

119TH CONGRESS
2D SESSION

H. R. 7352

To amend the Public Health Service Act to establish a program to develop innovative antimicrobial drugs targeting the most challenging pathogens and most threatening infections, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 2026

Mr. CARTER of Georgia (for himself, Mr. PETERS, Mr. LANGWORTHY, Mr. LEVIN, and Mr. CAREY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to establish a program to develop innovative antimicrobial drugs targeting the most challenging pathogens and most threatening infections, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Pioneering Anti-
5 microbial Subscriptions To End Upsurging Resistance Act
6 of 2026” or the “PASTEUR Act of 2026”.

1 **SEC. 2. PURPOSE.**

2 The purpose of this Act is to ensure the availability
3 of antimicrobials to—

4 (1) stimulate a new age of research, develop-
5 ment, and market access to lifesaving medicines;

6 (2) ensure the appropriate use of lifesaving
7 medicines;

8 (3) maintain the highest medical care standards
9 for American patients;

10 (4) promote national health system prepared-
11 ness; and

12 (5) defend the United States and its military.

13 **SEC. 3. DEVELOPING ANTIMICROBIAL INNOVATIONS.**

14 Title III of the Public Health Service Act (42 U.S.C.
15 241 et seq.) is amended by adding at the end the fol-
16 lowing:

17 **“PART X—U.S. NOVEL ANTIMICROBIAL SUPPLY**
18 **CONTRACTS**

19 **“SEC. 399PP. CONTRACT APPLICATION, AWARD, AND IM-**
20 **PLEMENTATION.**

21 “(a) IN GENERAL.—The Secretary may enter into
22 contracts with sponsors of eligible antimicrobials for the
23 purpose of ensuring the availability of such eligible
24 antimicrobials.

1 “(b) ELIGIBLE ANTIMICROBIAL.—To be eligible for
2 a contract under this section, an antimicrobial drug
3 shall—

4 “(1) treat a pathogen—

5 “(A) included as an ‘urgent’ or ‘serious’
6 threat in the most recent Antibiotic Resistance
7 Threats in the United States report published
8 by the Centers for Disease Control and Preven-
9 tion; or

10 “(B) that the Secretary has determined
11 appropriate in consultation with the Advisory
12 Group established under section 399PP-1; and

13 “(2) address an unmet medical need.

14 “(c) APPLICATIONS.—

15 “(1) SUBMISSION.—To be eligible to enter into
16 a contract under this section, a sponsor of an eligi-
17 ble antimicrobial shall submit to the Secretary an
18 application not later than 2 years after the date on
19 which the eligible antimicrobial is—

20 “(A) approved under section 505(c) of the
21 Federal Food, Drug, and Cosmetic Act (includ-
22 ing in accordance with section 506(h) of such
23 Act); or

24 “(B) licensed under section 351(a) of this
25 Act.

1 “(2) CONTENTS.—An application submitted
2 under paragraph (1) with respect to an eligible anti-
3 microbial—

4 “(A) shall include—

5 “(i) appropriate information to deter-
6 mine the score of the eligible antimicrobial
7 in accordance with the methodology estab-
8 lished under subsection (d); and

9 “(ii) such other information as the
10 Secretary determines appropriate; and

11 “(B) is not required to include information
12 relating to pricing or research and development
13 costs of the eligible antimicrobial.

14 “(3) REVIEW.—Not later than 90 days after
15 the date on which the Secretary receives an applica-
16 tion under this subsection with respect to an eligible
17 antimicrobial (including a revised application under
18 paragraph (4)), the Secretary shall—

19 “(A) review the application;

20 “(B) if the eligible antimicrobial’s score is
21 below the minimum scoring threshold described
22 in subsection (d)(1)(B), deny the application;
23 and

24 “(C) if the eligible antimicrobial’s score
25 meets or exceeds such minimum scoring thresh-

1 old, approve the application and calculate an-
2 nual payments for the contract under sub-
3 section (f).

