

August 19, 2020

The Honorable Adam Smith  
United States House of Representatives  
2264 Rayburn House Office Building  
Washington, DC 20515

The Honorable James Inhofe  
United States Senate  
205 Russell Senate Office Building  
Washington, DC 20510

The Honorable Mac Thornberry  
United States House of Representatives  
2208 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jack Reed  
United States Senate  
728 Hart Senate Office Building  
Washington, DC 20510

Dear Chairs and Ranking Members of the House and Senate Armed Forces Committee,

We, the undersigned organizations committed to combating antimicrobial resistance (AMR), write to express our support for an amendment to the National Defense Authorization Act (NDAA) offered by Representative Bera and accepted by the U.S. House of Representatives by a bipartisan vote of 336-71. The Bera amendment directs the Department of Defense (DOD), in collaboration with the Centers for Disease Control and Prevention (CDC), to strengthen antimicrobial stewardship at military medical treatment facilities. We urge you to ensure this provision is included in final NDAA legislation.

This provision builds upon longstanding DOD leadership on the issue of antimicrobial resistance. The NDAA FY15 (P.L. 113-291) and White House Executive Order on Combating Antimicrobial Resistant Bacteria (CARB) committed the DOD to enhancing its antimicrobial stewardship activities within its medical facilities. Understanding and preventing AMR is critical to military operations given the global presence of military servicemen and women and the ease with which combat wounds can become infected. In recent years, the DoD has implemented a number of department-wide initiatives aimed at addressing AMR including programs for active surveillance, rapid pathogen identification and targeted treatment, and antibiotic stewardship programs.

The Bera amendment specifically directs DOD, in collaboration with CDC and relevant medical societies, to develop staffing recommendations for antimicrobial stewardship programs (based upon facility size and patient populations) and diagnostic stewardship recommendations for military medical treatment facilities. The CDC's Core Elements of Hospital Antimicrobial Stewardship Programs recognize the importance of "human, financial, and information technology resources," but research indicates that the main barriers to hospital implementation of such programs are a lack of funding and personnel. Research has also shown a relationship between stewardship program staffing and program effectiveness. Programs with a dedicated infectious diseases professional are associated with greater adherence to recommended antimicrobial therapy practices when compared to stewardship programs that lack these experts.

Further, the Bera amendment requires the DoD to strengthen its best practices for antimicrobial stewardship, including through the effective leveraging of diagnostic testing and laboratory expertise to improve patient care. Diagnostic tools are used to quickly identify the pathogen and its resistance

profile to guide antibiotic therapy so that patients are treated appropriately and only when necessary. While many DoD medical facilities may have antimicrobial stewardship programs in place, we believe there is a great opportunity now to ensure that these programs are optimized to function as effectively as possible.

These recommendations should increase the quality of patient care at military medical treatment facilities, as appropriately staffed stewardship programs and clinically appropriate diagnostic testing programs are strongly associated with increased cure rate, decreased adverse events, decreased inappropriate antibiotic use and resistance, and decreased health care costs. We strongly urge you to include this provision in the final NDAA legislation.

Sincerely,

Accelerate Diagnostics, Inc.

AdvaMedDx

American Society for Microbiology

American Thoracic Society

Antimicrobials Working Group

(Amplix Pharmaceuticals, Cidara Therapeutics Inc., Entasis Therapeutics Inc., Iterum Therapeutics Ltd., Nabriva Therapeutics US Inc., Paratek Pharmaceuticals Inc., Qpex Biopharma Inc., SCYNEXIS Inc., Summit Therapeutics plc, VenatoRx Pharmaceuticals Inc. and X-Biotix)

Association for Professionals in Infection Control and Epidemiology

Association of Public and Land-grant Universities

Association of State and Territorial Health Officials

Biomerieux

Center for Disease Dynamics, Economics & Policy

Coalition for Improving Sepsis and Antibiotic Practices

CommonSpirit Health

Duke Center for Antimicrobial Stewardship and Infection Prevention

Emory Antibiotic Resistance Center

Infectious Diseases Society of America

Making-A-Difference in Infectious Diseases

Michigan Antibiotic Resistance Reduction Coalition

National Athletic Trainers' Association

Pediatric Infectious Diseases Society

Peggy Lillis Foundation

Sepsis Alliance

Small World Initiative

The Pew Charitable Trusts

Tufts Center for Integrated Management of Antimicrobial Resistance

Treatment Action Group