

The “Strategies To Address Antimicrobial Resistance (STAAR)” Act

INTRODUCED BY REPRESENTATIVE JIM MATHESON (D-UT)

SECTION 3. ANTIMICROBIAL RESISTANCE TASK FORCE.—

Congress established the interagency Antimicrobial Resistance Task Force in 1999, but authorization for the Task Force (Sec 319E, PHS) expired in 2006. Created to coordinate federal efforts to combat antimicrobial resistance, the Task Force quickly developed the Public Health Action Plan to Combat Antimicrobial Resistance. Implementation of the plan, however, was not optimal because the Task Force had little authority or funding. There were no personnel dedicated to executing the plan; Task Force members all had full-time responsibilities in the federal health agencies.

Section 3 builds on the work of the Antimicrobial Resistance Task Force by enhancing authority, funding, and personnel to execute a coordinated federal response to antimicrobial resistance. The Task Force is reauthorized to review all data and issues related to antimicrobial resistance, make recommendations on how to combat resistance in the United States and internationally, and integrate these efforts into the Public Health Action Plan to Combat Antimicrobial Resistance through periodic updates of the plan. An Office of Antimicrobial Resistance in the Department of Health and Human Services is created to facilitate coordination, planning and implementation of efforts across federal agencies and departments. And because antimicrobial resistance is not simply a federal government issue, a Public Health Antimicrobial Advisory Board is created to allow outside experts from domestic and international health communities to contribute to the effort.

Drafted in consultation with leading infectious diseases experts, including veterans of the Antimicrobial Resistance Task Force, Section 3 will take the hard work already done planning a comprehensive response to antimicrobial resistance, and furnish the tools necessary to execute that plan.

SECTION 4. COLLECTION OF ANTIMICROBIAL DRUG USE (CONSUMPTION) DATA.—

There is a significant shortcoming in the United States regarding the collection and dissemination of data on the amount of antimicrobial products used in humans and animals. In contrast, such drug consumption data is collected in Europe and made available to government experts there. This provision directs drug sponsors and appropriate government agencies to collect these data and share them with the Office of Antimicrobial Resistance (and members of the Task Force) as the central repository for such data to facilitate interagency planning on antimicrobial resistance.

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SECTION 5. ANTIMICROBIAL RESISTANCE SURVEILLANCE AND RESEARCH NETWORK.—

There presently is little capacity to rapidly and effectively monitor, assess and address the spread of new or particularly virulent resistant microbes. Section 5 addresses this problem by establishing a sentinel surveillance system through CDC encompassing at least 10 geographically-distributed sites to track and confirm in near real time the emergence of resistant pathogens. Further, this Network of sites will conduct research to study the development of antimicrobial resistance and enhance our capacity to prevent, control and treat resistant organisms. Finally, this provision establishes a national isolate collection capacity under which CDC would serve as a national repository for samples of emerging pathogens with a focus on pathogens that show new or atypical patterns of resistance.

SECTION 6. SUPPLEMENT NOT SUPPLANT.—

This section builds on current law to clarify that any funds appropriated until this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section, including funds appropriated for CDC and NIH.

SECTION 7. AUTHORIZATION OF APPROPRIATIONS.—

This section authorizes new funding to support the federal response to antimicrobial resistance. Funding includes: \$45 M for FY2010, \$65 M for FY2011 and \$120 M for FY 2012-2014. In addition, not less than one-third of appropriated funds shall be made available for CDC’s education and surveillance efforts – of which an appropriate amount shall be allocated to those CDC educational programs dedicated to the reduction of inappropriate antimicrobial use.

SECTION 8. PROTECTION OF CONFIDENTIAL AND NATIONAL SECURITY INFORMATION.—

This section clarifies that amendments under the STAAR Act, except as otherwise required by law, do not permit public disclosure of trade secrets, confidential commercial information, or material inconsistent with national security.

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