



# IDSAs

Infectious Diseases Society of America

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February 21, 2017

The Honorable Thomas Price, MD  
Secretary  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Price,

Congratulations on your confirmation as U.S. Secretary of Health and Human Services. As you assume this important role, I want to offer the Infectious Diseases Society of America (IDSAs) as a resource and a partner for advancing policies to improve patient care, protect public health, and promote biomedical research and innovation. As a fellow physician, I and the members of IDSAs appreciate the medical expertise and passion for patients that you will bring to this role. As an orthopaedic surgeon, you likely saw the devastating impact of serious infectious diseases on patients following major surgeries, such as joint replacements.

IDSAs represents over 10,000 infectious diseases (ID) physicians and scientists devoted to patient care, prevention, public health, education, and research in infectious diseases. Our members care for patients with or at risk of serious infections such as HIV, hepatitis C virus (HCV), infections caused by antimicrobial resistant pathogens and opportunistic infections afflicting transplant patients and other immunocompromised individuals. Housed within IDSAs is the HIV Medicine Association (HIVMA) that represents physicians, researchers and other healthcare professionals committed to comprehensive, humane responses to the HIV epidemic. ID physicians are also on the front lines responding to public health emergencies recently examples include outbreaks of Ebola, Zika, MERS-CoV, and pandemic influenza viruses.

Infectious disease clinicians lead antimicrobial stewardship and infection prevention programs. With views toward improving both patient safety and stimulating cutting edge research, IDSAs advocates for developing urgently needed new antimicrobial drugs, diagnostics, and vaccines. IDSAs members serve on a variety of federal advisory committees, including the Presidential Advisory Committee on Combating Antibiotic Resistant Bacteria (PACCARB), the Advisory Committee on Immunization Practices (ACIP), the National Vaccine Advisory Committee (NVAC), and the National Preparedness and Response Science Board.

Below we briefly outline pressing ID policy issues on which we look forward to collaborating with you and your staff: antimicrobial resistance, domestic and global public health infrastructure and preparedness, biomedical research and innovation, and a strong ID workforce.

### Antimicrobial Resistance<sup>1</sup>

Pathogens are increasingly resistant to available antimicrobial drugs, making some previously easily treatable infections life-threatening and requiring much longer hospital stays. Simultaneously, antibiotic research and development<sup>2</sup> (R&D) has dwindled, due largely to the lack of profit incentives. The National Action Plan for Combating Antibiotic Resistant Bacteria (CARB)<sup>3</sup> and the National Plan for Combating Multi-drug Resistant Tuberculosis have set forth important and achievable goals for reducing antibiotic resistance and infections and promoting research.

While recent bipartisan efforts have begun to strengthen our federal response to resistance, significant work remains to advance antimicrobial stewardship, surveillance, research and development. In response to questions submitted by Senators Hatch and Brown during your confirmation process, we were pleased to see you acknowledge the important role of HHS in combating resistance. Goals such as identifying resistance, educating the public about the threat of such infections will help advance innovative therapies to treat serious infections. We look forward to opportunities where we can work closely with you on these issues. We were also encouraged by your exchange with Senator Cassidy about antibiotic R&D during your confirmation hearing, and we hope to lend support for the much needed innovation in this area.

In addition to offering you the expertise of our members, IDSA also convenes the Stakeholder Forum on Antimicrobial Resistance (S-FAR), which boasts over 110 organizational members representing health care professionals, researchers, industry, public health, patients and advocates. We would greatly welcome opportunities for S-FAR to engage with you and your staff.

Further, our antimicrobial resistance efforts must extend beyond the U.S. borders. In September, the United Nations General Assembly adopted a declaration on antimicrobial resistance, but member nations must work together to achieve its goals. We are eager to work with you to position the U.S. as a global leader in combating antimicrobial resistance.

### Domestic and Global Public Health Programs, Infrastructure, and Preparedness

The Ebola and Zika virus outbreaks demonstrated that global infectious diseases emergencies can strike at any time and have major domestic impacts. As you correctly noted during your confirmation hearing, germs know no geographic boundaries. Typical needs that arise domestically and globally include surveillance and laboratory capacity to track outbreaks; research to understand the spread and the progression of disease; vaccine, diagnostic and therapeutic developments; health care facility and community preparedness; and direct patient

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<sup>1</sup>[http://www.idsociety.org/uploadedFiles/IDSA/Policy\\_and\\_Advocacy/Current\\_Topics\\_and\\_Issues/Advancing\\_Product\\_Research\\_and\\_Development/Bad\\_Bugs\\_No\\_Drugs/Press\\_Releases/IDSA%20Antibiotic%20Resistance%20Infographic%202016%20Final.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Advancing_Product_Research_and_Development/Bad_Bugs_No_Drugs/Press_Releases/IDSA%20Antibiotic%20Resistance%20Infographic%202016%20Final.pdf)

