

June 13, 2016

The Honorable Tom Cole  
Chairman  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Cole and Ranking Member DeLauro:

Thank you for your ongoing leadership in supporting public health programs through the Labor, Health and Human Services, Education, and Related Agencies (L-HHS) Appropriations Subcommittee. The undersigned organizations are writing to urge the subcommittee to restore the FY2016 funding level of \$142.2 million for the Centers for Disease Control and Prevention's (CDC) Division of TB Elimination. The increasing TB case count in the U.S. demands increased funding to meet these challenges, particularly with the addition of the President's National Action Plan to Combat Multi-Drug Resistant TB (National Action Plan), which is thus far unfunded. The program is slated for a \$5 million reduction in the Senate's FY2017 L-HHS bill.

TB, an airborne infectious disease, is now the leading global infectious killer, ahead of HIV/AIDS, causing 1.5 million deaths annually. In 2015, the U.S. experienced the first national increase in TB cases since 1992. Every state reports cases of TB annually, with California, Texas, Hawaii and Alaska having the highest burdens. TB outbreaks continue to occur across the country in schools, colleges and universities, workplaces and prisons. Marion, Alabama is currently dealing with a TB outbreak that has resulted in 3 deaths.

Drug resistant TB poses a particular challenge to TB control due to the high costs of treatment and intensive health care resources required. Almost 10 per cent of culture-confirmed US cases are resistant to isoniazid, our main first-line drug, used in treatment and prevention regimens, and that number is rising every year. Treatment costs for multidrug-resistant (MDR) TB range from \$100,000 to \$300,000 per case and can be over \$1 million for treatment of extensively drug resistant (XDR) TB, which can outstrip state and local public health department budgets. The U.S. had 18 cases of extensively XDR- TB between 2008 and 2015.

The expertise in diagnosing, treating and preventing TB in the U.S. is with state and local public health programs; TB is frequently misdiagnosed by private primary care, emergency department and specialty providers. But stagnant funding for CDC's national TB program has eroded state TB programs and public health laboratories, with the result that some states are unable to maintain efforts to identify, diagnose and treat TB infection, the reservoir of future active TB cases. We are deeply concerned that a \$5 million cut will reduce state and local TB capacity even more, leaving communities vulnerable to this airborne disease, including its dangerous drug resistant forms.

In December, 2015, President Obama released the National Action Plan, a comprehensive plan to address drug resistant TB in the U.S. and abroad and accelerate MDR-TB research and development, with the goal of reducing MDR-TB in the U.S. by 15% by 2020. But a \$5 million

funding cut to CDC's TB program, the key implementing agency for this goal, will prevent progress towards meeting it. We urge the subcommittee to restore funding for CDC's Div. of TB Elimination to at least \$142.2 million in its FY2017 Labor-HHS-ED bill, in order to implement the National Action Plan and prevent further erosion of our national, state and local TB programs. Thank you for your consideration.

Sincerely,

American Lung Association  
American Thoracic Society  
American Medical Student Association  
Asian and Pacific Islander American Health Forum  
Association of Public Health Laboratories  
Council of State and Territorial Epidemiologists  
Georgia AIDS Coalition  
Global Health Council  
Infectious Diseases Society of America  
Management Sciences for Health  
National Association of County and City Health Officials  
National Tuberculosis Controllers Association  
RESULTS  
Stop TB USA  
TB Alliance  
Treatment Action Group