The Honorable Robert Aderholt
The Honorable Rosa DeLauro
U.S. House of Representatives
Washington, DC 20515

The Honorable Andy Harris
The Honorable Sanford Bishop, Jr.
U.S. House of Representatives
Washington, DC 20515

The Honorable Mario Diaz-Balart
The Honorable Lois Frankel
U.S. House of Representatives
Washington, DC 20515

May 22, 2025

Dear Chairs and Ranking Members of the Labor-HHS-Education, Agriculture-Rural Development-FDA, and National Security, State and Related Programs Appropriations Subcommittees:

The undersigned organizations, representing clinicians, scientists, patients, public health, animal agriculture and the biopharmaceutical and diagnostics industries, urge you to increase federal funding for domestic and global antimicrobial resistance (AMR) programs. We call for a comprehensive One Health approach that encompasses human, animal, and environmental health with increased funding for detection, prevention, stewardship, research, and innovation that requires a strong public health and biomedical research infrastructure at the federal, state and local levels.

Antimicrobial resistance is one of the greatest public health threats of our time. AMR contributes to more than 160,000 deaths in the United States each year. Worldwide, it is estimated that bacterial AMR was directly responsible for 1.27 million deaths in 2019 and contributed to 4.95 million deaths. Globally, AMR could result in $1 trillion in additional healthcare costs by 2050, and $1 trillion to $3.4 trillion in gross domestic product (GDP) losses per year by 2030. For example, sepsis, the body's life-threatening response to infection is a dangerous complication of AMR and is the number one cause of death and cost of care (at $62 billion annually) in U.S. hospitals. If we do not act now, by 2050 antimicrobial-resistant infections are expected be a leading cause of death globally.

Infections are a primary or associated cause of death in 50% of patients with cancer, as AMR can make these infections difficult or impossible to treat. AMR has a disproportionate impact on certain communities due to variance in risk of exposure, susceptibility to infection or treatment received. Rates of several serious antimicrobial-resistant infections, including community-associated MRSA, are higher incidence in Black populations.

Addressing AMR is central to strengthening our national security and preparedness for future public health emergencies, as patients with respiratory infections, serious wounds or burns, or other conditions requiring hospitalization are all at risk for secondary resistant infections. Safe and effective antimicrobials are essential to enable modern medical advances, including cancer chemotherapy, organ transplantation and other complex surgeries, which all carry a risk of infection.

Unfortunately, the pipeline of new antimicrobials in development is insufficient to meet patient needs. Small companies that are responsible for nearly all current antimicrobial innovations are struggling to stay in business. Factors unique to antimicrobials, including the need for their judicious use, make it challenging for companies to earn a return on investments in antimicrobial research and development. Additionally, new diagnostic tools are needed to help guide appropriate antimicrobial use and detection, and greater investments are needed to support prevention and antimicrobial stewardship. We are woefully behind in the development of rapid, accurate diagnostic tests that 1) determine infectious from non-infectious syndromes, 2) distinguish among bacterial, fungal, parasitic and viral infections; 3) identify the specific pathogen; and 4) test for antimicrobial susceptibility patterns. In addition to optimizing the use of current diagnostics, further investment is needed to develop the next generation of low-cost diagnostics that can provide rapid analysis of resistance and differentiation of infection type.

Increased federal appropriations commensurate with the gravity and importance of AMR are urgently needed to improve our defenses against this escalating health crisis. For FY2026, we recommend:

Labor, Health and Human Services, Education and Related Agencies

The Centers for Disease Control and Prevention (CDC)
We recommend $400 million in funding for the **Antibiotic Resistance Solutions Initiative.** This is needed to maintain antimicrobial stewardship across the continuum of care; sustain state and local grant awards; fortify the AR Laboratory Network globally and domestically to strengthen the identification, tracking and containment of deadly pathogens; support antimicrobial resistance (AMR) research and epicenters; and continue public and health care professional education and awareness. Clinicians see the impact that AMR has on patients. **Without a significant increase in funding, most states will experience a more than 50% reduction in support for efforts to address healthcare associated infections (HAIs), laboratory networks and testing for drug resistant pathogens as existing funding is set to expire.**

We recommend $50 million for the **Advanced Molecular Detection (AMD) Initiative.** Established by Congress in FY 2014, the CDC's AMD program has enabled the agency to rapidly incorporate next generation sequencing in laboratories across the country to bring greater accuracy, speed, and consistency to the detection and tracking of dangerous and disruptive foodborne illnesses, influenza, antimicrobial resistance, and infectious disease outbreaks.

We recommend $60 million for the **National Healthcare Safety Network (NHSN).** NHSN needs $60 million in order to sustain it at the current operational level with most modernization efforts completed. NHSN speeds access to data, bolsters data collection on antibiotic use and

resistance in healthcare facilities and provide technical support for more than 65,000 users of NHSN.

