## **Committee on Energy and Commerce**

## Opening Statement as Prepared for Delivery of Ranking Member Frank Pallone, Jr.

Hearing on "Antimicrobial Resistance: Taking on the Next Emerging Public Health Threat"

## **April 28, 2023**

Thank you, Mr. Chairman. And thank you to our witnesses for helping us better understand the serious threat that antimicrobial resistance, or AMR, poses to public health.

Antimicrobial resistance is not a new phenomenon —it's been vexing scientists and Congress for years. However, AMR has been increasing across the board, and poses major health risks to the public. According to the Centers for Disease Control and Prevention (CDC), more than 2.8 million Americans had an antimicrobial-resistant infection in 2019 and more than 35,000 Americans died from the infection. These numbers are expected to grow as more and more dangerous organisms develop resistance to the treatments available today. That is a deeply concerning risk to our public health.

There does not seem to be one obvious solution to this issue. It cuts across the board from how we identify new drug-resistant threats, to how we administer available drugs while also fostering the development of new treatments.

Physicians face a challenging balance between withholding certain antibiotics from patients in order to avoid unintentionally promoting more resistant strains of bacteria and providing their patients with the best treatment available.

In terms of developing new treatments, normal market forces do not always encourage the development of new drugs in this space. We want antibiotics to be developed that are more powerful for those that really need them, but we want to use them as little as possible. This is a challenge that is repeatedly addressed in our witnesses' testimony, and I look forward to all of your perspectives on how we might navigate this dilemma.

To address these challenges, we must continue to support our health agencies and public health infrastructure. Our health agencies in particular will play a central role in identifying and addressing AMR.

The CDC will increasingly be responsible for identifying and monitoring new threats resulting from AMR. The Food and Drug Administration plays a role in reviewing and approving new diagnostic and pharmaceutical tools to stay ahead of the threat. And the National Institutes of Health will need to continue to support good research into the risks that AMR poses and how we can combat those risks.

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We also need to ensure that our health and research workforce is strong enough to address these challenges. From physicians and nurses, to microbiologists, the whole spectrum of the health workforce has a role to play here, and we need to make sure that our health centers and research labs are equipped.

While the threat of AMR is increasingly on the radar for the general public, it presents a constant threat for some individuals with certain health conditions, such as cystic fibrosis, who rely on antibiotics to prevent and treat ongoing risk of infection. These patients know all too well the serious threat that antibiotic resistant bacteria can pose to our health.

The public health challenges posed by AMR are serious and they are growing. I thank the Chairman for holding this hearing and look forward to the discussion with our witnesses today.