

# Congress of the United States

Washington, DC 20515

March 24, 2023

The Honorable Robert Aderholt  
Chair  
Subcommittee on Labor, Health and Human  
Services, and Education Appropriations  
Committee on Appropriations  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, and Education Appropriations  
Committee on Appropriations  
Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro,

As you begin consideration of Fiscal Year 2024 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations legislation, we ask that you increase support for a comprehensive federal response to antimicrobial resistance (AMR), commensurate with the threat AMR poses to patient care, public health and preparedness. We must continue to improve our defenses against this escalating health crisis. We are encouraged that the President's Budget Request for FY24 prioritizes AMR in multiple ways, including a proposal to strengthen antibiotic research and development through the use of federal contracts that delink payments for novel antimicrobials from their use.

Antimicrobial resistance is rendering lifesaving medicines ineffective, jeopardizing medical procedures that rely upon antibiotics, including cancer chemotherapy, transplantation, caesarian sections, other surgeries, treatment of serious wounds and burns, and care of complex patients. According to CDC, 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, have a higher incidence in Black populations.

Drug-resistant infections sicken at least 2.8 million and kill at least 35,000 people annually in the U.S. 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. According to a 2022 [CDC report](#), the rates of drug-resistant infections in the U.S. is skyrocketing. U.S. antimicrobial-resistant infections and deaths in hospitals rose 15% in 2020 due to the COVID-19 pandemic, wiping out progress made in 2012-2017 to lower U.S. deaths from AMR. At least 35,000 people in the U.S. die of antibiotic resistant infections each year. The burden of resistance is likely much higher, but our surveillance is not able to capture the full picture and the pandemic worsened data gaps. In 2019, almost 1.3 million deaths worldwide were directly caused by AMR. If we do not act now, by 2050 antibiotic resistant infections will be the leading cause of death globally - surpassing cancer - and could cost the world \$100 trillion.

It is estimated that 30 to 50 percent of antibiotic prescriptions are inappropriate. Preserving the effectiveness of antibiotics, by reducing overuse and misuse, must be prioritized. The pipeline of new antibiotics in development is insufficient to meet patient needs. The imminent collapse of the antibiotic market is exacerbating this threat, and small companies that are responsible for nearly all current antibiotic innovation are facing bankruptcy because factors unique to antibiotics, including the need for judicious use, make it challenging for companies to earn a return on investments in antibiotic research and development.

Congress must fully support the funding necessary to significantly reduce the burden of AMR, including:

### **Centers for Disease Control and Prevention**

- **Antibiotic Resistance Solutions Initiative (\$400 million):** This funding is needed to expand antibiotic stewardship across the continuum of care, double state and local grant awards, expand the AR Laboratory Network globally and domestically to strengthen the identification, tracking and containment of deadly pathogens, support AMR research and epicenters, and increase public and health care professional education and awareness. Congress's investments in the program are making a difference, but additional resources are necessary to escalate the fight against AMR.
- **National Healthcare Safety Network (\$100 million):** Full funding is needed to modernize and automate NHSN to alleviate reporting burden and speed access to actionable data. Funding would bolster data collection on antibiotic use and resistance in healthcare facilities, expand COVID-19 reporting, and provide technical support for more than 65,000 users of NHSN.
- **Advanced Molecular Detection Initiative (\$175 million):** Funding would ensure continued innovation in the detection and tracking of existing and emerging 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 infectious disease surveillance and response, including resistant pathogens.
- **Division of Global Health Protection (\$842.8 million):** Full funding is needed to improve global capacity to identify and stop threats before they reach U.S. soil as well as address growing drug resistance in low-income countries. Specifically, funding would enhance infectious disease surveillance, strengthen laboratory capacity, train health care workers and epidemiologists and support emergency operations centers. CDC experts provide technical assistance to 30 countries and work to detect resistant threats, prevent and contain resistant germs, and improve antibiotic use.

### Assistant Secretary for Preparedness and Response (ASPR)

- **Biomedical Advanced Research and Development Authority, Broad Spectrum Antimicrobials and CARB-X (\$330 million):** The BARDA broad spectrum antimicrobials 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 in development is insufficient to meet patient needs, and full funding is needed to prevent a post-antibiotic era.
- **Project BioShield Special Reserve Fund, Broad Spectrum Antimicrobials (\$200 million):** 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. In December 2019, with others on similar trajectories. 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 to better support the antimicrobial market.

### National Institutes of Health (NIH)

- **National Institute of Allergy and Infectious Diseases (\$7.060 billion/\$608 million for AMR research):** Funding at this level would allow NIAID to address AMR while carrying out its broader role in supporting infectious diseases research. Increased funding would support the training of new investigators; 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.

There is an urgent need for continued action on antimicrobial resistance. We urge you to prioritize increased funding for AMR as the FY2024 appropriations process moves forward. Thank you for your consideration of this request.

Sincerely,



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Chellie Pingree  
Member of Congress



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Earl L. "Buddy" Carter  
Member of Congress



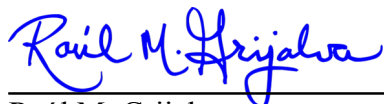
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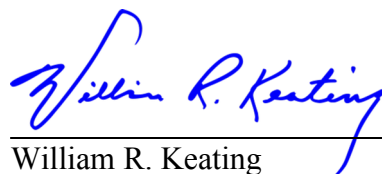
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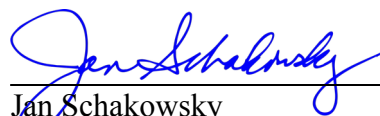
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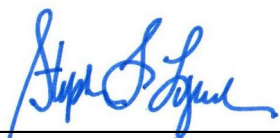
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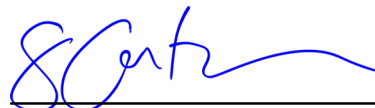
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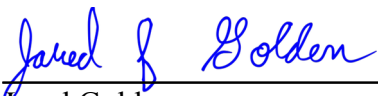
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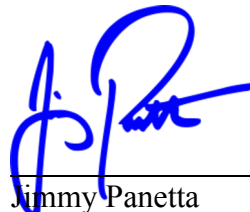
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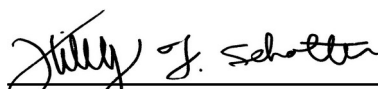
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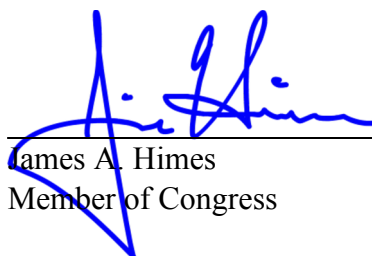
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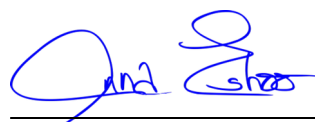
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