March 16, 2020

The Honorable Nita Lowey  The Honorable Kay Granger
Chair          Ranking Member
House Committee on Appropriations  House Committee on Appropriations
The Capitol, Room H-317  1016 Longworth House Office Building
Washington, DC 20515  Washington, DC 20515

The Honorable Rosa DeLauro  The Honorable Tom Cole
Chair          Ranking Member
Subcommittee on LHHS  Subcommittee on LHHS
2358-B Rayburn House Office Building  1016 Longworth House Office Building
Washington, DC 20515  Washington, DC 20515

Dear Chair Lowey, Ranking Member Granger, Chair DeLauro and Ranking Member Cole:

The undersigned organizations respectfully request that you provide $57 million for the Advanced Molecular Detection (AMD) program at the Centers for Disease Control and Prevention (CDC) in the Fiscal Year 2021 Labor-Health and Human Services-Education bill. The AMD program uses next generation sequencing (NGS) to bring the concept of precision medicine to bear for “precision public health.” AMD gives us new tools to detect disease faster, identify outbreaks sooner, and protect people from emerging and evolving disease threats. It informs vaccine development, helps identify and track antimicrobial resistance and foodborne illness, and informs the development of diagnostics for new and emerging diseases. Currently, AMD plays a critical role in the response to the growing global outbreak of COVID-19.

NGS technology continues to advance at an astounding pace, while AMD funding has remained flat since the program’s inception in 2014. As a result, the current funding level of $30 million is no longer sufficient to meet increasing demands for the equipment, training, and expertise required to support state and local health departments with precision public health and expanded collaborations. The requested increase in appropriations for the AMD program will support three specific priority areas:

1. **Innovation in the field of public health.** The current COVID-19 outbreak and the recent Zika outbreak exemplify how CDC and state and local public health laboratories now use AMD technologies on virtually the entire spectrum of emerging infectious diseases. Using NGS, labs have been able to apply sequencing to the novel virus and then make the data available through a global database. In the case of COVID-19 the increased capacity for microbial genomics as well as a greater openness about sharing that data is essential to the response by providing a clear picture of how the virus is emerging so our response can be quicker, more effective, and more accurate. Before the emergence of the Zika virus, the AMD program supported the implementation of sequencing for two related pathogens, which then allowed them to quickly identify Zika and develop a protocol for Zika virus testing. Without AMD, this same process would have taken three to four months, delaying public health’s ability to quickly diagnose Zika and target prevention and control strategies.

2. **Embedding AMD fully in state and local health departments.** State and local public health departments need the infrastructure to implement AMD programs that are capable of responding to emerging threats or changing priorities. CDC works closely with state and local
health departments to build the capacity for each state to have an AMD program staffed by an AMD specialist to coordinate sequencing services. While several states already have an AMD unit that serves as a core facility for the state allowing for more efficiency and resilience through sharing of sequencing resources across the health department—many states still lack this essential infrastructure. The modest increase we are requesting to the AMD program would support an AMD specialist in EVERY state to ensure national capacity to utilize this innovative diagnostic technology.

3. **Expanded collaboration between public health and academic research institutions.** The AMD program has several long-standing relationships with academic research institutions around the country. An increased investment towards these collaborations would further the US as a leader in this area. New competitive awards could be established that pair every AMD site with one academic institution and one public health department furthering collaborations and ensuring a solid public health infrastructure.

We recognize that you face difficult choices with respect to the budget; however, as we continue to grapple with emerging infectious threats, additional funding for this unique program is required. To continue its current commitments and achieve its full potential, CDC’s AMD program needs increased funding over the next five years. We respectfully request that the committee allocate $57 million for the CDC AMD program to protect public health both now and in the future.

Sincerely,

AdvaMedDx
American Society for Microbiology
American Society for Virology
American Society of Tropical Medicine and Hygiene
Association for Professionals in Infection Control and Epidemiology
Association of Public Health Laboratories
Biotechnology Innovation Organization
Council of State and Territorial Epidemiologists
Global Health Technologies Coalition
Infectious Diseases Society of America
Society for Healthcare Epidemiology of America
Society of Infectious Disease Pharmacists
Trust for America’s Health