

Summary Table of PASTEUR Act Changes

	PASTEUR Act of 2023 (S. 1355 / H.R. 2940)	PASTEUR Act of 2026 (S. 4875 / H.R. 7352)
Contracting Mechanism	Created de novo PASTEUR contracting mechanism	Other Transaction Authority (OTA) precedent
New Federal Entities	1. PASTEUR Subscription Contract Office 2. Federal PASTEUR Interagency Committee 3. Federal Advisory Committee	1. Federal Advisory Group with members from critical groups: board-certified infection disease physicians; AMR experts involved in R&D/commercialization; and patient/caregiver advocates. Secretary shall consult Advisory Group on scoring methodology and potential eligible pathogens.
Eligibility Threshold Requirements & Contract Criteria	PASTEUR Designation for products in development driven by HHS Secretary review IF PASTEUR DESIGNATED DRUG IS FDA APPROVED: • Subscription Contract Office Director, through PASTEUR office/committee, determines whether an applicant's contract application is approved or denied. • Monetary value assigned arbitrarily based on committee/Director assessment.	Statutory language defines clear eligibility standards: • 1) Unmet Medical Need and 2) Targeting existing list of pathogens or another which Secretary/Advisory has deemed important. Secretary is directed to establish a minimum score threshold for an antimicrobial to receive a contract. IF THRESHOLD MET: • Transparent quantitative scoring methodology outlined in statute with further regulations through traditional rule process. • Criteria focus on 1) patient benefits, 2) innovation, and 3) impacts on health systems and public health. • Product score corresponds to contract monetary value.
Types of Contracts	1) PASTEUR contract for products that meet greatest patient need. 2) PASTEUR contracts for generics/biosimilars (through different procedures). 3) Transition contract for products currently on the marketplace with different requirements from PASTEUR contract.	1) OTA contract for products that meet greatest patient need, including a 2-year lookback from date of enactment for products on the market that meet eligibility criteria. Generics/biosimilars ineligible.
Contract Amount/Length/ Payment Terms	• Subscription amount of \$750m - \$3b. • Between 5 to 10 years with the possibility of extension. • Contract only reduced by sales of product in Federal health care settings (Medicare, Medicaid, VA, etc.).	• Annual contracted payment between \$75m - \$300m. • 10 years or until generic/biosimilar introduced, with no extension. • Contract payment equal to monetary value of contract reduced by amount of all US sales during contract year. Drugs are distributed through normal sales channels.
Stewardship	• Caps funding for stewardship at 5%. • Funds for rural, critical access and safety net hospitals and long-term care facilities.	• Raises stewardship funding percentage to 6.5%. • Funds for rural, critical access and safety net hospitals and long-term care facilities. • Creates new pilot program for stewardship in outpatient settings based on existing inpatient CMS program.
ID Diagnostics	Not included	• Requires CDC to intensify/expand efforts to collect data leveraging the National Healthcare Safety Network. • Encourages companies to develop a data-collection plan assessing the impact of diagnostics and stewardship programs on patient outcomes and healthcare costs.