

FY 2022 LHHS-SFOPs Appropriations Programmatic Recommendations for Infectious Diseases and HIV/AIDS Programs

Centers for Disease Control and Prevention (CDC)

- **Antibiotic Resistance Solutions Initiative (\$672 million):** \$672 million for the Antibiotic Resistance Solutions Initiative to achieve the goals outlined in the 2020-2025 National Action Plan for Combating Antibiotic-Resistant Bacteria. Increased funding would help expand antibiotic stewardship across the continuum of care; double grant awards at the state and local level, expand the AR Laboratory Network globally and domestically to strengthen the identification, tracking and containment of deadly pathogens; support AMR research and epi centers, and increase public and health care professional education and awareness activities. This funding is vital to achieving the Plan's goals, including a 20 percent decrease in health care-associated antibiotic-resistant infections and a 10 percent drop in community-acquired antibiotic-resistant infections by 2025.
- **National Healthcare Safety Network (\$100 million):** To meet the current and projected demands of the NHSN, deep and sustained investments in modernization and automation to alleviate reporting burden while speeding access to actionable data is needed. Increased FY2022 funding of \$100 million would expand data collection on antibiotic use and resistance in healthcare facilities as outlined in the National Action Plan for Combating Antibiotic-Resistant Bacteria 2020-2025. In 2020, many more health care facilities, particularly long-term care facilities, began reporting COVID-19 data to NHSN, and new FY2022 funding will help expand that reporting to include antibiotic use and resistance data. FY2022 funding would help achieve the National Action Plan goal for 75 percent of acute care hospitals and 25 percent of critical access hospitals, reporting to the NHSN Antibiotic Resistance Option. Increased funding would also help achieve the National Action Plan goal of 100 percent of acute care and 50 percent of critical access hospitals reporting to the CDC NHSN Antimicrobial Use Option. These data help measure and drive progress toward optimizing antibiotic use. Additionally, increased FY2022 funding would allow access to technical support for more than 65,000 users of NHSN.
- **Advanced Molecular Detection Initiative (\$60 million):** AMD strengthens antimicrobial stewardship to reduce AMR and improve patient outcomes and strengthens CDC's epidemiologic and laboratory expertise to detect and respond to deadly pathogens. Over the past six years, AMD has invested in federal, state, and local public health laboratories to expand the use of pathogen genomics and other advanced laboratory technologies to strengthen infectious disease surveillance and outbreak response. \$60 million in FY2022 for AMD would enhance laboratory capabilities and spur innovation, including through further integration of genomics into AMR surveillance. Increased funding would help CDC apply the work of SPHERES, a national genomics consortium led by AMD that coordinates large-scale, rapid SARS-CoV-2 sequencing across the US, to bolster AMR surveillance, detection, and response.
- **CDC Division of Global Health Protection (\$456.4 million):** In light of the COVID-19 pandemic, increased resources for this vital CDC program are needed to improve global health capacity to stop threats before they reach domestic soil as well as address growing drug resistance in developing countries. The CDC Division of Global Health Protection works to enhance infectious disease surveillance systems, strengthen laboratory capacity, train healthcare workers and disease detectives and support emergency operations centers. CDC experts provide technical assistance to 30 countries and work to detect resistant threats, prevent and contain resistant germs and improve antibiotic use. Public health experts address more than 400 diseases and health threats in 60 countries.
- **The Immunization Grant Program (\$1.13 billion):** This funding is critical to sustain and build upon improvements made to conduct the COVID-19 vaccination campaign. It will support urgent routine vaccination catch-up efforts, as well as enhanced activities to save lives, implement new vaccines, sustain and update Immunization Information Systems (IIS), and respond to the threat of future hepatitis A, measles, mumps, influenza, and other outbreaks. Even before COVID-19, adult immunization rates lagged far below CDC's recommended targets, and during the pandemic, childhood immunization rates have [dropped considerably](#) due to fears of contracting the virus, underscoring the urgent need to improve vaccination rates.
- **Elimination of Opioid Related Infectious Diseases (\$120 million):** Funding would allow CDC to address the significant and growing burden of the opioid epidemic by expanding surveillance for infectious diseases commonly associated with injection drug use, including HIV, viral hepatitis and infective endocarditis. CDC has found steep increases in multiple viral, bacterial and fungal infections due to injection drug use, and CDC estimates that individuals who inject drugs are 16 times more likely to develop an invasive MRSA infection. We are very concerned about how the opioid crisis is driving higher rates of infectious diseases including hepatitis C, endocarditis, HIV, and pneumonia, as well as skin, soft tissue, bone, and joint infections. Support systems for individuals with substance

use disorders are suffering disruptions due to the COVID-19 pandemic, which may be worsening the opioid epidemic and associated infectious diseases.