<sup>2</sup>[http://www.idsociety.org/uploadedFiles/IDSA/Policy\\_and\\_Advocacy/Current\\_Topics\\_and\\_Issues/Advancing\\_Product\\_Research\\_and\\_Development/Bad\\_Bugs\\_No\\_Drugs/Press\\_Releases/IDSA%20Antibiotic%20Incentives%20Infographic%202016%20Final.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Advancing_Product_Research_and_Development/Bad_Bugs_No_Drugs/Press_Releases/IDSA%20Antibiotic%20Incentives%20Infographic%202016%20Final.pdf)

<sup>3</sup>[https://www.whitehouse.gov/sites/default/files/docs/national\\_action\\_plan\\_for\\_combating\\_antibiotic-resistant\\_bacteria.pdf](https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf)

care. Unfortunately, U.S. responses to recent public health emergencies have been hampered by the slow pace of Congress to allocate needed emergency funding. IDSA hopes to succeed with you on producing a more effective approach. In particular, we support bipartisan congressional efforts to establish a new public health emergency fund that will enable rapid domestic and global action.

Public health emergencies rightfully capture significant attention. Perhaps not fully recognized is the daily essential work of our existing domestic and global public health systems. This foundation includes standards for immunizations, screening recommendations for communicable diseases, surveillance, outbreak investigations, laboratory infrastructure, and the public health workforce that must be trained, ready to respond to emergencies.

State and local public health departments rely upon the Centers for Disease Control and Prevention (CDC) for much of their funding, and in recent years this has been stretched dangerously thin. Critical domestic and global health programs including the Ryan White Care Act and the President's Emergency Plan for AIDS Relief provide life-saving services to individuals and communities and must be sustained to support our progress toward ending the HIV pandemic. Effective HIV treatment not only keeps individuals with the virus healthy but reduces their risk of transmitting HIV to others to near zero.

### **Biomedical Research and Innovation**

Biomedical research is necessary to bring forth life-saving new antimicrobial drugs, diagnostics and vaccines for patients. Such innovation is also an important engine for economic growth. We were happy to hear your repeated statements in support of innovation throughout the confirmation process. As Senator Collins emphasized during the Senate Health, Education, Labor and Pensions (HELP) Committee confirmation hearing, robust funding for the National Institutes of Health (NIH) is essential to support current research and to provide a foundation for optimism to inspire the next generation of researchers. Too many young people are forgoing research careers or pursuing such efforts outside of the U.S. due to concerns about the availability of research funding. The U.S. must also invest in the Biomedical Advanced Research and Development Authority (BARDA), which funds critical research on vaccines, diagnostics and antimicrobial drugs to prepare for pandemics, bioterror attacks, and other emergencies. Lastly, we also look forward to working with you on policies to promote private investment in biomedical research and development.

### **ID Physician Workforce**<sup>4</sup>

IDSA was encouraged to hear that you plan to bring together the best experts to figure out effective policies for addressing infectious diseases. We stand ready to assist you. Antimicrobial resistance, Zika virus infection, management of HIV infection, pandemic and bioterror preparedness—ID physicians are at the forefront of efforts to protect public health and national security. Unfortunately, fewer young physicians are pursuing careers in the field of ID. Substantial student loan debt leads many young physicians into other fields with higher compensation.

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<sup>4</sup>[http://www.idsociety.org/uploadedFiles/IDSA/Policy\\_and\\_Advocacy/Current\\_Topics\\_and\\_Issues/Workforce\\_and\\_Training/Background/VID%20Hill%20Leave%20Behind.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Workforce_and_Training/Background/VID%20Hill%20Leave%20Behind.pdf)

ID physicians primarily provide cognitive care with compensation through evaluation and management services. Unfortunately, this kind of care is undervalued by our current health care system compared to procedures. Many areas of medicine rely upon ID physicians to manage infection risk that allow for organ and bone marrow transplants, surgeries including joint replacements, chemotherapy, and other complex care. We are concerned that without investment in the next generation of ID physicians, the ability to safely perform much of this life-saving care will be jeopardized.

We urge you to address physician compensation to ensure appropriate reimbursement for cognitive evaluation and management services and to consider mechanisms for loan repayment for ID physicians who work in public health or provide ID services to underserved populations.

IDSA recognizes that you will face significant demands on your time and attention. Preventing and treating infectious diseases issues is central to high quality patient care and to sustaining and improving our nation's health. We greatly appreciate your medical expertise and look forward to the opportunity to work with you.

Sincerely,

A handwritten signature in cursive script that reads "Bill Powderly". The signature is written in dark ink and is positioned above the typed name.

William G. Powderly, MD, FIDSA  
President, IDSA