

September 1, 2021

The Honorable Anna Eshoo
Chair, Health Subcommittee
Energy and Commerce Committee
United States House of Representatives
Washington, DC, 20515

Dear Chairwoman Eshoo,

As infectious diseases professionals in Northern California, we thank you for your longstanding leadership in support of biomedical research, public health and preparedness, including efforts to combat antimicrobial resistance (AMR). We urge you to hold a hearing in your Health Subcommittee to examine existing federal efforts to address progress and persistent gaps related to AMR.

AMR threatens to unravel many of our medical advancements. Organ transplantation, cancer chemotherapy and surgeries such as joint replacements and Caesarian sections all carry serious risk of infection and are made safe by the availability of effective antibiotics. As resistance increases and therapeutic options diminish, we see increasing numbers of patients who succumb to resistant infections or who must be denied life-saving care like lung transplantation due to untreatable infections. Patients with COVID-19—particularly those who must be placed on ventilators—are at increased risk for secondary infections and are facing longer hospital stays, more complications, and in some cases even death due to resistant secondary infections.

We greatly appreciate the 2016 launch of the first ever National Action Plan for Combating Antibiotic Resistant Bacteria (CARB) which paved the way for important steps forward, including the requirement that hospitals and long-term care facilities establish antimicrobial stewardship programs as a Medicare Condition of Participation. We are pleased that an updated National Action Plan was released by the Department of Health and Human Services in October 2020. We further applaud your leadership in the passage of the Generating Antibiotic Incentives Now (GAIN) Act in 2012 and the provision of increased resources for the Biomedical Advanced Research and Development Authority and the National Institutes of Health to support AMR research and the development of urgently needed new antibiotics.

Despite this important progress, serious gaps remain that threaten patient care and public health. The antibiotic pipeline is too small and fragile to deliver the novel drugs patients need as most large pharmaceutical companies have halted antibiotic research and development and the smaller companies driving innovation struggle to stay in business. Antimicrobial stewardship programs in health care facilities—which have been found to reduce inappropriate antibiotic use and improve patient outcomes—often lack the resources necessary to realize their full potential, and high levels inappropriate antibiotic use continue to drive the development of resistance.

The bipartisan Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act represents a strong step forward in our national response to AMR. Under PASTEUR, the federal government would pay for the value that novel antibiotics bring to our society, rather than volume of antibiotics we use, by providing set contract payments to novel antibiotic developers rather than paying per dose. PASTEUR would also provide much needed resources to hospitals to strengthen antimicrobial stewardship programs.

We encourage you to elevate the issue of AMR for your colleagues through a congressional hearing and to help advance the PASTEUR Act. Thank you for your commitment to patients, clinicians, scientists and public health.

Sincerely,

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