

September 6, 2016

The Honorable Harold Rogers
Chairman
Committee on Appropriations
United States House of Representatives
H-305 Capitol
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of Representatives
1016 Longworth House Office Building
Washington, DC 20515

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Appropriations
United States House of Representatives
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Appropriations
United States House of Representatives
2358-B Rayburn House Office Building
Washington, DC 20515

Dear Chairman Rogers, Ranking Member Lowey, Chairman Cole and Ranking Member DeLauro:

The undersigned organizations representing patients, public health, providers and industry thank you for the considerable time already spent advancing a Labor-HHS-Education Appropriations Bill for Fiscal Year (FY) 2017. Our groups look to the federal government for leadership in disease prevention and outbreak response as well as to spur biomedical research. Given the increasing threat of antimicrobial resistance (AR), we appreciate your continued commitment to full implementation of the [*National Action Plan for Combating Antibiotic-Resistant Bacteria*](#) (Action Plan). We were pleased to see that the committee-approved spending bill for FY 2017 included funding for key pieces of the Action Plan. **We ask that you work with your colleagues in leadership and counterparts in the Senate to make certain that the FY 2017 Labor-HHS Appropriations bill is completed this fall and that the strongest of the House and Senate allocations are included to address AR.**

Antibiotic resistance continues to be treated as a public health crisis by the Centers for Disease Control and Prevention (CDC), National Institute of Allergy and Infectious Diseases (NIAID), Biomedical Advanced Research and Development Authority (BARDA), Agency for Healthcare Research and Quality (AHRQ) and others. The sense of urgency is driven by at least two million reported AR illnesses and 23,000 deaths in the United States each year. Additionally, AR infections annually result in an extra 8 million hospital days and costs in excess of \$20 billion to the U.S. healthcare system. The actual human and financial costs are significantly higher, as our surveillance and data collection capabilities cannot yet capture the full disease burden. While anyone can develop an antibiotic-resistant infection, specific populations are disproportionately impacted—such as our active-duty military and veterans, as well as immunocompromised individuals including chemotherapy and transplant patients, the elderly, preterm infants, and those with HIV/AIDS. On June 14, the House Energy and Commerce Committee, Subcommittee on Oversight and Investigations held a hearing on AR where the CDC, NIAID, FDA and BARDA confirmed that the crisis persists and that coordinated federal action is essential.

Our organizations continue to see the potential for even greater devastation in the near future if we move too slowly to implement the Action Plan. The recent review [*Tackling Drug-Resistant Infections Globally: Final Report and Recommendations*](#), chaired by the internationally known economist Lord Jim O'Neill, notes the possibility of an increase from 700,000 deaths worldwide now to 10 million by 2050 without the implementation of new policies. As an example of what lies ahead, U.S. Department of Defense researchers recently found that a Pennsylvania woman carried a strain of E. coli resistant to colistin, an antibiotic of last resort. This new mechanism for bacterial resistance was discovered last year by researchers in China. Since then, researchers have identified the colistin-resistance-gene, MCR-1, in 19 additional countries, now including the United States. They

have found the gene in both human and animal specimens. The potential exists for the gene to be spread to other bacteria that were previously susceptible to colistin.

As you know, implementation of the Action Plan began with resources provided in the Fiscal Year 2016 appropriations process. CDC recently announced awards totaling \$67 million to state and local health departments to support prevention, surveillance and antimicrobial stewardship activities as well as to seven regional laboratories to enable rapid detection and identification of antibiotic resistant threats. BARDA has announced \$250 million over five years, beginning in FY 2016, to support the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator.

