

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

March 19, 2026

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 170,000 deaths in the United States each year. 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 to 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 also has a disproportionate impact on certain communities due to variance in risk of exposure, susceptibility to infection or treatment received.

Addressing AMR is central to strengthening our national security and preparedness for future 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 FY2027, 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 \$175 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 39,000 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 sixty countries before they reach the U.S. Funding would enhance ID surveillance, antibiotic use, and train ID experts in thirty 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 \$7.15 billion for the **National Institute of Allergy and Infectious Diseases**, including \$614 million for **AMR Research at NIAID**. Funding of \$7.15 billion for NIAID, including \$614 million for AMR research in FY2027, would allow NIAID to address AMR while conducting 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.

#### **Department of Agriculture -Food and Drug Administration**

##### **Food and Drug Administration**

We recommend \$20 million to support FDA's One Health efforts to combat antibiotic-resistant 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 align with One Health principles and finalizing the agency's updated list of medically important antibiotics, which has not been revised since 2003. This funding could also advance FDA's plan to create and implement a functional and efficient system for collecting antimicrobial use data in animals. Sales of antibiotics for use in animals jumped 16% in 2024, underscoring the need for better data to understand and address the factors driving future increases. 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 biodefense 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). This is especially important now with the threat of emerging zoonosis such as avian influenza and new world screw worm. 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.

### **Department of State and Foreign Operations**

#### **USAID global health security (\$700 million), USAID Tuberculosis (TB) Program (\$394.5 million) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (\$1.533 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:

Diagnosics.—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 FY2027. 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,