

On behalf of the undersigned organizations that promote public health or represent health care providers, public health professionals, scientists, patients, biotech investors, and the pharmaceutical and diagnostics industries, we endorse the Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act of 2026 and urge Congress to act decisively by advancing and passing this critical piece of legislation. The growing crisis of antimicrobial resistance (AMR) undermines clinicians' ability to provide high quality medical care and significantly weakens our nation's ability to respond to a wide range of threats at home and abroad.

The PASTEUR Act (H.R 7352 / S. 4875) would strengthen patient safety and national resilience by revitalizing the antibacterial and antifungal pipelines, ensuring clinicians and other medical professionals have access to the innovative products they need to treat patients – while also promoting appropriate antimicrobial use through stewardship and diagnostics provisions.

Investment in antibiotics has collapsed, most large pharmaceutical companies have exited antibacterial R&D, and the small, innovative biotechnology companies that remain struggle to stay in business – even after achieving FDA approval for novel antimicrobials. Two related factors have impeded antimicrobial research and development: first, new medicines must be used judiciously to slow resistance – which is critical for public health. Therefore, reimbursement tied to volume fails to incentivize the investment needed to drive innovation. PASTEUR introduces a contracting model to revitalize the antimicrobial drug development pipeline while reinforcing appropriate use. Under PASTEUR, the federal government would contract with developers to secure critically needed antimicrobials. These contracts would only be available for successful, FDA approved treatments that address the most serious AMR threats.

AMR is a defining health threat of our time. In the U.S., nearly 3 million AMR infections occur annually, and treatment costs for infections caused by just six resistant pathogens exceed \$4.6 billion. Areas of practice currently affected by AMR include:

- **Cancer care:** People with cancer face a significantly higher risk of acquiring drug-resistant infections due to immunosuppression and frequent health care exposure.
- **Surgery:** Antimicrobials are essential for treating surgical site infections, including in Cesarean sections, joint replacements, cardiac procedures, hernia repairs, and gastrointestinal surgeries.
- **Childbirth and neonatal care:** Antimicrobials are critical to preventing and treating infections during delivery and in neonatal intensive care units; rising resistance increases the risk of maternal sepsis and life-threatening infections in newborns.

- **Organ transplants:** AMR undermines organ transplantation by making infections harder—or sometimes impossible—to treat in immunosuppressed patients, increasing the risk of graft failure, severe complications, and death.
- **Burn care:** When the skin's protective barrier is lost after severe burns, AMR makes infections far harder to control, driving complications, prolonged recovery, sepsis, and mortality.
- **Sepsis:** Sepsis is a life-threatening emergency that happens when the body's response to an infection damages vital organs and, often, causes death. AMR makes infections harder to treat. At least 350,000 adults in the United States die from sepsis each year, making it the leading cause of death in U.S. hospitals. Sepsis accounts for approximately 6% of all hospitalizations and 35% of in-hospital deaths
- **Dialysis:** Patients requiring dialysis face repeated infection risk, and AMR makes these infections more difficult and costly to manage.

Antimicrobials are also essential to protecting American warfighters and maintaining battlefield readiness. Infections are a constant risk for deployed service members due to the realities of modern warfare, including blast injuries from drone strikes and improvised explosive devices.

The PASTEUR Act is critically needed to address the failing antimicrobial ecosystem. The bill has been reintroduced with substantive improvements to better meet patient, provider, innovator, government, and health system needs. Key changes to the updated legislation include:

- A new product scoring system that increases objectivity and transparency around eligibility and contract amount, ensuring the mechanism incentivizes the development of antimicrobials that patients need most while creating more predictability for companies and investors.
- Leveraging Other Transactional Authority (OTA) precedent for contract execution. This well-understood mechanism has a long and successful track record between government and innovators.
- Enhancing funding for stewardship programs, including designated funds for rural, critical access, and safety-net hospitals and a new pilot program for stewardship in outpatient settings.
- Enhancing support for national data collection and surveillance efforts, including for critical infectious disease diagnostics.

We urge Congress to act decisively to advance and pass the bipartisan PASTEUR Act. Doing so will strengthen our nation's resilience against AMR and ensure that clinicians, patients, and communities have the defenses they need against this fast-evolving threat.