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(Original Signature of Member)

107TH CONGRESS
1ST SESSION

H. R. _____

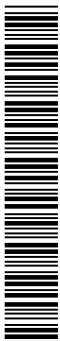
IN THE HOUSE OF REPRESENTATIVES

Mr. BROWN of Ohio (for himself [**see attached list of cosponsors**]) introduced the following bill; which was referred to the Committee on

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 anti-microbial resistance, to the extent that the activities involved are within the jurisdiction of the Department of Health and Human Services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*



1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Antibiotic Resistance
3 Prevention Act of 2001”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

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

10 (2) Drug-resistant pathogens have developed
11 because many physicians and other health profes-
12 sionals have historically overprescribed antimicrobial
13 drugs.

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

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

21 (5) Microbes that have increasingly built up re-
22 sistance to antibiotics include the microbes involved
23 in pneumonia; ear infections and meningitis; skin,
24 bone, lung, and bloodstream infections; urinary tract
25 infections; food borne infections; and infections
26 transmitted in health care settings.



1 (6) Many other pathogens are also becoming re-
2 sistant to conventional treatments, including the
3 bacteria that cause tuberculosis and gonorrhea; the
4 fungi that cause yeast infections; and the parasites
5 that cause malaria.

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

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

19 (9) Antibiotic resistant bacteria selected in ani-
20 mals can reach humans and pass their resistance to
21 bacteria pathogenic to humans or, if pathogenic
22 themselves, can cause disease that is not easily
23 treatable, prolonging recovery.



1 (10) Statistics have shown that antibiotic resist-
2 ance can cause the total costs of inpatient care to
3 be more than double the direct costs of such care.

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

7 (12) The Institute of Medicine, the American
8 Society for Microbiology, the World Health Organi-
9 zation, the Congressional Office of Technology As-
10 sessment, and the General Accounting Office each
11 have found that the Nation should improve surveil-
12 lance for mounting antimicrobial resistance prob-
13 lems; prolong the useful life of antimicrobial drugs;
14 develop new drugs; and utilize other measures, such
15 as improved vaccines, diagnostics, and infection con-
16 trol measures, to prevent and control antimicrobial
17 resistance.

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

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

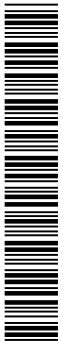


1 the Department of Health and Human Services (as deter-
2 mined under Federal laws other than this Act), there are
3 authorized to be appropriated such sums as may be nec-
4 essary for each of the fiscal years 2002 through 2006.
5 Such authorization is in addition to other authorizations
6 of appropriations that are available for such purpose.

7 (b) TOP PRIORITY ACTION ITEMS.—For purposes of
8 this Act, the term “top priority action items” are action
9 items designated by number in the Antimicrobial Resist-
10 ance Action Plan and included (by reference to such num-
11 bers and to the categories used in such Plan) in the fol-
12 lowing list:

13 (1) In the category “Surveillance”, the fol-
14 lowing action items:

15 (A) Action Item #2, described in the Plan
16 as follows: “With partners, design and imple-
17 ment a national AR surveillance plan that de-
18 fines national, regional, state, and local surveil-
19 lance activities and the roles of clinical, ref-
20 erence, public health, and veterinary labora-
21 tories. The plan should be consistent with local
22 and national surveillance methodology and in-
23 frastructure that currently exist or are being
24 developed.”.



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

6 (2) In the category “Prevention and Control”,
7 the following action items:

8 (A) Action Item #25, described in the
9 Plan as follows: “Conduct a public health edu-
10 cation campaign to promote appropriate anti-
11 microbial use as a national health priority.”.

12 (B) Action Item #26, described in the
13 Plan as follows: “In collaboration with many
14 partners, develop and facilitate the implementa-
15 tion of educational and behavioral interventions
16 that will assist clinicians in appropriate anti-
17 microbial prescribing.”.

