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IDSA

Infectious Diseases Society of America

June 4, 2019

The Honorable Lamar Alexander
Chair
Committee on Health, Education,
Labor & Pensions
United States Senate
455 Dirksen Senate Office Building
Washington, DC 20515

The Honorable Patty Murray
Ranking Member
Committee on Health, Education,
Labor & Pensions
United States Senate
154 Russell Senate Office Building
Washington, DC 20515

RE: Support and suggested edits for sections 401, 402, and 405

Dear Chairman Alexander and Ranking Member Murray,

On behalf of the Infectious Diseases Society of America (IDSA), thank you for your leadership in developing the discussion draft titled the “Lower Health Care Costs Act” and for this opportunity to provide comments. IDSA represents over 11,000 infectious diseases physicians, scientists, public health practitioners and other health care providers committed to the prevention, detection and treatment of infectious diseases, including vaccine-preventable illnesses, infections caused by antimicrobial-resistant pathogens, emerging and re-emerging infectious diseases, HIV, viral hepatitis and many others.

IDSA offers our strong support for sections 401 and 402 on vaccines and vaccine-preventable diseases as well as section 405 on Public Health Data System Modernization. Below we offer additional information to demonstrate the need for these provisions as well as minor suggested edits.

Sec. 401. Improving Awareness of Disease Prevention and Sec. Grants to Address Vaccine-Preventable Diseases

IDSA strongly supports provisions in the discussion draft to launch a public awareness campaign on the importance of vaccinations, to authorize pilot innovative approaches to boost vaccination rates in targeted communities, to reduce barriers to vaccination, to improve the delivery of evidence-based vaccine-related information to families, and to undertake research to inform improved strategies for conveying vaccine information and increasing vaccine uptake. **We request that you clarify that funds allocated to support the implementation of these provisions be, in addition to, and not supplanting, existing federal funding to support ongoing immunization activities.** It is essential that ongoing efforts be sustained and strengthened to address and contain mounting outbreaks of vaccine-preventable diseases. Therefore, we request the following edits, starting on p. 131, l. 1:

(e) SUPPLEMENT NOT SUPPLANT.—Grants under subsection (a) shall be used to supplement, and not supplant, other Federal, State, or local public funds provided for the activities described in such subsection.

(ef) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section and section 317(k) such sums as may be necessary for fiscal years 2020 through 2024.”.

The interventions authorized by the discussion draft are urgently needed. At the end of May 2019, the Centers for Disease Control and Prevention (CDC) reported 971 cases of measles in the United States thus far in 2019. This is the greatest number of cases reported in the U.S. since 1994, when 963 *annual* cases were reported. Measles can be a serious, even fatal, illness, particularly for those too young or not healthy enough to be vaccinated. This is why herd immunity, which can only be achieved through high vaccination rates, is essential. Some measles cases require hospitalization and occasionally include long-term morbidities and death.

Measles is one example, but vaccine-preventable diseases such as pertussis (also known as whooping cough), hepatitis A, hepatitis B, mumps, and seasonal influenza all are serious public health threats. Prior to the discovery of vaccines, infectious diseases like measles and pertussis were among the top causes of death for infants and young children, contributing to a staggeringly high infant mortality rate of 20 percent a little more than a century ago in the US. It is imperative that we reverse the dangerous trend of decreasing vaccination rates to halt the comeback and spread of dangerous vaccine-preventable illnesses.

While considerable focus is currently and rightfully given to childhood immunizations, immunization rates among adults are considerably lower and must be increased in order to protect all individuals from vaccine-preventable diseases across the lifespan. For example, CDC recommends that healthy adults ages 50 and over receive the shingles vaccine, yet only about one third of individuals in the US in this age group receive the vaccine. Shingles cases are on the rise in the US, with about one million cases every year. Similarly, influenza vaccination rates remain far below targets for both adults and children. For the 2017-2018 influenza season, the influenza vaccination rate was 37.1% for adults and 57.9% for children. IDSA hopes that authorities and resources under this section can address vaccination for children and adults. We look forward to opportunities to work with the Committee on opportunities to promote adult immunization information systems, which can easily manage individuals’ vaccination histories, provide automated reminders to promote on-time immunizations, and expedite outbreak response by allowing for rapid identification of at-risk individuals.

