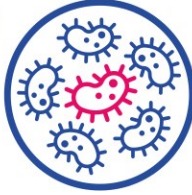


America's Antibiotic Crisis

In 1928, Alexander Fleming's discovery of the first antibiotic changed the course of human history and made modern medicine possible. Today, superbugs threaten to erase a century of medical progress.

ON THE CUSP OF A POST-ANTIBIOTIC ERA

Bacterial infections are the **third-leading cause of death** in the United States. **One in six** bacterial infections is resistant to antibiotics. Resistance is rising by as much as **15% annually**.



Globally, antibiotic resistance contributed to **4.7 million deaths** in 2021. Without intervention, it's expected to lead to nearly **170 million deaths** between now and 2050.

Among the **90 antibiotics** currently in development, **just five fight the most dangerous pathogens**.



Sources: [World Health Organization](#), [The Lancet](#), [World Health Organization](#)

THE PRICE OF INACTION

Treating just six of the most dangerous superbugs costs the U.S. healthcare system more than **\$4.6 billion annually**. That's a bill the healthcare system can't afford to keep paying.

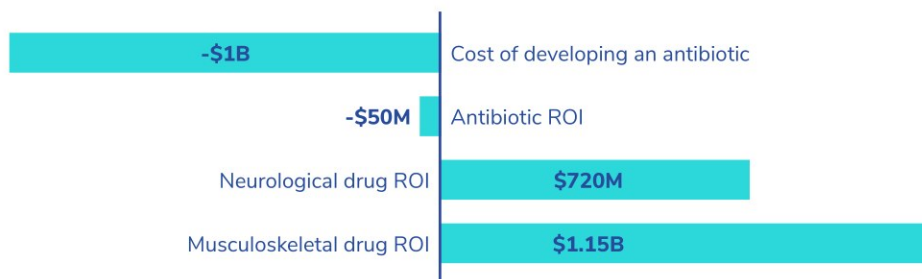
The good news? Every **\$1 spent** on antibiotic R&D and access would yield **\$28 in savings**.



Sources: [CDC/University of Utah School of Medicine](#), [Center for Global Development](#)

THE BUSINESS OF ANTIBIOTICS IS BROKEN

90% of the companies working to develop new antibiotics have less than 50 employees. Because antibiotics are not well-suited to the traditional volume-based sales model, **it's nearly impossible for these small businesses to stay afloat**.



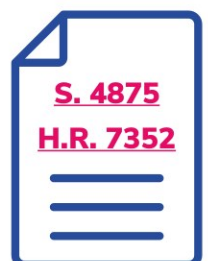
Sources: [World Health Organization](#), [European Observatory on Health Systems and Policies](#), [Wall Street Journal](#)

Since 2017, the FDA has approved new antibiotics from a handful of small companies. **Nearly all have since gone bankrupt, been acquired at a fire sale value, or shut down entirely.**



A SOLUTION IS HERE

The Pioneering Antimicrobial Subscriptions To End Upsurging Resistance (PASTEUR) Act would **create a public-private partnership model** in which the government contracts with companies after they bring urgently needed antimicrobials to market. Rather than relying on volume-based sales to stay afloat, **developers would receive predictable payments in exchange for making new, lifesaving treatments available to the government and healthcare systems.**



The PASTEUR Act: How Would It Help?

Fixing the broken antimicrobial market to ensure patients have access to the antibiotics they need today — and tomorrow.

S. 4875

H.R. 7352

WHICH MEDICINES ARE ELIGIBLE?

ELIGIBILITY

A new antimicrobial is eligible for a PASTEUR contract if it:

- ✓ Targets a serious or urgent antimicrobial resistance threat as **identified by the CDC** OR treats another AMR threat as determined by the HHS Secretary **AND**
- ✓ Addresses an unmet medical need

SCORING SYSTEM

A newly created HHS office will score eligible antimicrobials using a transparent and objective methodology based on three categories:



Patient Benefits

To what extent does it make **major contributions to patient care**, including by improving clinical outcomes for patients with multi-drug-resistant infections?



Innovation

To what extent does it use a **new and novel approach** to kill drug-resistant pathogens?



Health System Impact

To what extent does it **benefit health systems and public health**, including manufacturing capabilities within the United States?

CONTRACT AMOUNTS

Antimicrobials with scores above a specified threshold will receive a contract. **The higher the score, the higher the contract**, with annual amounts ranging from:

\$75M/year

\$300M/year

The government disburses annual payments to developers for 10 years, as long as they meet key criteria — including supply chain reliability, antimicrobial stewardship, and post-market studies.

**Annual contract amount =
Original commitment - the drug's annual U.S. sales**

This method ensures the U.S. government does not pay twice.

HOW DOES IT STRENGTHEN ANTIMICROBIAL STEWARDSHIP?

PASTEUR supports appropriate antibiotic use through three complementary initiatives:



HOSPITAL STEWARDSHIP SUPPORT

Establishes a grant program to support antimicrobial stewardship in:

- Rural hospitals
- Critical access hospitals
- Tribal facilities
- Safety-net hospitals
- Long-term care/skilled nursing facilities



NEW OUTPATIENT STEWARDSHIP PILOT

A new pilot program will implement or expand stewardship programs in:

- Hospital outpatient departments
- Urgent care settings
- Retail clinics

Helping to expand the benefits of appropriate antimicrobial stewardship beyond inpatients.



DIAGNOSTICS DATA COLLECTION

New provisions to collect data on:

- Tests used to diagnose and inform infection treatment
- Diagnostic stewardship implementation
- Diagnostic use to monitor and track infectious diseases

Better data helps clinicians prescribe the right treatment at the right time.