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107TH CONGRESS
1ST SESSION

H. R. 1771

To provide for funding for the top priority action items in the interagency public health action plan that has been developed in response to the problem of antimicrobial resistance, to the extent that the activities involved are within the jurisdiction of the Department of Health and Human Services.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2001

Mr. BROWN of Ohio (for himself, Mr. BILIRAKIS, Mr. DINGELL, Mr. WAXMAN, Mr. GANSKE, Mr. TOWNS, Ms. SLAUGHTER, Mr. PALLONE, Ms. DEGETTE, Mr. GREEN of Texas, Mr. SAWYER, Mr. FILNER, Ms. LEE, Mrs. JONES of Ohio, Mr. KILDEE, Mr. HINCHEY, Mr. CAPUANO, Mr. KUCINICH, Mr. TIERNEY, and Mr. DEFAZIO) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To provide for funding for the top priority action items in the interagency public health action plan that has been developed in response to the problem of antimicrobial resistance, to the extent that the activities involved are within the jurisdiction of the Department of Health and Human Services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Antibiotic Resistance Prevention Act of 2001''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) The discovery in the 1940s of antimicrobial drugs, such as penicillin and streptomycin, led to ground breaking treatment of day-to-day illnesses and fatal diseases.

(2) Drug-resistant pathogens have developed because many physicians and other health professionals have historically overprescribed antimicrobial drugs.

(3) Antimicrobial resistance can be spurred by patients seeking antibiotics for viruses rather than bacterial infections. Antibiotics are effective only for bacterial infections, not viral infections.

(4) Patients who fail to finish their prescribed doses of antibiotics leave themselves vulnerable to certain bacteria, strengthening antibiotic resistance.

(5) Microbes that have increasingly built up resistance to antibiotics include the microbes involved in pneumonia; ear infections and meningitis; skin, bone, lung, and bloodstream infections; urinary tract infections; food borne infections; and infections transmitted in health care settings.

(6) Many other pathogens are also becoming resistant to conventional treatments, including the bacteria that cause tuberculosis and gonorrhea; the fungi that cause yeast infections; and the parasites that cause malaria.

(7) A substantial but as yet undetermined percentage of all antibiotics produced in the United States are used in animals, with estimates ranging from 40 to 80 percent. A substantial percentage of these antibiotics are used nontherapeutically in feed or in the water of farm animals to make them grow faster, while only about 20 percent of antibiotic feed additives are used to treat established infections.

(8) This usage of antibiotics in farm animals, at levels too low to cure bacterial diseases but high enough to control them, is creating selective pressure on bacteria, causing them to develop resistance to the antibiotics.

(9) Antibiotic resistant bacteria selected in animals can reach humans and pass their resistance to bacteria pathogenic to humans or, if pathogenic themselves, can cause disease that is not easily treatable, prolonging recovery.

(10) Statistics have shown that antibiotic resistance can cause the total costs of inpatient care to be more than double the direct costs of such care.

(11) Expenses incurred by hospitals around the Nation have risen to nearly $1.3 billion per year as a result of six ordinary types of resistant bacteria.

(12) The Institute of Medicine, the American Society for Microbiology, the World Health Organization, the Congressional Office of Technology Assessment, and the General Accounting Office each have found that the Nation should improve surveillance for mounting antimicrobial resistance problems; prolong the useful life of antimicrobial drugs; develop new drugs; and utilize other measures, such as improved vaccines, diagnostics, and infection control measures, to prevent and control antimicrobial resistance.

SEC. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES; FUNDING FOR TOP PRIORITY ACTION ITEMS UNDER PUBLIC HEALTH ACTION PLAN TO COMBAT ANTIMICROBIAL RESISTANCE.

(a) IN GENERAL.—For the purpose of carrying out the top priority action items designated in the Antimicrobial Resistance Action Plan, but only to the extent that the activities involved are within the jurisdiction of

the Department of Health and Human Services (as determined under Federal laws other than this Act), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006. Such authorization is in addition to other authorizations of appropriations that are available for such purpose.

(b) TOP PRIORITY ACTION ITEMS.—For purposes of this Act, the term ''top priority action items'' are action items designated by number in the Antimicrobial Resistance Action Plan and included (by reference to such numbers and to the categories used in such Plan) in the following list:

(1) In the category ''Surveillance'', the following action items:

(A) Action Item #2, described in the Plan as follows: ''With partners, design and implement a national AR surveillance plan that defines national, regional, state, and local surveillance activities and the roles of clinical, reference, public health, and veterinary laboratories. The plan should be consistent with local and national surveillance methodology and infrastructure that currently exist or are being developed.''.