Vaccines are among the most cost-effective investments in the world. According to the CDC, nearly \$406 billion in direct costs and \$1.88 trillion in total society costs were saved since 1994 due to immunizations. In fact, every \$1 spent on childhood vaccines ultimately saves \$10.90. Conversely, the costs of treating vaccine-preventable illnesses are extremely high. In 2013, the CDC estimated that the cost of hospitalization for measles was between \$4,032 and \$46,060 per person. At the low end, this would mean that since 2010, roughly \$9.7 million was spent on treating measles. At the high end, the cost balloons to \$111.6 million. The 2017 measles outbreak in Minnesota cost the state health department \$1 million. Earlier in 2019, an unvaccinated child in Oregon contracted tetanus and his care costs were near \$1 million.

As infectious diseases physicians, we welcome all opportunities to partner with the CDC, state and local public health departments and other health care providers to strengthen our messages to the public and our patients about vaccination and to improve vaccination rates.

Lastly, IDSA recognizes that while existing immunizations are highly safe and effective, additional innovation is necessary to address unmet needs. For example, development of a universal influenza virus vaccine would obviate the need for annual immunization and greatly reduce anticipated threat from an emerging pandemic. Respiratory Syncytial Virus (RSV) causes more pediatric hospital admissions than any other infectious etiology in the country, and an RSV vaccine would significantly ease the public health burden. Vaccines for some of the most common and deadly multi-drug resistant infections could

significantly reduce their impact and provide a powerful tool in the battle against antimicrobial resistance. Additional viral diseases for which vaccines could significantly improve public health include HIV, Hepatitis C, Herpes simplex virus (HSV), and cytomegalovirus (CMV) infections. Vaccines for vector-borne infections such as Lyme disease and chikungunya could prevent infections that cause considerable patient suffering. While we understand that product innovation is likely outside the scope of this discussion draft, we would appreciate future opportunities to work with the committee on this issue.

Sec. 405 Public Health Data System Modernization

IDSA is pleased to support the discussion draft’s provision to modernize public health data systems. This effort is an important component to our public health infrastructure that enables us to more rapidly and effectively detect and respond to outbreaks of infectious diseases and other emerging threats. We strongly encourage you to include an additional activity for which grants awarded under this section may be used—the training of skilled public health data scientists. This expert workforce is essential for the implementation of the other activities identified in this section. We also encourage you to authorize at least \$100 million per year for this section to ensure that health departments have resources necessary to achieve the goals set forth in the discussion draft, outlined below. We request your consideration of the following edits starting on p. 140, line 15:

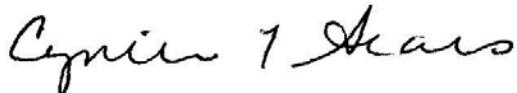
- (A) improving secure public health data collection, transmission, exchange, maintenance, and analysis;
- (B) simplifying reporting by health care providers, as applicable, pursuant to State law, including through the use of health information technology, to State, local, Tribal, and territorial public health departments, including public health officials in multiple jurisdictions within such State, as appropriate;
- (C) enhancing interoperability of current public health data systems with health information technology, including certified health information technology;
- (D) supporting earlier disease and health condition detection for public health responses **by implementing real-time data monitoring; and** [p. 140, line 25]
- (E) supporting activities within the applicable jurisdiction related to the expansion and modernization of electronic case reporting; **and** [p. 141, line 3]
- (F) **training skilled public health data scientists**

With additional edits below starting on p. 144, l. 18:

“(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated **such sums as may be necessary \$100 M per year for each of the** fiscal years 2020 through 2024.”.

IDSA thanks you for your continued commitment to public health and looks forward to working with you to ensure passage of this important legislation.

Sincerely,



Cynthia Sears, MD, FIDSA
President, IDSA