November 20, 2017

The Honorable Thad Cochran
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Rodney Frelinghuysen
Chair
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Dear Chairs and Ranking Members of the House and Senate Appropriations Committees:

The undersigned organizations, representing health care providers, scientists, patients, public health, and industry, appreciate that Fiscal Year (FY) 2018 funding legislation passed by appropriations subcommittees largely reject the deep cuts proposed in the President's Budget Request (PBR) for programs to address antimicrobial resistance (AMR). As you work to develop a final appropriations agreement for FY2018, 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 2 million are sickened every year. Antibiotic-resistant infections add considerable and avoidable costs to the already overburdened U.S. healthcare system. In most cases, antibiotic-resistant infections require prolonged and/or costlier treatments, extend hospital stays, necessitate additional doctor visits and healthcare use, and result in greater disability and death compared with infections that are easily treatable with antibiotics. 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 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)
We recommend funding of at least $520 million, as provided in the House LHHS bill, 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 (NIAID) teamed up with other 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. Antibiotic research and development continues to face steep economic hurdles.

Federal investment, such as the support provided through BARDA, is essential to stimulate a robust pipeline of antibiotics capable of delivering the new therapies patients urgently need.

The Centers for Disease Control and Prevention (CDC)
We urge you to include funding equal to the levels provided in both the House and Senate LHHS bills for CDC AMR activities. This includes $163 million in funding for the Antibiotic Resistance Solutions Initiative to reduce the emergence and spread of AMR pathogens and improve appropriate antibiotic use. Additionally, we request funding of $30 million for the Advanced Molecular Detection Initiative (AMD) to help ensure that state and regional laboratories have the most cutting edge technology to help identify and analyze resistant organisms. Being able to track spread and mutation of pathogens using these techniques is a strong tool in the fight against AMR. Further, we urge $21 million in funding for the National Healthcare Safety Network (NHSN) 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.

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. We urge $435 million in funding as provided in the House LHHS bill, for the CDC's Center for Global Health for programs that do significant work to protect the US by studying the resistance patterns of organisms overseas before they have a chance to get to our shores.

National Institutes of Health
NIAID is a world leader on research related to AMR. We recommend funding of $5.127 billion as provided in the Senate LHHS bill to support this work, including a $50 million increase in funding to address AMR. Funding at this level enables NIAID to continue its role as a lead funder of research to discover novel antimicrobials, diagnostics and vaccines that are urgently needed to address multi-drug resistant organisms. This funding also supports the Antibacterial Resistance Leadership Group (ARLG), a scientific team that manages and implements a strategic research agenda by building transformational trials that will change clinical practice and reduce the burden of AMR. Current ARLG efforts aim to support the research and development of urgently needed new diagnostics and antibiotics, assess the impact of stewardship interventions, and optimize dosing of existing antibiotics to maximize effectiveness and limit the development of resistance.

Antibiotics in Agriculture
Experts agree that a One Health approach, including both human and animal health, is essential for combating antimicrobial resistance. We urge robust FY2018 funding to enable the Center for Veterinary Medicine (CVM) at US Food and Drug Administration (FDA) to build on the progress achieved in curbing inappropriate antibiotic use in animals through additional veterinary oversight.

We also urge full funding for AMR activities at the US Department of Agriculture. Funding for the Department's AMR activities would allow continued and important research in the area of antimicrobials in agriculture and how that affects AMR in humans. Further, funding would allow recently funded work to address antibiotic stewardship and surveillance to continue through the USDA's Animal and Plant Health Inspection Service (APHIS), and activities underway at 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), and we urge that this multi-agency initiative be fully funded. 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)
We urge funding of $1.35 billion for the Global Fund to Fight AIDS, Tuberculosis and Malaria, as provided in the House and Senate State and Foreign Operations bills. Further, we recommend funding of $261 million for the tuberculosis program at the US Agency for International Development. Support for the Global Fund and USAID's TB program will not only allow continued reductions in TB, but reductions in the growth of drug-resistant forms of these diseases. Funding for these efforts would support 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.

Additionally, we urge $82.5 million in funding for the USAID's Global Health Security program. USAID global health security funding supports global efforts to combat antimicrobial resistance- efforts to which the U.S. recommitted earlier this year at the G20 meeting. In recent years, some of the most deadly multi-drug resistant threats have been initially discovered in China and India, and quickly made their way to U.S. patients, underscoring the need for a well-resourced, globally coordinated approach to antimicrobial resistance.

Department of Defense (DoD)
We urge funding of $33.931 billion provided for the DoD's Defense Health Program in the House FY2018 DoD Appropriations bill. The Defense Health Program and the Research, Development, Test & Evaluation (RDT&E) budgets support R&D to address key medical challenges to the military including antibiotic resistance. For example, in recent years, projects have been supported to develop strategies to prevent, mitigate, and treat antibiotic resistant bacteria in wounds. The Defense Health Program also supports a Multi-Drug Resistant Surveillance Network (MRSN) program that includes development projects for Army service level support. Specifically, the MRSN is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection.

Conclusion
Once again, we greatly appreciate your leadership in continuing the investments in AMR. As you continue your work to finalize FY2018 funding, 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,

Abbot

Accelerate Diagnostics
AdvaMedDx
Alliance for the Prudent Use of Antibiotics
American Academy of Pediatrics
American Association of Bovine Practitioners
American Society of Microbiology
American Society of Transplant Surgeons
American Thoracic Society
American Veterinary Medical Association
Antibiotic Resistance Action Center, Milken Institute School of Public Health, George Washington University
Antimicrobials Working Group (Amplyx Pharmaceuticals, Aridis Pharmaceuticals, Arsanis, Cidara Therapeutics, ContraFect Corporation, Iterum Therapeutics, Melinta Therapeutics, Inc., Nabriva Therapeutics, Paratek Pharmaceuticals, Inc., Scynexis, T2 Biosystems, Theravance BioPharma, Viamet Pharmaceuticals, Vical, Zavante Therapeutics)
Association for Professionals in Infection Control and Epidemiology
Association of American Veterinary Medical Colleges
Association of Public Health Laboratories
BD (Becton, Dickinson and Company)
BIO (Biotechnology Innovation Organization)
BioMerieux
Center for Disease Dynamics, Economics and Policy
Center for Foodborne Illness Research and Prevention
Council of State and Territorial Epidemiologists
Duke Center for Antimicrobial Stewardship and Infection Prevention
Emory Antibiotic Resistance Center
Food Animal Concerns Trust
Global Health Council
Health Care Without Harm
HIV Medicine Association
Infectious Diseases Society of America
March of Dimes
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Athletic Trainers' Association
National TB Controllers Association
NovaDigm Therapeutics
Novartis
Pediatric Infectious Diseases Society
Peggy Lillis Foundation
Research!America
RESULTS
Society of Infectious Disease Pharmacists
Spero Therapeutics
The American Academy of Allergy, Asthma & Immunology
The Fecal Transplant Foundation
The Gerontological Society of America
The Pew Charitable Trusts
The Society for Healthcare Epidemiology for America

Trust for America's Health

 CC: Senate Majority Leader McConnell and Senate Democratic Leader Schumer
        House Speaker Ryan and House Democratic Leader Pelosi
        Senators Blunt, Murray, Graham, Hoeven, Merkley
        Representatives Cole, DeLauro, Rogers, Aderholt, Sanford Bishop