

June 28, 2017

The Honorable Tom Cole  
U.S. House of Representatives  
2467 Rayburn House Office Building  
Washington, DC 20515

The Honorable Rosa DeLauro  
U.S. House of Representatives  
2413 Rayburn House Office Building  
Washington, DC 20515

The Honorable Robert Aderholt  
U.S. House of Representatives  
235 Cannon House Office Building  
Washington, DC 20515

The Honorable Sanford Bishop  
U.S. House of Representatives  
2407 Rayburn House Office Building  
Washington, DC 20515

The Honorable Hal Rogers  
U.S. House of Representatives  
2406 Rayburn House Office Building  
Washington, DC 20515

The Honorable Nita Lowey  
U.S. House of Representatives  
2365 Rayburn House Office Building  
Washington, DC 20515

Dear Chairs and Ranking Members of the Labor-HHS-Education, Agriculture, and State-Foreign Ops Appropriations Subcommittees:

The President's Fiscal Year 2018 (FY18) budget proposes deep cuts to initiatives that are crucial to combating antimicrobial resistance (AMR). The undersigned organizations, representing health care providers, scientists, patients, public health, and industry, urge you not only to reject these cuts, but to provide the robust funding needed to address this urgent public health threat. We ask that you continue Congress's bipartisan support for AMR that reflects the US commitment to infection prevention, antimicrobial stewardship, surveillance, and innovation.

The Centers for Disease Control and Prevention (CDC) acknowledges in its own Congressional Justification that at least 23,000 people in the US die due to antibiotic resistant infections and at least another 2 million are sickened every year. These infections result in an additional \$20 billion per year of excess costs to our health care system. Earlier this year the Infectious Diseases Society of America released its Faces of Antimicrobial Resistance report, in collaboration with partners from the Stakeholder Forum on Antimicrobial Resistance (S-FAR). This report shared patient stories to demonstrate that not only are these infections a threat to public health, but if the patients survive, their lives are often changed forever. We are concerned that the gravity and importance of AMR is not reflected in the President's Budget Request (PBR) and would like to bring to your attention several key AMR priority programs that we believe should be fully funded in FY2018.

**Biomedical Advanced Research and Development Authority (BARDA)**

While we were encouraged to see that BARDA was level funded in the PBR at \$512 million, we recommend funding of at least \$560 million given the vital role BARDA plays in leveraging public private partnerships to accelerate research and development of much needed antimicrobials to combat the growing number of resistant organisms. In 2017, BARDA along with the National Institute of Allergy and Infectious Diseases teamed up with many other think-tanks and non-profits to launch CARB-X. CARB-X is an initiative that seeks to spur the development of antibiotics through the formation of public-private partnerships for both funding and research and development assistance for promising new antibiotics.

**The Centers for Disease Control and Prevention (CDC)**

We are extremely concerned that not only does the President's FY18 budget cut the CDC's Antibiotic Resistance Solutions Initiative (ARSI) by \$22,696,000, but it moves its funding source to the Prevention

and Public Health Fund, which the Administration is seeking to eliminate. Removing or reducing these funds would disassemble our national infrastructure to fight AMR threats and drastically limit CDC 's and state health departments' capacity to detect and track resistant threats, respond to and contain outbreaks of resistant pathogens, and support prevention and stewardship activities. A cut of this magnitude would impact every aspect of CDC's work to protect us from AMR, including its support for state public health labs and research collaborations with academic institutions.

Globally, approximately 700,000 deaths are attributable to AMR. Multidrug resistant tuberculosis (MDR-TB) accounts for the majority of these deaths and it is expected to become much more common in the countries that already have the bulk of the world's MDR-TB. The CDC's Center for Global Health has several programs that do significant work to help address our issues in the US by studying the resistance patterns of organisms overseas before they have a chance to get to our shores. The \$76 million dollar cut proposed in the PBR would threaten our nation's role as a global leader in combating AMR.

CDC's Advanced Molecular Detection (AMD) program helps to ensure that state and regional laboratories have the most cutting edge technology to help identify and analyze resistant organisms. Being able to track the spread and mutation using these techniques is a strong tool in the fight against AMR. AMD was funded at \$30 million in FY2017 and in the FY2018 PBR, and we recommend funding of at least \$30 million in FY2018. Funding for the National Healthcare Safety Network (NHSN) is needed to expand tracking of antibiotic use and resistance patterns in more healthcare facilities. These data are essential for tracking resistance threats and evaluating efforts to limit the development of resistance and reduce inappropriate antibiotic use. We request at least \$21 million for NHSN, which is consistent with funding in FY2017 and in the FY2018 PBR.

### **National Institutes of Health**

The National Institute of Allergy and Infectious Diseases (NIAID) is a world leader on research related to AMR. We recommend funding of at least \$4.961 billion to support this work. The proposed cut of over \$1.1 billion dollars in the FY2018 PBR jeopardizes vast amounts of research into how to combat the ever-evolving threat posed by resistant microbes. NIAID is also a lead funder of research to discover novel antimicrobials, diagnostics and vaccines that are urgently needed to address multi-drug resistant organisms.

