Congress of the United States

Washington, DC 20515

May 23, 2025

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 Chair Aderholt and Ranking Member DeLauro:

As you begin consideration of Fiscal Year 2026 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations legislation, we ask that you provide robust funding for a comprehensive federal response to antimicrobial resistance (AMR), commensurate with the threat AMR poses to patient care, public health and preparedness.

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. Data on health care-associated infections (HAIs), which are frequently drug resistant, show disparities particularly among people of color, older adults, and people with certain medical conditions.[i] Sepsis, the body's response to untreated infections that can result in organ failure and death, is the second leading cause of pregnancy- related deaths, accounting for nearly 13% of pregnancy-related deaths in the US.[ii] AMR exacerbates the risk of sepsis by making infections much more difficult to treat.

Drug-resistant infections sicken more than 3 million and kill about 170,000 people annually in the U.S.[iii] Infections are a primary or associated cause of death in 50% of patients with cancer,[iv] as AMR can make these infections difficult or impossible to treat. The burden of resistance is likely much higher, but our surveillance is not able to capture the full picture. National healthcare costs linked to infections from 6 of the biggest AMR threats are estimated to be more than $4.6 billion annually. $1.9 billion of these costs are estimated to be borne by Medicare.[v]

Military conflicts accelerate the spread of AMR and pose a significant threat to military servicepeople, as combat wounds and burns can easily become infected. As soldiers and others travel from war-torn regions, it is easy for resistant infections to spread and to reach the US. Penetrating wounds from explosives often embed a significant amount of shrapnel in a soldier's body, which can be risky to remove in the field and can also be contaminated with drug-resistant bacteria. Addressing AMR is central to our military readiness.

It is estimated that 30 to 50 percent of antibiotic prescriptions are inappropriate.[vi] Preserving the effectiveness of antibiotics, by reducing overuse and misuse, must be prioritized. For example, smaller rural hospitals use antibiotics just as much as larger hospitals, and these hospitals face unique challenges due to limited resources. 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 provide funding to reduce the burden of AMR, including:

Centers for Disease Control and Prevention

- **Antibiotic Resistance Solutions Initiative**: Without substantial investments in ARSI, states and local jurisdictions will lose much of their capacity to prevent, detect, and respond to drug-resistant superbugs, which will put patients and communities at significant risk. Since 2019, the AR Lab Network across the country has done more than a million different tests to detect AMR threats. With ARSI funding, state, territory, and city health departments have supported nearly 300 antimicrobial stewardship activities across inpatient and outpatient healthcare facilities, supporting more than 15,000 healthcare personnel to improve antimicrobial use.
- **National Healthcare Safety Network**: Robust 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**: 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**: Robust funding is needed to improve global capacity to identify and stop threats before they reach U.S. soil and address growing drug resistance in low-income countries.

Administration for Strategic Preparedness and Response (ASPR)

- **Biomedical Advanced Research and Development Authority, Broad Spectrum Antimicrobials and CARB-X:** 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 robust funding is needed to prevent a post-antibiotic era.
- **Project BioShield Special Reserve Fund, Broad Spectrum Antimicrobials**: The Project BioShield SRF supports 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. Robust funding is needed to expand this approach to better support the antibiotics market.

National Institutes of Health (NIH)

- **National Institute of Allergy and Infectious Diseases**: Robust funding would allow NIAID to address AMR while carrying out its broader role in supporting infectious diseases research. Such funding would support the training of new investigators; strengthen clinical trial infrastructure; and enhance basic, translational and clinical research on mechanisms of resistance, therapeutics, vaccines and diagnostics.

There is an urgent need for continued action on antimicrobial resistance. We urge you to prioritize robust funding for AMR as the FY2026 appropriations process moves forward. Thank you for your consideration of this request.

Sincerely,

[[SIGNATURES]]

[i] https://www.idsociety.org/globalassets/content-images/idsa-amr-factsheet-july2024-v4.pdf

[ii] https://www.sepsis.org/sepsisand/pregnancy-childbirth/#:~:text=According%20to%20the%20World%20Health,deaths%20in%20the%20United%20States.

[iii] The Lancet. Global burden of bacterial antimicrobial resistance in 2019; a systemic analysis. 2022.

[iv] Nanayakkara, Amila K., Helen W. Boucher, Vance G. Fowler Jr, Amanda Jezek, Kevin Outterson, and David E. Greenberg, "Antibiotic resistance in the patient with cancer: Escalating challenges and paths forward," *CA: a cancer journal for clinicians* 71, no. 6 (2021): 488-504, https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21697.

[v] Richard E Nelson, David Hyun, Amanda Jezek, Matthew H Samore, Mortality, Length of Stay, and Healthcare Costs Associated With Multidrug-Resistant Bacterial Infections Among Elderly Hospitalized Patients in the United States, *Clinical Infectious Diseases*, Volume 74, Issue 6, 15 March 2022, Pages 1070–1080, https://doi.org/10.1093/cid/ciab696

[vi] Hersh AL, King LM, Shapiro DJ, Hicks LA, Fleming-Dutra KE. Unnecessary Antibiotic Prescribing in US Ambulatory Care Settings, 2010-2015. *Clin Infect Dis.* 2021;72(1):133-137.