



CHAIR JODEY ARRINGTON

# HOUSE BUDGET COMMITTEE

## Op-Ed, The Epoch Times: *We Are Losing Antibiotics—And We Can't* *Afford To*

WASHINGTON, D.C. – House Budget Committee Member Drew Ferguson (R-GA) is **Sounding the Alarm** on the impending threat to local health care systems - the increasing scarcity of antibiotics to treat patients.

Just this week, Rep. Ferguson led a bipartisan Budget Committee roundtable titled “*Threats to Modern Medicine: Examining the Budgetary Effects of Antimicrobial Resistance and the Broken Antibiotic Development Pipeline.*” Members heard from a panel of experts who emphasized the need to bring attention to this health care issue.

Rep. Ferguson outlined in an [article](#) in the *Epoch Times* how rising antimicrobial resistance, combined with a shrinking development pipeline of new antibiotics, will threaten advances in modern medicine and ultimately will drive up health care spending.

### CONGRESSMAN FERGUSON IN THE EPOCH TIMES

Via the [Epoch Times](#):

*“Local health care systems across the country are at risk of no longer working as we once knew them. **The problem is doctors and nurses are running out of antibiotics to treat their patients—and the costs of inaction threaten the health and financial well-being of every American.**”*

*Antimicrobial resistance (AMR) occurs when bacteria and fungi develop the ability to defeat the drugs designed to kill them. Combined with a dwindling*



*development pipeline for new antimicrobial drugs, **AMR presents serious concerns to public health.***

*Should safe and effective antibiotics disappear, innovative medical treatments will need to be reconsidered—and decades of medical technology advancements that improve health outcomes of patients will be undone. The sheer size of the health system disruption that would occur without this infection prevention system will impact everyone.*

***AMR is not just a health threat, but a financial and national security threat as well.***

*Drug-resistant infections generally require more care and longer hospital stays, increasing costs for major federal health programs and patients.*

*Every year, antibiotic-resistant infections are **estimated to cost the U.S. economy \$20 billion in direct health care costs and an estimated \$35 billion in lost productivity.** These costs are ultimately borne by patients, as resistant infections **add nearly \$1,400 to their overall health care costs.***

*Yet the most substantial costs will occur when doctors no longer follow the medical standards for patient care. Cancer doctors will be hard pressed to recommend chemotherapy without the antibiotics to protect their patients from infection. Many surgical procedures will be too risky to perform. The costs associated with rethinking new medical standards are incalculable.*

*We know this problem is going to get worse. Russia's war with Ukraine is creating a nightmare scenario where increasing numbers of drug-resistant infections are threatening people in European countries. These infections will hit U.S. shores soon. **AMR already kills more people globally than HIV.** How much longer should the United States wait before acting?*

*Due to concerns about over-utilization causing increased AMR, medical professionals try to limit prescribing antibiotics. Combined with the reality that there are many generic versions already on the market, the economic incentives for companies to develop antimicrobials are limited.*



*In fact, no new classes of antibiotics have been discovered since the 1980s, and **7 of the 12 companies that successfully brought new antibiotics to market in the past decade went bankrupt or left the business because of poor sales.** Even worse, our adversaries have bought many of these bankrupt companies and now control the intellectual property. That's a slippery slope to nefarious actions on their part. Further compounding this problem is the 10 to 15 years on average it takes to develop, approve, and produce a new antibiotic. **By any objective measurement, we are already behind.***

*As a medical professional who has spent years treating patients, and a member of Congress serving the people of Georgia and the country, I cannot imagine U.S. health care without an effective infection prevention system.*

*That is why I introduced the PASTEUR Act, and why I am working hard to prioritize its passage before the end of the year. The **PASTEUR Act** represents a necessary investment into a healthier future for America. **It would create a subscription-style payment model that is not linked to the volume of antibiotics sold.** This measure will help improve the economic incentives for drug developers, ensuring a predictable revenue stream, in an environment where the goal is to keep prescribing low.*

*Millions of Americans use antibiotics every day. **The PASTEUR Act could help save billions in costs associated with AMR by revitalizing the development of new antibiotic wonder drugs like Penicillin.** Supporting and advancing this legislation can help to ensure a brighter future for the public's health and our economy.*

***Recently, I led my House Budget Committee colleagues in a roundtable to explore the problems and costs associated with AMR and policy solutions such as the PASTEUR Act.** We heard from health economists with the Congressional Budget Office, experts on antibiotic drug development and financing, and infectious disease doctors who must deal with the loss of antibiotics on the front lines of patient care.*

*There are some issues in Congress that remain bipartisan no matter the temperature and tenor of the political discourse. Solving AMR is one of those*



*issues. I look forward to working with my colleagues on both sides of the aisle to make solving AMR a reality.”*

## THE BOTTOM LINE

The increasing rate of antimicrobial resistance, combined with a shrinking pipeline of new antimicrobial drugs in development, **threatens advances in modern medicine and our ability to control infections, and will drive up federal health care spending.**

Congressman Ferguson and the House Budget Committee are leading the charge to examine new approaches and understand the corresponding budgetary effects on policies that aim to increase stewardship and inject needed incentives for antimicrobial drug development.

## MORE FROM THE HOUSE BUDGET COMMITTEE

**Read** more on the Health Care Task Force Roundtable titled “*Threats to Modern Medicine: Examining the Budgetary Effects of Antimicrobial Resistance and the Broken Antibiotic Development Pipeline*” [HERE](#).

**Read** more from Health Care Task Force Chairman Burgess on Cell and Gene Therapies [HERE](#).

**Read** more on the Health Care Task Force Roundtable Examining the Congressional Budget Office Analysis of Policies that Affect New Medicines Reaching Patients [HERE](#).