### **Antibiotics in Agriculture**

Experts agree that a One Health approach, including both human and animal health, is essential for combating antimicrobial resistance. The US Food and Drug Administration (FDA) Center for Veterinary Medicine (CVM) received a \$50 million cut in the FY2018 PBR, which is just slightly under a third of its funding. FDA has made important progress in curbing inappropriate antibiotic use in animals through additional veterinary oversight. This drastic cut to the CVM will curtail FDA's ability to work with stakeholders to promote stewardship in agricultural settings.

The US Department of Agriculture sponsors significant amounts of research in the area of antimicrobials in agriculture and how that affects AMR in humans. The 21% cut being proposed in the PBR would hinder the ability of many of their AMR related programs to continue. We are particularly concerned that deep cuts to USDA's Animal and Plant Health Inspection Service (APHIS) will undermine the agency's important work addressing antibiotic stewardship and surveillance that Congress recently funded in the FY2017 omnibus. We also applaud USDA's past investments in agricultural research related to antibiotic resistance in animal agriculture, and we strongly oppose the requested reductions in discretionary funding for the Agricultural Research Service (ARS) and the National Institute of Food and Agriculture (NIFA).

Both the USDA and FDA collaborate with the CDC for an important AMR surveillance system: the National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS). This national public health surveillance system tracks changes in the antimicrobial susceptibility of certain enteric (intestinal) bacteria found in ill people (CDC), retail meats (FDA), and food animals (USDA) in the United States. The NARMS program at CDC helps protect public health by providing information about emerging bacterial resistance, the ways in which resistance is spread, and how resistant infections differ from susceptible infections.

#### **United States Agency for International Development (USAID)**

The President's budget proposal includes a \$62.6 million – or 26 percent – cut to the U.S. Agency for International Development's global tuberculosis program, which supports high-quality screening, diagnosis and treatment services for patients affected by multidrug-resistant TB. USAID also leads efforts to expand treatment to more patients infected with MDR-TB in the 10 highest burden countries, strengthen diagnostic and surveillance capacities globally, and accelerate basic and applied research and development to combat MDR-TB.

Once again, we greatly appreciate your leadership in providing strong investments in AMR in FY2016 and FY2017. We urge you to continue to place a high priority on AMR in order to continue making strides to protect patients and public health and spur needed innovation.

Signed,

Accelerate Diagnostics

AdvaMedDx

Alliance for the Prudent Use of Antibiotics

American Academy of Allergy, Asthma, and Immunology

American Academy of Pediatrics

American Association of Avian Pathologists

American Association of Bovine Practitioners

American Association of Swine Veterinarians

American College of Rheumatology

American Gastroenterological Association

American Society for Microbiology

American Society of Transplant Surgeons

American Society of Transplantation

American Thoracic Society

American Veterinary Medical Association

Animal Health Institute

Antimicrobials Working Group (Amplify Pharmaceuticals, Arsanis, Cempra, Cidara Therapeutics, ContraFect, Iterum Therapeutics, Melinta Therapeutics, Nabriva Therapeutics, Paratek, Scynexis, Theravance, Viamet, Zavante Therapeutics)

Association for Professionals in Infection Control and Epidemiology

Association of American Veterinary Medical Colleges

Association of Public Health Laboratories

BD (Becton Dickinson & Company)

bioMerieux  
Biotechnology Innovation Organization (BIO)  
Center for Disease Dynamics, Economics & Policy  
Center for Foodborne Illness Research & Prevention  
Consumer Federation of America  
Council of State and Territorial Epidemiologists  
Duke Center for Antimicrobial Stewardship and Infection Prevention  
Emory Antibiotic Resistance Center  
Food Animal Concerns Trust  
George Washington University Antibiotic Resistance Action Center  
GlaxoSmithKline  
Global Health Council  
Health Care Without Harm  
HIV Medicine Association  
Infectious Diseases Society of America  
John Hopkins Center for a Livable Future  
Keep Antibiotics Working  
Making-A-Difference in Infectious Diseases  
March of Dimes  
National Association of County and City Health Officials  
National Association of Pediatric Nurse Practitioners  
National Athletic Trainers Association  
National Tuberculosis Controllers Association  
NovaDigm Therapeutics  
ONCORD Inc.  
Pediatric Infectious Diseases Society  
Peggy Lillis Foundation  
Pure Cultures  
Research!America  
RESULTS  
Society of Infectious Diseases Pharmacists  
Spero Therapeutics  
TB Alliance  
The American Society of Tropical Medicine and Hygiene  
The Foundation to Combat Antimicrobial Resistance  
The Gerontological Society of America  
The Pew Charitable Trusts  
The Society for Healthcare Epidemiology of America  
Theravance Biopharma  
Treatment Action Group  
Trust for America's Health