- **The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (\$2.054 billion):** We urge Congress to provide robust funding of \$2.054 billion so that CDC can continue to reduce new HIV infections and address the growing number of cases of sexually-transmitted infections, including syphilis, hepatitis and tuberculosis. STIs have climbed at an alarming rate with the CDC reporting that [1 in 5 people](#) in the U.S. have an STI on any given day. The [rate of new hepatitis C infections](#) is four times as high now as it was in 2010. Disruptions in public health services due to the COVID-19 pandemic have increased the need for these vital public health resources.
- **Healthcare-Associated Infections (HAIs) (\$12 million):** Funding of \$12 million in FY2022 would support efforts in every state to reduce the incidence of some HAIs, including those caused by antimicrobial pathogens. Congress should continue to invest in this program so that state, local, and territorial health departments can respond to HAIs.
- **Infectious Diseases Rapid Response Fund (Sustained Support):** The quick spread of emerging infectious diseases, including COVID-19 makes clear the need for the Response Fund. The Fund enables CDC and other federal agencies to rapidly address public health emergencies and infectious disease outbreaks at their source, and before they reach American shores, if possible. Sustained support for the is needed to ensure agencies, led by the CDC can move forward with initial response activities to contain the spread of infection; treat infected individuals and launch research for vaccines, diagnostics and therapeutics.

National Institutes of Health (NIH)

- **National Institute of Allergy and Infectious Diseases (\$6.520 billion):** Funding of at least \$6.520 billion for NIAID, including \$600 million for AMR research, in FY2022, would allow NIAID to address AMR while carrying out its broader role in supporting infectious diseases research. Increased FY2022 funding would support the training of new investigators to improve AMR research capacity; enhance basic, translational and clinical research on mechanisms of resistance, therapeutics, vaccines and diagnostics; and support the development of a clinical trials network to reduce barriers to research on difficult-to-treat infections as outlined in the 2025 National Action Plan.
- **Fogarty International Center (\$90.30 million):** Congress should provide \$90.30 million for the Center in FY2022. The Fogarty Center is instrumental to our nation's global standing, global health security and our ability to detect and respond to pandemics. U.S. patients and researchers benefit from Fogarty funded breakthroughs on diseases including HIV, tuberculosis, and malaria. More than 80 percent of Fogarty's extramural grant budget goes to U.S. academic institutions and 100 percent of funding engages U.S scientists and researchers.

Assistant Secretary for Preparedness and Response (ASPR)

- **Biomedical Advanced Research and Development Authority, Broad Spectrum Antimicrobials and CARB-X (\$300 million):** The BARDA broad spectrum antimicrobials program and CARB-X leverage public/private partnerships to develop products that directly support the government-wide National Action Plan for Combating Antibiotic-Resistant Bacteria and has been successful in developing new FDA approved antibiotics. Despite this progress, the pipeline of new antibiotics in development is insufficient to meet patient needs, and \$300 million in funding is needed to help achieve the goals of the 2020-2025 Action Plan to accelerate basic and applied research for developing new antibiotics and other products. Additional funding will help prevent a post-antibiotic era in which we lose many modern medical advances that depend upon the availability of antibiotics, such as cancer chemotherapy, organ transplants and other surgeries.
- **Project BioShield Special Reserve Fund, Broad Spectrum Antimicrobials (\$200 million):** The Project BioShield SRF is positioned to support the response to public health threats, including AMR. BARDA and NIAID efforts have been successful in helping companies bring new antibiotics to market, but those companies now struggle to stay in business and two filed for bankruptcy in 2019. In December 2019, SRF funds supported a contract for a company following approval of its antibiotic—a phase in which small biotechs that develop new antibiotics are particularly vulnerable. Additional funding is needed to expand this approach to better support the antibiotics market.