We recommend $692.84 million overall for the **CDC Center for Global Health**, including the **Division of Global Health Protection** ($293.2 million). Funding would sustain global health capacity to address health threats in 60 countries before they reach the U.S. Funding would enhance ID surveillance, antibiotic use, and train ID experts in 30 countries.

Administration for Strategic Preparedness and Response (ASPR)
We recommend funding of $330 million to support **the Broad-Spectrum Antimicrobials Program** and **CARB- X** at the **Biomedical Advanced Research and Development Authority (BARDA).** The BARDA broad spectrum antimicrobials and antifungals program and CARB-X leverage public/private partnerships to develop innovative products that prevent, detect, and treat resistant infections. These efforts have led to new FDA approved antimicrobials. Despite this progress, the pipeline of new antimicrobials and antifungals in development is insufficient to meet patient needs.

We recommend funding of $200 million for the **Project BioShield Special Reserve Fund, Broad Spectrum Antimicrobials**. 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 antimicrobials to market, but those companies now struggle to stay in business and two filed for bankruptcy in 2019, with others on similar trajectories. In 2019, SRF funds supported a contract for a company following approval of its antibiotic—a phase in which small biotechs that develop new antimicrobials are particularly vulnerable. In October 2022, a second contract was awarded through Project BioShield to support the development and procurement of a novel antimicrobial product that addresses multidrug resistant infections and supports national preparedness efforts. Full funding is needed to expand this approach.

National Institutes of Health (NIH)
We recommend $7.29 billion for the **National Institute of Allergy and Infectious Diseases,** including $608 million for **AMR Research at NIAID**. Funding of $7.161 billion for NIAID, including $608 million for AMR research in FY2026, would allow NIAID to address AMR while carrying out its broader role in supporting ID research.

Increased funding would support the training of new investigators to improve ID research capacity, strengthen clinical trial infrastructure to boost preparedness, 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.

<u>Department of Agriculture -Food and Drug Administration</u>
Food and Drug Administration
We recommend $20 million to support FDA's One Health efforts to combat antibiotic resistance bacteria. This level of support is required to measure changes in antimicrobial stewardship in animals and to protect antibiotic effectiveness for human and animal populations. With suggested

resources, FDA can make progress on the remaining goals of its current plan to promote antibiotic stewardship in veterinary settings, including updating the National Antimicrobial Resistance Monitoring System (NARMS) to make it consistent with One Health principles, and issuing a final guidance on establishing duration limits to ensure that all FDA-approved veterinary indications carry duration limits needed to protect public health. This funding could also advance FDA's plan to create and implement a functional and efficient system for collecting antimicrobial use data in animals. This additional funding is needed to assist academic institutions and other partners in the development of veterinary educational materials, and support surveillance capacity-building through FDA's Veterinary Laboratory Investigation and Response Network (Vet- LIRN).

US Department of Agriculture (USDA)
We recommend an increase of $85 million for antimicrobial resistance priorities at USDA. With most emerging diseases and pandemics originating from animals, including food animals, USDA needs more resources to support its work on biodefence to protect both people and animals from resistant infections that are transmitted between humans and animals (zoonosis). An increase of $25 million for the Animal and Plant Health Inspection Service is needed to strengthen the Zoonotic Disease Management program, which has been chronically underfunded, and to support the National Animal Health Laboratory Network (NAHLN). At least $60 million in additional funding is needed for Research, Education, and Economics to support agricultural research at USDA's Agricultural Research Service (ARS) and the National Institute of Food and Agriculture (NIFA) Agriculture and Food Research Initiative (AFRI). These funds will enable USDA investigators and scientists at public universities, veterinary colleges and other research settings to better understand the factors driving the emergence of resistant pathogens, and help producers find new vaccines, antibiotic alternatives and improved animal management and husbandry practices that can be shared directly with farmers and livestock growers through USDA's Cooperative Extension Service.

<u>Department of State and Foreign Operations</u>
USAID global health security ($700 million), USAID Tuberculosis (TB) Program ($394.5 million) and the Global Fund to Fight AIDS, Tuberculosis and Malaria ($1.65 billion): $700 million for USAID's global health security program would provide technical assistance to partner countries to combat AMR and strengthen global capacities address outbreaks while improving U.S. and global health security. Funding for USAID's TB program and the Global Fund would help reduce drug-resistant forms of malaria and TB.

Report language requested:
Diagnostics.—The Committee recognizes that accurate and timely diagnostics are critical for the early detection and containment of infectious diseases and prevention of antimicrobial resistance (AMR) to protect U.S. national security. The Committee directs the agency to make funds available to strengthen diagnostics for infectious diseases and prevention of AMR and to leverage its investments to strengthen capacity and infrastructure to support adoption of, and access to, diagnostics.

