August 19, 2020

The Honorable Adam Smith  The Honorable James Inhofe  The Honorable Mac Thornberry  The Honorable Jack Reed
United States House of Representatives United States Senate United States House of Representatives United States Senate
2264 Rayburn House Office Building 205 Russell Senate Office Building 2208 Rayburn House Office Building 728 Hart Senate Office Building Washington, DC 20515 Washington, DC 20510 Washington, DC 20515 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
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