18 (C) Action Item #39, described in the
19 Plan as follows: “Evaluate the effectiveness (in-
20 cluding cost-effectiveness) of current and novel
21 infection-control practices for health care and
22 extended care settings and in the community.
23 Promote adherence to practices proven to be ef-
24 fective.”.



1 (D) Action Item #58, described in the
2 Plan as follows: “In consultation with stake-
3 holders, refine and implement the proposed
4 FDA framework for approving new anti-
5 microbial drugs for use in food-animal produc-
6 tion and, when appropriate, for re-evaluating
7 currently approved veterinary antimicrobial
8 drugs.”.

9 (E) Action Item #63, described in the
10 Plan as follows: “Support demonstration
11 projects to evaluate comprehensive strategies
12 that use multiple interventions to promote ap-
13 propriate drug use and reduce infection rates,
14 in order to assess how interventions found ef-
15 fective in research studies can be applied rou-
16 tinely and most cost-effectively on a large
17 scale.”.

18 (3) In the category “Research”, the following
19 action items:

20 (A) Action Item #70, described in the
21 Plan as follows: “Provide the research commu-
22 nity genomics and other powerful technologies
23 to identify targets in critical areas for the devel-
24 opment of new rapid diagnostics methodologies,
25 novel therapeutics, and interventions to prevent



1 the emergence and spread of resistant patho-
2 gens.”.

3 (B) Action Item #75, described in the
4 Plan as follows: “In consultation with academia
5 and the private sector, identify and conduct
6 human clinical studies addressing AR issues of
7 public health significance that are unlikely to be
8 studied in the private sector (e.g., novel thera-
9 pies, new treatment regimens, and other prod-
10 ucts and practices).”.

11 (C) Action Item #76, described in the
12 Plan as follows: “Identify, develop, test, and
13 evaluate new rapid diagnostic methods for
14 human and veterinary uses with partners, in-
15 cluding academia and the private sector. Such
16 methods should be accurate, affordable, and
17 easily implemented in routine clinical settings
18 (e.g., tests for resistance genes, point-of-care
19 diagnostics for patients with respiratory infec-
20 tions and syndromes, and diagnostics for drug
21 resistance in microbial pathogens, including in
22 nonculture specimens).”.

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



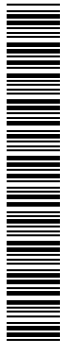
1 appropriate use of vaccines in human and veteri-
2 nary medicine in partnership with academia
3 and the private sector.”.

4 (4) In the category “Product Development”,
5 the following action items:

6 (A) Action Item #79, described in the
7 Plan as follows: “Create an Interagency AR
8 Product Development Working Group to iden-
9 tify and publicize priority public health needs in
10 human and animal medicine for new AR prod-
11 ucts (e.g., innovative drugs, targeted spectrum
12 antibiotics, point-of-care diagnostics, vaccines
13 and other biologics, anti-infective medical de-
14 vices, and disinfectants).”.

15 (B) Action Item #80, described in the
16 Plan as follows: “Identify ways (e.g. financial
17 and/or other incentives or investments) to pro-
18 mote the development and/or appropriate use of
19 priority AR products, such as novel compounds
20 and approaches, for human and veterinary med-
21 icine for which market incentives are inad-
22 equate.”.

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



1 (c) ANTIMICROBIAL RESISTANCE ACTION PLAN.—

2 For purposes of this Act, the term “Antimicrobial Resist-
3 ance Action Plan” means the plan that—

4 (1) is entitled “A Public Health Action Plan to
5 Combat Antimicrobial Resistance”; and

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

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

13 (B) in addition includes—

14 (i) the Agency for Healthcare Re-
15 search and Quality and the Health Re-
16 sources and Services Administration;

17 (ii) the Health Care Financing Ad-
18 ministration;

19 (iii) the Environmental Protection
20 Agency; and

21 (iv) the Department of Agriculture,
22 the Department of Defense, and the De-
23 partment of Veterans Affairs.

24 (d) AR.—For purposes of this Act, the term “AR”
25 means antimicrobial resistance.