Conclusion

We greatly appreciate your leadership in providing strong investments in AMR in FY2026. We urge you to continue to place a high priority on AMR to continue making strides to protect patients and public health and spur needed innovation.

Sincerely,

Acurx Pharmaceuticals, Inc
AdvaMed Dx
Aequor Inc.
Alliance for Aging Research
Alliance for Women's Health and Prevention
Alphabet Health Consulting
American Academy of Allergy, Asthma & Immunology
American Academy of Pediatrics
American Association of Avian Pathologists
American Association of Bovine Practitioners
American Association of Colleges of Pharmacy (AACP)
American Association of Small Ruminant Practitioners
American Association of Veterinary Medical Colleges
American College of Allergy, Asthma & Immunology
American College of Clinical Pharmacy
American College of Emergency Physicians
American Pharmacists Association
American Public Health Association
American Society of Microbiology (ASM)
American Society of Tropical Medicine and Hygiene
Antibiotic Resistance Action Center, Milken Institute School of Public Health, George Washington University
Appili Therapeutics USA
ArrePath, Inc.
Arthritis Foundation
Association for Professionals in Infection Control and Epidemiology (APIC)
AUROBAC THERAPEUTICS
AyuVis Research
Bactria Pharmaceuticals, LLC
Baylor College of Medicine
BD (Becton, Dickinson and Co.)
BIO
Biomarker Collaborative
Biomeme, Inc.
bioMerieux
BioNJ
Blacksmith Medicines
Bronchiectasis and NTM Association
BU School of Medicine and VA Boston Healthcare system
BUGWORKS RESEARCH INC

CancerCare
Caregiver Action Network
Center for Science in the Public Interest
Coalition of Skin Diseases
Consultant-antimicrobial research
COPD Foundation
Council of State and Territorial Epidemiologists
CUBRC, Inc.
Curza, Inc
Cystic Fibrosis Foundation
Donum Therapeutics
Eckburg Medical Consulting LLC
Evotec
Exon 20 Group
F2G Inc
Febris Therapeutics, Inc
Five Horizons Health Services
Food and Animal Concerns Trust (FACT)
Foundation for Neglected Disease Research
Gerontological Society of America
GSK
Harvard Medical School
Harvard Medical School/Brigham and Women's Hospital
Health Care Without Harm
HealthCare Institute of New Jersey (HINJ)
HealthHIV
Healthy Men Inc.
HealthyWomen
Hesed Medical Associates
HIV Medicine Association
HSC College of Pharmacy - PreClinical Research
iBIO
ICAN, International Cancer Advocacy Network
Immune Deficiency Foundation
Infectious Disease Society of America (IDSA)
Integrated Pharma Services
Kathera Bioscience Inc
Keck School of Medicine of University of Southern California
Life Science TN
Life Sciences Pennsylvania
LST Strategies LLC
Lupus and Allied Diseases Association, Inc.
Lymphoma Research Foundation
Making-A-Difference in Infectious Diseases
McCarthy Consultants, Inc.
MerLion Pharmaceuticals Incorporated

MET Crusaders
Microbion Corporation
MRIGlobal
MyCARE Foundation
Mycoses Study Group and Education Consortium
NASTAD
National Association of Pediatric Nurse Practitioners
National Coalition for LGBTQ Health
National Consumers League
National Health Council
National Hispanic Health Foundation
National Organization for Rare Disorders
National Tuberulosis Coalition of America
NC Public Health Association
NOBiotics
Novo Holdings US Inc.
NTM Info & Research, Inc.
NutriForward, LLC
Omnix Medical
One Health Trust
Oregon Coalition of Local Health Officials
Partnership to Fight Infectious Disease
PD-L1 Amplifieds
Pediatric Infectious Diseases Society
Pharmacometric Consulting, LLC
Pharmalar Consulting LLC
PHIOGEN
Public Interest Research Group
Recce Pharmaceuticals Ltd
Renal Physicians Association
Sanderling Consulting LLC
Sepsis Alliance
Sequella, Inc.
Shionogi Inc.
Small World Initiative
Society for Healthcare Epidemionlogy of America
Society for Public Health Education
Society of Critical Care Medicine
Society of Infectious Diseases Pharmacists
Spina Bifida Association
STChealth
Stuart B Levy Center for Integrated Management of Antimicrobial Resistance at Tufts
The Bonnell Foundation: Living with cystic fibrosis
The Center for Science in the Public Interest CSPI
Treatment Action Group (TAG)
Trust for America's Health

United Cerebral Palsy
Upstream Population Health
Vibrant Biomedicines, Inc.
Waksman Institute of Microbiology, Rutgers, The State University of New Jersey
Zavante Royalty Corporation