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

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

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

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

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

The Honorable Lois Frankel
U.S. House of Representatives
Washington, DC 20515

May TBD, 2025

Dear Chairs and Ranking Members of the Labor-Health and Human Services, Education and Related Agencies, Agriculture-Rural Development-FDA and Related Agencies, and National Security, Department of 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. Drug-resistant infections kill over 170,000 people in the US every 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 additional healthcare costs by 2050, and $1 trillion to $3.4 trillion gross domestic product (GDP) losses per year by 2030. If we do not act now, by 2050 antibiotic resistant infections are expected be the 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 antibiotic 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 antibiotics in development is insufficient to meet patient needs. Small companies that are responsible for nearly all current antibiotic innovations are struggling to stay in business. Factors unique to antibiotics, including the need for their judicious use, make it challenging for companies to earn a return on investments in antibiotic research and development. Additionally, new diagnostic tools are needed to help guide appropriate antibiotic use and detection, and greater investments are needed to support prevention and antibiotic 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 antibiotic 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 antibiotics. Despite this progress, the pipeline of new antibiotics 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 antibiotics 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 antibiotics 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 multi-drug 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

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 resistance bacteria. This level of support is required to measure changes in antibiotic 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 and 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.

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 ($1.65 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,