Health Resources and Services Administration (HRSA)

- **The Ryan White HIV/AIDS Program (\$2.768 billion):** \$2.768 billion is need for the Ryan White Program, which serves the most vulnerable people living with HIV, and for those who are uninsured or underinsured, the Ryan White Program is their only source of HIV treatment, care and critical support services. A strong Ryan White Program and

all of its parts that operate in coordination to achieve the program's outstanding outcomes, is a key ingredient to ending the domestic HIV epidemic.

US Agency for International Development (USAID) and Department of State

- **USAID global health security (\$975 million), USAID Tuberculosis Program (\$1 billion) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (\$1.56 billion):** USAID's global health security program provides technical assistance to partner countries to prevent and respond to rising rates of AMR in resource-limited settings, and requires increased resources to strengthen efforts to combat rising rates of AMR in a post-COVID-19 pandemic world. Recommended funding for USAID's TB program and the Global Fund will not only allow continued reductions in malaria and TB, but help staunch the growth of drug-resistant forms of these infections, particularly of drug-resistant forms of tuberculosis, which is the only airborne drug resistant disease and in addition to COVID-19 is the biggest infectious disease killer globally. Drug-resistant forms of TB drive rising rates of antimicrobial resistance in many parts of the world, particularly in resource-limited countries with underdeveloped healthcare infrastructure, and poses a significant threat to health security in the U.S. and globally
- **President's Emergency Plan for AIDS Relief (\$5.12 billion):** A modest increase in funding will allow PEPFAR to scale up HIV treatment, help partner countries meet new HIV treatment guidelines as well as expand other critical HIV services such as testing and counselling, prevention of mother-to-child-transmission activities, and other efforts to prevent transmission and save lives in resource-limited settings. Additional funding is necessary for PEPFAR to recover from the COVID-19 pandemic's impacts on global HIV response efforts and build more resilient systems to better prepare for future infectious disease threats PEPFAR currently supports 17.2 million adults and children on lifesaving antiretroviral therapy to treat and prevent the spread of HIV/AIDS, however without additional funding, PEPFAR will not be able to expand access to treatment and other essential HIV prevention and care services. Despite global efforts, nearly 12 million people living with HIV still require immediate treatment, and in 2019, there were 1.7 million new HIV infections worldwide. Failure to fast-track investments and efforts today will result in a dramatic spike in new HIV infections and the AIDS response will no longer be able to keep pace with the epidemic.

Report Language Requests for FY2022 LHHS Appropriations Bill

Centers for Medicare & Medicaid Services

Division: Program Management

Evaluation and Management Codes and ID Physician Reimbursement

Background and Rationale

Over 90% of the care provided by ID physicians is reimbursed using evaluation and management (E/M) codes, which are undervalued. The Centers for Medicare & Medicaid Services (CMS) finalized significant changes for 2021 to coding and associated documentation including updated payment rates for outpatient evaluation and management (E/M) services in the Medicare Physician Fee Schedule (MPFS). Despite these improvements, the changes in the final rule do not reflect the legacy of mis-valuation of E/M services, nor does the final rule make any changes to inpatient E/M codes. Because E/M codes were mis-valued from their conception and not updated in over 30 years, a more thorough approach to reviewing and updating E/M codes is needed, and more must be done to appropriately value E/M services, ensure access to care and secure the future ID workforce. Congress should encourage CMS to establish and convene an expert panel to develop recommendations on how to appropriately define, document, and value all E/M services within the Medicare Physician Fee Schedule and to ensure that the valuation of E/M services is data driven and reflects the current practice of medicine.

Proposed Language

Valuation of Evaluation and Management Services -- The Committee applauds the Centers for Medicare & Medicaid Services (CMS) for finalizing significant changes to coding and associated documentation including updated payment rates for outpatient evaluation and management (E/M) services in the Medicare Physician Fee Schedule (MPFS) for calendar year (CY) 2021. We recognize this as a first step towards appropriately valuing non-procedural work and emphasize the importance of continued attention to this area, specifically for inpatient E/M codes that have not yet been updated. To help ensure that payment rates for E/M services accurately reflect the complexity of care delivered,

the Committee recommends CMS explore alternatives for valuing E/M and other non-procedural services more regularly using the best data available, including potentially convening a panel of experts to assist the agency. The Committee requests that the agency submit a report no later than 120 days after enactment of this Act to the Committees on Appropriations, as well as the authorizing Committees of jurisdiction, on processes to evaluate these services more regularly and comprehensively.