

September 29, 2025

The Honorable Shelley Moore Capito
Chair
Senate Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, and Education, and Related
Agencies
Washington, DC 20510

The Honorable Robert Aderholt
Chair
House Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, and Education, and Related
Agencies
Washington, DC 20515

The Honorable Tammy Baldwin
Vice Chair
Senate Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, and Education, and Related
Agencies
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
House Committee on Appropriations
Subcommittee on Labor, Health and Human
Services, and Education, and Related
Agencies
Washington, DC 20515

Dear Chair Capito, Chair Aderholt, Ranking Member Baldwin, and Ranking Member DeLauro:

On behalf of the TB Roundtable, a group of organizations that advocates for robust domestic and global federal tuberculosis (TB) funding, legislation, and policies that support eradicating the disease, and the undersigned fourteen organizations, we thank you for your continued work on Fiscal Year (FY) 2026 appropriations and your commitment to fighting TB around the world, including efforts to fight the disease here in the United States.

As the House and Senate committees move to conference their FY 2026 Labor, Health and Human Services, and Education, and Related Agencies bills, we respectfully ask that you protect funding for the Global Tuberculosis CDC program. Additionally, we urge you to refrain from consolidating Sexually Transmitted Disease and Tuberculosis Prevention grants under the CDC's Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention program in a final FY 2026 appropriations bill.

Globally, TB has resurged as the deadliest infectious disease, infecting 10.8 million people and killing 1.25 million people in 2023 alone. Since TB is the world's leading infectious disease killer, the TB community of health experts, researchers, implementers, and advocates emphasizes the urgent need for increased resources to outpace this disease to decrease preventable deaths and infection rates. TB continues to disproportionately affect people in poor and vulnerable communities around the world and domestically in the U.S. Further, cuts to programs that help identify and treat TB alongside under-resourced programs over the past two decades have led to harder-to-treat and deadlier strains of drug-resistant TB (DR-TB), multi drug-resistant TB (MDR-TB), and in rare cases extensively drug resistant TB (XDR-TB). Drug-resistant forms of TB continue to drive rising rates of antimicrobial resistance globally.

Recent funding disruptions to global TB programs have resulted in people sick with TB going undiagnosed and, in some cases, losing access to lifesaving treatment. These disruptions are projected to lead to about a 30 percent increase in TB incidence, which includes new multi-drug resistant (MDR-TB) cases in the U.S. in the next year. Additionally, because of the failure to control the global TB epidemic, experts estimate that it will cost the U.S. health system an additional \$40 million next year to treat and manage TB in the U.S. **As cases continue to rise across the globe, it is imperative to continue the CDC's Global Tuberculosis work to**

coordinate with countries to prevent, diagnose, and treat TB. The CDC's Global TB program is uniquely positioned and skilled to strengthen laboratory networks and infection control measures. Their efforts enhance surveillance and response systems to prevent outbreaks and monitor TB trends globally, particularly for drug-resistant TB. If these cuts are enacted, a resurgence of TB globally is expected which will lead to additional domestic drug-resistant TB outbreaks despite decades of declining rates of diagnosis in the U.S. With a lean budget, CDC's global TB program is focused on stretching U.S. investments further and supporting other governments to increase their own investments. CDC's global TB program partners with countries like the Philippines and India, who invest tens of millions of dollars in their own domestic resources against TB every year, to strengthen their programs. TB programs continue to face historic strain as the frontline response against airborne infectious diseases, and as TB rates and deaths continue to rise.

The CDC's domestic TB programming keeps Americans safer and healthier. TB continues to be detected in every U.S. state and territory and the highest number of TB cases in over ten years. The CDC estimates up to 13 million people in the U.S. live with latent TB infection—of which 1 in 10 will get sick with active TB. Recent large outbreaks in Kansas have highlighted the need for robust TB monitoring and funding to preserve core public health infrastructure. Our previous success in reducing TB numbers in the U.S. can be directly attributed to the dedicated funding provided to CDC's Division of TB Elimination.

Prior to receiving directly appropriated funding, states and local health departments received funding for TB control in communicable disease block grants. As TB cases declined after a surge of the disease in the early 20th century, categorical federal funding ended and local funding was shifted to other priorities. However, this de-prioritization resulted in a deadly resurgence of the disease in the 1990s, with over 25,000 TB cases being reported per year. Following a significant federal investment in TB control activities in 1993, with a return to designated funding for TB control activities, TB cases began to decline nationwide. Currently, the House FY 2026 LHHS report proposes taking the country back to the block grant structure we know will lead to higher TB cases and consolidating funding for the CDC's Sexually Transmitted Disease and Tuberculosis Prevention grants. **In order to continue our current success, Congress must not block grant STD and TB funding, but rather should maintain currently dedicated funding for TB prevention and control programs that have been vital to keeping domestic TB cases in check.**

TB is a national health security issue—but one that can be course corrected with adequate resources. Robust funding both globally and domestically is needed to recover momentum against the disease and save lives. The current proposals in the House FY 2026 LHHS report to cut vital TB elimination programs put progress achieved over the last few years at risk. Any program cuts or efforts to create block grants will create more room for this disease to spread and the development of drug resistance, which we cannot afford to risk. **We therefore urge you to protect the CDC's Global Tuberculosis program funding and refrain from consolidating Sexually Transmitted Disease and Tuberculosis Prevention grants under the CDC's Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention program in a final appropriations bill.**

Sincerely,

American Thoracic Society
Association of Asian Pacific Community Health Organizations (AAPCHO)

AVAC

Georgia AIDS Coalition

Global Health Technologies Coalition

National Tuberculosis Coalition of America (NTCA)

North East Medical Services (NEMS)

Partners in Health

RESULTS

Scene Health

Stop TB USA

TB Alliance

TB Elimination Alliance

Treatment Action Group (TAG)

CC: The Honorable Tom Cole, The Honorable Susan Collins, The Honorable Patty Murray