September 16, 2022

The Honorable Rosa DeLauro
Chair
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Patrick Leahy
Chair
Committee on Appropriations
United States House of Representatives
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20510

Subject: Infectious Diseases Programs in FY2023 Appropriations Bill

Dear Chair DeLauro, Ranking Member Granger, Chair Leahy and Ranking Member Shelby:

On behalf of the Infectious Diseases Society of America (IDSA), we strongly urge you to finalize an FY2023 omnibus appropriations bill that provides full funding for domestic and global infectious diseases (ID) programs necessary to protect public health; prevent, prepare for and respond to outbreaks and other emergencies; spur biomedical research; and support early career ID physicians and scientists. We strongly urge you to avoid a long-term Continuing Resolution that would jeopardize the predictability that researchers and public health departments require and delay much needed increases in vital efforts included in proposed House and Senate appropriations bills to combat infectious diseases threats.

IDSA represents over 12,000 ID physicians, scientists and other healthcare and public health professionals devoted to patient care, prevention, public health, education, and research in the area of infectious diseases. Our members care for patients with serious infections, including influenza, HIV/AIDS, tuberculosis, viral hepatitis, infections associated with opioid use, infections associated with cancer and transplantation, as well as infections that are resistant to available antimicrobials. Our members are on the frontlines of pandemics and outbreaks, and also help combat other emerging infectious diseases.

IDSA is particularly grateful that House and Senate appropriators prioritized the federal response to antimicrobial resistance (AMR) in their proposed bills, as evidenced by crucial increased investments in the CDC Antibiotic Resistance Solutions Initiative and other federal programs that address AMR, and Senate language endorsing the de-linkage of antibiotic revenues from sales in order to revitalize antibiotic research and development.

Below we outline specific priorities from the FY2023 proposed House and Senate appropriations bills that we urge you to include in the omnibus.
Centers for Disease Control and Prevention

Antibiotic Resistance Solutions Initiative

We urge $212 million in funding for the Antibiotic Resistance Solutions Initiative in FY2023, as provided in the Senate-released bill. IDSA members see the impact daily that AMR has on patients, including individuals with COVID-19. A report from the Centers for Disease Control and Prevention found that U.S. antimicrobial-resistant infections and deaths rose 15% in 2020 due to the COVID-19 pandemic, wiping out progress made in 2012-2017 to lower U.S. deaths from AMR.

If we do not act now, by 2050 antibiotic resistant infections are expected be the leading cause of death globally. Increased funding at the level provided in the Senate bill would help expand antibiotic stewardship across the continuum of care; increase 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 Prevention Epicenters, and increase public and healthcare professional education and awareness activities.

Advanced Molecular Detection (AMD)

AMD strengthens CDC’s epidemiologic and laboratory expertise to effectively detect and respond to the ever-expanding universe of emerging diseases and deadly pathogens. FY2023 funding of $50 million, as provided in the House and Senate LHHS bills is required to ensure continued innovation in the detection and tracking of existing and emerging resistant pathogens. Funding would also enable federal, state, and local public health laboratories to expand the use of pathogen genomics, sustain important partnerships with academic research institutions, and bolster training to ensure integration of genomics into AMR surveillance and response. The pandemic has resulted in a substantial ramping up of CDC capacity for sequencing pathogens. CDC is in the process of establishing “Centers of Excellence,” linking together public health agencies and private sector partnerships focused on pathogen genomics and molecular epidemiology. $50 million in funding would help sustain the Centers of Excellence and support ongoing AMD activities.

National Healthcare Safety Network

FY2023 funding of $31 million for the National Healthcare Safety Network (NHSN) as provided in the House and Senate LHHS bills will help enable the program to modernize, alleviate reporting burdens and speed access to actionable data, which help measure and drive progress toward optimizing antibiotic use and reducing resistance. Increased funding would provide access to technical support for more than 65,000 staff at health care facilities who use NHSN.

