

- Urging CDC to implement prevention collaboratives with state health departments to prevent the transmission of significant resistant pathogens across health care settings.
- Encouraging CDC to expand academic public health partnerships through the EpiCenters.
- Recommending CDC pilot and test quality measures to help measure antimicrobial use.

National Center for Immunization and Respiratory Diseases (NCIRD)

IDSA recommends strong funding for NCIRD, including the Section 317 Immunization Program. The Society remains concerned that the Administration once again has proposed decreasing immunizations funding. Even with implementation of expanded immunizations coverage under the Affordable Care Act, immunization funding through CDC is needed to help providers obtain and store vaccines; establish and maintain vaccine registries; provide education about vaccines; and promote vaccination of health care workers. IDSA recommends report language urging CDC to work with state and local governments to ensure immunization recommendations, defined by the Advisory Committee on Immunization Practices (ACIP), are implemented except when medically-contraindicated.

Given that recent outbreaks of pertussis (whooping cough) are among the largest in the U.S. during the past half century, it is particularly important to ensure that more individuals receive this vaccination.

Also worrisome, influenza vaccination rates among health care workers overall remained stagnant in 2012. Funding to address this issue is critical to protect the health of those individuals most needed to respond to influenza outbreaks and pandemics and to protect patients at risk of infection.

IDSA strongly supports the President's proposed funding increase for influenza preparedness activities. In IDSA's recently updated [Pandemic and Seasonal Influenza Principles for United States Action](#), the Society recommends strong funding for such activities, including public health infrastructure and countermeasures as well as long-term governmental coordination and planning. Lack of sufficient funding could lead to an increased incidence and severity of influenza, hospitalization costs and mortality.

Recent infectious outbreaks have underscored the need for a strong investment to maintain our capacity to detect and respond to emergencies as they occur, such the fungal meningitis outbreak caused by a contaminated steroid product that killed more than 50 people, and emerging H7N9 influenza in China, as well as infectious threats associated with disasters such as Hurricanes Katrina and Sandy. Funding is needed to provide coordination, guidance and technical assistance to state and local governments; support the Strategic National Stockpile; strengthen and sustain epidemiologic and public health laboratory capacity; and provide clear and effective communications during an emergency.

The National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP)

IDSAs strongly urges total FY2014 funding of \$1.424 billion for the CDC's NCHHSTP, an increase of \$314 million over the FY2013 level, including increases of: \$180 million for HIV prevention and surveillance, \$5.3 million for viral hepatitis and \$102.7 million for Tuberculosis prevention.

Every nine and a half minutes a new HIV infection happens in the U.S. with more than 60 percent of new cases occurring among African Americans and Hispanic/Latinos. The CDC estimates that the 50,000 new HIV infections each year in the U.S. may result in \$56 billion in medical care and lost productivity costs. Despite the known benefit of effective treatment, nearly 20 percent of people living with HIV in the U.S. are still not aware of their status and as many as 36 percent of people newly diagnosed with HIV progress to AIDS within one year of diagnosis. A sustained commitment to HIV prevention funding is critical to enhance HIV/AIDS surveillance and expand HIV testing and linkage to care, in order to lower HIV incidence and prevalence in the U.S. Particularly in light of steep state budget cuts, a failure to invest now in HIV prevention will be costly. At a bare minimum we strongly urge the Committee to at least support an increase of \$180 million for HIV prevention and an increase of \$5.3 million for viral hepatitis at the CDC. We also support a funding level of at least \$363 million for CDC's global health programs, which includes resources for the agency's essential role in implementing PEPFAR programs in developing nations.

A strong investment is needed to implement CDC's new hepatitis C screening policy, including funding to support education, testing, referral, vaccination and surveillance. Hepatitis B and C affect nearly six million Americans, the vast majority of whom do not know they are infected. These infections lead to chronic liver disease, with a loss of 15,000 lives each year¹, liver cancer, and increased transplantations for those suffering liver failure.

IDSAs recommends strong funding to support federal, state, and local health tuberculosis (TB) detection, treatment, and prevention efforts. Adequate funding also must be directed to the *TB Trials Consortium* that is testing new TB therapeutics—an urgent need as the threat of drug-resistant TB grows.

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

In addition to strongly investing in ASPR's critical preparedness and response activities, IDSAs urges the subcommittee to adopt report language to encourage the development of clear federal guidelines for conducting research during a public health emergency. Specifically, report language should urge the ASPR to include the Office for Human Research Protections (OHRP) and other HHS offices and agencies involved in public health emergency research in the ASPR-led discussions concerning a public health emergency research review board. Also, ASPR

¹ "Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis," U.S. Department of Health and Human Services (May, 2011).

should issue appropriate provisions and guidances to reduce ambiguity and improve harmonization among various agencies.

Biomedical Advanced Research and Development Authority (BARDA)

IDSA supports robust funding for BARDA to facilitate advanced research and development (R&D) of medical countermeasures, including therapeutics, diagnostics, vaccines, and other technologies, including new antibiotics to address both intentional attacks and naturally emerging infections. BARDA is a critical source of funding for public-private collaborations for antibiotic R&D.

Independent Strategic Investment Firm

IDSA supports the establishment and funding of the Medical Countermeasure Strategic Investor (MCMSI), proposed by the ASPR in August 2010 and again included in the President's FY 2014 budget request. The MCMSI would be a non-government, non-profit entity that would partner with small "innovator" companies and private investors to address urgent needs, including the development of novel antimicrobials.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

IDSA urges the Subcommittee to adopt report language urging CMS to help address the growing problem of antimicrobial resistance by working with healthcare institutions to develop and implement physician-led antimicrobial stewardship programs in all healthcare facilities.

Moreover, we ask for report language that supports the submission by acute care hospitals of summary data on influenza vaccination of health care personnel and the expansion of this requirement to all hospitals and nursing facilities.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

HIV/AIDS Bureau

IDSA strongly urges the Subcommittee to increase funding for the Ryan White Program by \$276 million in fiscal year 2014 with at least an increase of \$21.5 million over the FY2013 continuing resolution level for Part C. Ryan White Part C funds comprehensive HIV care and treatment -- services that are directly responsible for the dramatic decreases in AIDS-related mortality and morbidity over the last decade. On average it costs \$3,501 per person per year to provide the comprehensive outpatient care available at Part-C funded programs (excluding medications), including lab work, STD/TB/Hepatitis screening, ob/gyn care, dental care, mental health and substance abuse treatment, and case management. Part C funding covers a small percentage of the total cost of providing comprehensive care with some programs receiving \$450 or lower per patient per year to cover care. The HIV medical clinics funded through Part C have been in dire need of increased funding for years, but efforts to bring more people with HIV into care through routine HIV screening along with ongoing economic pressures are creating a crisis in communities across the country. An increase in funding is critical to prevent additional staffing and service cuts and ensure the public health of our communities. At a bare minimum, IDSA strongly urges you to support an increase of \$20 million over fiscal year 2013 appropriated funding for Ryan White Part C.

Thank you again for the opportunity to submit this statement on behalf of the nation's infectious diseases physicians and scientists. Forward any questions to ajezeke@idsociety.org.