4 “(4) REVISED APPLICATIONS.—Beginning 1
5 year after the denial of an application with respect
6 to an eligible antimicrobial under paragraph (3), and
7 not more frequently than once every 2 years there-
8 after, the sponsor of the eligible antimicrobial may
9 submit to the Secretary a revised application for the
10 eligible antimicrobial with additional information
11 that may materially affect the eligible antimicrobial’s
12 score under subsection (d).

13 “(d) SCORING.—

14 “(1) IN GENERAL.—Not later than 270 days
15 after the date of enactment of this part, the Sec-
16 retary, in consultation with the Advisory Group es-
17 tablished under section 399PP–1, the Assistant Sec-
18 retary for Preparedness and Response, the Director
19 of the Biomedical Advanced Research and Develop-
20 ment Authority, and the Commissioner of Food and
21 Drugs, shall promulgate regulations, after the con-
22 sideration of comments received in response to a
23 public request for information and a public hearing,
24 establishing—

1 “(A) a quantitative scoring methodology
2 for eligible antimicrobials for which applications
3 are submitted under this section; and

4 “(B) a minimum scoring threshold that the
5 score of an eligible antimicrobial under para-
6 graph (2) must meet or exceed in order for the
7 sponsor of such eligible antimicrobial to enter
8 into a contract under this section.

9 “(2) METHODOLOGY.—An eligible antimicrobial
10 shall receive a score, calculated by points awarded
11 based on criteria developed in consultation with the
12 Advisory Group established under section 399PP-1
13 within the following three categories, with a
14 weighting assigned to each criterion established
15 under such categories and a greater number of
16 points resulting in a higher score:

17 “(A) CATEGORY I.—The eligible
18 antimicrobial’s major contributions to patient
19 care, including—

20 “(i) improving clinical outcomes for
21 patients with multi-drug-resistant infec-
22 tions;

23 “(ii) improved dose frequency;

24 “(iii) reduced toxicity;

25 “(iv) reductions in adverse events; and

1 “(v) benefits from the eligible
2 antimicrobial’s route of administration, es-
3 pecially through oral administration or
4 more than one administration method.

5 “(B) CATEGORY II.—The innovative char-
6 acteristics of the eligible antimicrobial, includ-
7 ing—

8 “(i) being a first-approved anti-
9 microbial drug that has the potential to
10 address, or has the evidence of addressing,
11 unmet medical needs for the treatment of
12 a serious or life-threatening infection, or,
13 to a lesser extent, second and third drugs
14 that treat such infection;

15 “(ii) containing no active moiety (as
16 defined in section 314.3 of title 21, Code
17 of Federal Regulations (or any successor
18 regulations)) that has been approved in
19 any other application under section 505(b)
20 of the Federal Food, Drug, and Cosmetic
21 Act and containing no active ingredient li-
22 censed in any other biological product li-
23 cense application under section 351(a) of
24 this Act;

1 “(iii) being a member of a new class
2 of drugs with a novel target or novel mode
3 of action that are distinctly different from
4 the target or mode of any antimicrobial
5 drug approved under such section 505(b)
6 or licensed under such section 351(a); and

7 “(iv) addressing a multi-drug resist-
8 ant infection through a novel chemical
9 scaffold or mode of action.

10 “(C) CATEGORY III.—The benefit of the el-
11 igible antimicrobial to health systems and pub-
12 lic health, including—

13 “(i) not being affected by cross-resist-
14 ance to one or more antimicrobials ap-
15 proved under such section 505(b) or li-
16 censed under such section 351(a);

17 “(ii) manufacturing capabilities within
18 the United States;

19 “(iii) improved product stability and
20 storage;

21 “(iv) increased activity against resist-
22 ance mechanisms; and

23 “(v) reduction of the economic or pop-
24 ulation burden of antimicrobial resistance
25 in the United States.