(B) Action Item #5, described in the Plan as follows: ''Develop and implement procedures for monitoring patterns of antimicrobial drug use in human medicine, agriculture, veterinary medicine, and consumer products.''.

(2) In the category ''Prevention and Control'', the following action items:

(A) Action Item #25, described in the Plan as follows: ''Conduct a public health education campaign to promote appropriate antimicrobial use as a national health priority.''.

(B) Action Item #26, described in the Plan as follows: ''In collaboration with many partners, develop and facilitate the implementation of educational and behavioral interventions that will assist clinicians in appropriate antimicrobial prescribing.''.

(C) Action Item #39, described in the Plan as follows: ''Evaluate the effectiveness (including cost-effectiveness) of current and novel infection-control practices for health care and extended care settings and in the community. Promote adherence to practices proven to be effective.''.

(D) Action Item #58, described in the Plan as follows: ''In consultation with stakeholders, refine and implement the proposed FDA framework for approving new antimicrobial drugs for use in food-animal production and, when appropriate, for re-evaluating currently approved veterinary antimicrobial drugs.''.

(E) Action Item #63, described in the Plan as follows: ''Support demonstration projects to evaluate comprehensive strategies that use multiple interventions to promote appropriate drug use and reduce infection rates, in order to assess how interventions found effective in research studies can be applied routinely and most cost-effectively on a large scale.''.

(3) In the category ''Research'', the following action items:

(A) Action Item #70, described in the Plan as follows: ''Provide the research community genomics and other powerful technologies to identify targets in critical areas for the development of new rapid diagnostics methodologies, novel therapeutics, and interventions to prevent

the emergence and spread of resistant pathogens.''.

(B) Action Item #75, described in the Plan as follows: ''In consultation with academia and the private sector, identify and conduct human clinical studies addressing AR issues of public health significance that are unlikely to be studied in the private sector (e.g., novel therapies, new treatment regimens, and other products and practices).''.

(C) Action Item #76, described in the Plan as follows: ''Identify, develop, test, and evaluate new rapid diagnostic methods for human and veterinary uses with partners, including academia and the private sector. Such methods should be accurate, affordable, and easily implemented in routine clinical settings (e.g., tests for resistance genes, point-of-care diagnostics for patients with respiratory infections and syndromes, and diagnostics for drug resistance in microbial pathogens, including in nonculture specimens).''.

(D) Action Item #77, described in the Plan as follows: ''Encourage basic and clinical research in support of the development and ap-

propriate use of vaccines in human and veterinary medicine in partnership with academia and the private sector.''.

(4) In the category ''Product Development'', the following action items:

(A) Action Item #79, described in the Plan as follows: ''Create an Interagency AR Product Development Working Group to identify and publicize priority public health needs in human and animal medicine for new AR products (e.g., innovative drugs, targeted spectrum antibiotics, point-of-care diagnostics, vaccines and other biologics, anti-infective medical devices, and disinfectants).''.

(B) Action Item #80, described in the Plan as follows: ''Identify ways (e.g. financial and/or other incentives or investments) to promote the development and/or appropriate use of priority AR products, such as novel compounds and approaches, for human and veterinary medicine for which market incentives are inadequate.''.

The 13 action items specified in this subsection all have top priority under the Plan, regardless of their order on the list.

(c) ANTIMICROBIAL RESISTANCE ACTION PLAN.—For purposes of this Act, the term ''Antimicrobial Resistance Action Plan'' means the plan that—

(1) is entitled ''A Public Health Action Plan to Combat Antimicrobial Resistance''; and

(2) was developed by an interagency Task Force on Antimicrobial Resistance, created in 1999, that—

(A) is cochaired by the Centers for Disease Control and Prevention, the Food and Drug Administration, and the National Institutes of Health; and

(B) in addition includes—

(i) the Agency for Healthcare Research and Quality and the Health Resources and Services Administration;

(ii) the Health Care Financing Administration;

(iii) the Environmental Protection Agency; and

(iv) the Department of Agriculture, the Department of Defense, and the Department of Veterans Affairs.

(d) AR.—For purposes of this Act, the term ''AR'' means antimicrobial resistance.

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