The President's Budget Request (PBR) for FY 2017 supported continued implementation of the Action Plan through prevention and control activities, enhanced data collection and surveillance, antimicrobial stewardship, as well as greater investment in research and development for antibiotics, rapid diagnostics and vaccines. **We ask that you provide appropriations necessary for these programs to continue forward, including:**

Centers for Disease Control and Prevention

- **Antibiotic Resistance Solutions Initiative (\$163 million, as included in the Senate version):** The CDC Antibiotic Resistance Initiative will expand FY 2016 Healthcare-Associated Infections (HAI)/AR prevention efforts from 25 states to up to 50 states, six large cities, and Puerto Rico, investing in direct action to implement proven interventions that reduce emergence and spread of AR pathogens and improve appropriate antibiotic use. CDC plans to award the majority of the FY 2017 increased AR funding to states to effectively address the AR threats facing our country.
- **National Healthcare Safety Network (NHSN) (\$21 million, as provided in both bills):** The requested funding allows CDC to expand the National Healthcare Safety Network to as many as 20,000 facilities across the continuum of care, including acute-care hospitals, dialysis facilities, nursing homes and ambulatory surgical centers. These funds will enable CDC to continue to provide data for national HAI elimination, and guide prevention to targeted healthcare facilities to enhance prevention efforts and decrease HAI rates, NHSN infrastructure and critical user support, and innovative HAI prevention approaches.
- **Advanced Molecular Detection (AMD) Initiative (\$30 million, as provided in both bills):** Continuation of this initiative allows CDC to more rapidly determine where emerging diseases come from, whether microbes are resistant to antibiotics, and how microbes are moving through a population. The AMD initiative strengthens CDC's epidemiologic and laboratory expertise to effectively guide public health action.

National Institutes of Health (NIH)

- **National Institute of Allergy and Infectious Diseases (\$4.961 billion, as included in the Senate version):** With requested support, NIAID will continue basic through clinical research to test new ways to treat and prevent resistant infections; develop rapid, point-of-care diagnostics to identify highly resistant bacterial infections; and create a new generation of vaccines aimed at drug-resistant microbes.

Assistant Secretary for Preparedness and Response (ASPR)

- **Biomedical Advanced Research and Development Authority (\$520 million, as included in the House version):** Funding requested for BARDA includes \$192 million dedicated to antimicrobial R&D, which is a step towards the PCAST recommended level of \$800 million annually. BARDA utilizes novel public-private partnerships to address the market failure in antibiotic R&D.

Agency for Healthcare Research and Quality (AHRQ)

- **Combating Antibiotic-Resistant Bacteria (\$10 million, as provided in both bills):** Funding will support research to develop improved methods and approaches for combating antibiotic resistance and

conducting antibiotic stewardship activities in multiple healthcare settings, with a focus on long-term and ambulatory care settings.

Once again, we thank you for the attention given to AR and urge you to push for completion of the FY 2017 spending bills this fall so that implementation of the Action Plan can continue forward without delay.

Sincerely,

Accelerate Diagnostics, Inc.
AdvaMedDx
Alliance for the Prudent Use of Antibiotics
American Academy of Pediatrics
American Association of Bovine Practitioners
American College of Preventive Medicine
American Public Health Association
American Society for Microbiology
American Society of Transplant Surgeons
American Thoracic Society
Antibiotic Resistance Action Center, Milken Institute School of Public Health, The George Washington University
Antimicrobials Working Group (Amplify Pharmaceuticals, Arsanis, Cempra, Cidara Therapeutics, Contrafect, Melinta, Nabriva, Paratek, Scynexis, Theravance, Viamet, Iterum Therapeutics)
Association for Professionals in Infection Control and Epidemiology
Association of American Veterinary Medical Colleges
Association of State and Territorial Health Officials
BEAM Alliance
Biotechnology Innovation Organization (BIO)
Center for Foodborne Illness Research & Prevention
Clinician Champions in Comprehensive Antibiotic Stewardship
Council of State and Territorial Epidemiologists
Emory Antibiotic Resistance Center
HIV Medicine Association
Infectious Diseases Society of America
March of Dimes
Microbion Corporation
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Athletic Trainers' Association
NovaDigm Therapeutics
Pediatric Infectious Diseases Society
Peggy Lillis Foundation
Peptilogics, Inc.
Research!America
Society for Healthcare Epidemiology of America
Society of Infectious Diseases Pharmacists
Spero Therapeutics
The Fecal Transplant Foundation
The Pew Charitable Trusts
Theravance Biopharma
Trust for America's Health