Center for Global Health

IDSA urges the Subcommittee to provide $760 million in FY2023 funding as included in the House LHHS bill, including $353 million for CDC’s Division of Global Health Protection to prevent, detect and respond to infectious disease threats in the places they originate before they reach American soil. In light of the monkeypox outbreak and the ongoing COVID-19 pandemic, increased resources for this vital CDC program are needed to improve global health capacity to stop threats where they emerge as well as address growing drug resistance in low- and middle-income 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.
Infectious Diseases and Opioids
IDSA urges $43 million in funding in FY2023 as provided in the House and Senate LHHS bills to address infections associated with opioid use. 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. Funding would allow CDC to expand surveillance and prevention for infectious diseases commonly associated with injection drug use, including HIV, viral hepatitis and endocarditis.

Assistant Secretary for Preparedness and Response (ASPR)
Biomedical Advanced Research and Development Authority (BARDA)
IDSA urges $845 million as provided in the House LHHS bill for BARDA, which will help support increased funding for BARDA’s broad spectrum antimicrobials program and CARB-X. These programs leverage public/private partnerships to develop products to combat AMR and have supported the development of new FDA approved antibiotics. Despite the progress made, the pipeline of new antibiotics in development is insufficient to meet patient needs, and increased funding is needed to 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.

We urge $800 million in funding for the Project BioShield Special Reserve Fund (SRF) as provided in the House LHHS bill, which 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 biotech companies that develop new antibiotics are particularly vulnerable. Additional funding at the House level is needed to expand this approach to better support the antibiotics market.

We also applaud the inclusion of report language in the Senate-released LHHS explanatory statement that endorses an IDSA-supported proposal included in the Administration’s FY2023 budget to revitalize antimicrobial research and development by delinking antimicrobial revenue from volume of sales. This language aligns with the bipartisan Pioneering Antimicrobial Solutions to End Upsurging Resistance (PASTEUR) Act, and we urge its inclusion in any final funding bill.

National Institutes of Health
National Institute of Allergy and Infectious Diseases
Within NIH, NIAID should be funded at $6.642 billion as included in the House LHHS bill, with $565 million for antimicrobial resistance research, as included in the Senate LHHS bill. NIAID plays a leading role in research for new rapid ID diagnostics, vaccines and therapeutics. Funding of $6.642 billion for NIAID, including $565 million for AMR research would allow NIAID to address AMR while carrying out its broader role in supporting infectious diseases research. Increased FY2023 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.

**John C. Fogarty Center**

Additionally, we urge $99 million in FY2023 funding as provided in the House legislation, for the Fogarty Center to improve global health security and strengthen our ability to detect and respond to pandemics. Fogarty-funded breakthroughs have directly contributed to advances in such infections as HIV, tuberculosis and malaria.

**State and Foreign Operations Appropriations (SFOPs)**

**Department of State**

*President’s Emergency Plan for AIDS Relief (PEPFAR)*

We urge $4.395 billion in FY2023 funding for the President’s Emergency Plan for AIDS Relief, as provided in the House SFOPs bill. This funding level will help enable 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 19.9 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 10 million people living with HIV still require immediate treatment, and in 2021, there were 1.5 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.

**U.S. Agency for International Development (USAID)**

*Global Health Security*

$1 billion is needed in FY2023 for Global Health Security, as provided in the House bill. 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 address the impacts of COVID-19 on AMR.

*Tuberculosis Program and the Global Fund to Fight AIDS, TB and Malaria*

IDSA urges FY 2022 funding of $469 million for USAID’s TB program as provided in the House bill, and $2 billion for the Global Fund as provided in both the House and Senate bills. 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 the second biggest infectious disease killer globally, just behind COVID-19. 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.
Conclusion
Thank you for the attention given to infectious diseases. We urge you to enact an omnibus appropriations package before the end of 2021 that provides increased funding for infectious diseases programs and appropriately prioritizes the federal response to AMR in FY2023. Now more than ever, patients, public health and our nation's security all depend on your leadership and funding. If we can serve as a resource for your efforts, please have your staff contact Lisa Cox, IDSA Director of Government Relations, at lcox@idsociety.org.

Sincerely,

Daniel McQuillen, MD, FIDSA
President, IDSA

cc: The Honorable Patty Murray
    The Honorable Roy Blunt
    The Honorable Tom Cole
    The Honorable Barbara Lee
    The Honorable Hal Rogers
    The Honorable Chris Coons
    The Honorable Lindsey Graham