1 “(e) CONTRACT REQUIREMENTS.—As a condition of
2 entering into a contract under this section with respect
3 to an eligible antimicrobial, the sponsor of the eligible
4 antimicrobial shall—

5 “(1) beginning on the date that is 30 days after
6 the sponsor receives its first payment under the con-
7 tract and for the remainder of the contract term, en-
8 sure—

9 “(A) the commercial availability of the eli-
10 gible antimicrobial in the United States; and

11 “(B) sufficient supply of the eligible anti-
12 microbial for antimicrobial susceptibility test
13 device manufacturers;

14 “(2) identify, track, and publicly report drug
15 resistance data and trends using available data re-
16 lated to the eligible antimicrobial, including the use
17 of data collected by the Secretary under section
18 399PP-2(c);

19 “(3) develop and implement education and com-
20 munications strategies for health care professionals
21 and patients concerning the appropriate use of the
22 eligible antimicrobial, such as—

23 “(A) information from labeling approved
24 by the Food and Drug Administration; and

1 “(B) communications for individuals with
2 limited English proficiency and individuals with
3 disabilities;

4 “(4) submit to the Secretary a plan regarding
5 the appropriate use of the eligible antimicrobial, in-
6 cluding best practices for antimicrobial stewardship
7 and a general description of how the product will be
8 marketed. The appropriate use plan may include a
9 plan to collect data on the impact of diagnostics,
10 antimicrobial stewardship programs, and other ap-
11 propriate use efforts on patient outcomes and
12 health-care costs;

13 “(5) upon the request of the Secretary, submit
14 to the Secretary a plan for registering the eligible
15 antimicrobial in countries other than the United
16 States where an unmet medical need exists;

17 “(6) undertake efforts to ensure a reliable drug
18 supply chain, including, in the event of the Food and
19 Drug Administration determining that a shortage
20 exists for the eligible antimicrobial, not later than 30
21 days after such determination submitting to the Sec-
22 retary a plan to address such shortage;

23 “(7) beginning on the date that is 30 days after
24 the sponsor receives its first payment under the con-
25 tract and for the remainder of the contract term,

1 manufacture the eligible antimicrobial drug at a vol-
2 ume that reasonably ensures the availability of suffi-
3 cient quantities of the drug to meet the needs of in-
4 dividuals with the disease or condition for which the
5 eligible antimicrobial is approved in the United
6 States;

7 “(8) abide by manufacturing and environmental
8 best practices for the control of discharge of anti-
9 microbial active pharmaceutical ingredients and
10 other antimicrobial agents or products, including the
11 antibiotic manufacturing standard developed by the
12 AMR Industry Alliance (as described in the report
13 titled ‘Minimizing risk of developing antibiotic resist-
14 ance and aquatic ecotoxicity in the environment re-
15 sulting from the manufacturing of human anti-
16 biotics’ published in May 2025) or seeking a sustain-
17 ability certification from BSI Standards Limited;
18 and

19 “(9) abide by such other terms as the Secretary
20 may require under the contract.

21 “(f) ANNUAL PAYMENTS.—

22 “(1) IN GENERAL.—Pursuant to a contract en-
23 tered into under this section, the Secretary shall
24 make annual payments to the sponsor of an eligible
25 antimicrobial for the duration of the contract term.

1 Such payments shall begin not later than 180 days
2 after the date on which the Secretary approves the
3 contract.

4 “(2) CALCULATION SYSTEM.—The Secretary, in
5 consultation with the Administrator of the Centers
6 for Medicare & Medicaid Services, shall promulgate
7 regulations establishing a system for the calculation
8 of the annual payments described in paragraph (1).
9 Such system shall adhere to the following:

10 “(A) MINIMUM AND MAXIMUM AMOUNT.—

11 An annual payment may not be less than
12 \$75,000,000 or more than \$300,000,000, ad-
13 justed on an annual basis in accordance with
14 the consumer price index for all urban con-
15 sumers (all items; United States city average).

16 “(B) ADJUSTMENT FOR NET REVENUE.—

17 The annual payment shall be adjusted down-
18 ward by the amount of net revenue from sales
19 in the United States of the eligible anti-
20 microbial during the previous 12-month period,
21 including any legally mandated or voluntary
22 discounts and rebates provided by the sponsor
23 of the eligible antimicrobial, such as volume dis-
24 counts, prompt pay discounts, cash discounts,

1 free goods that are contingent on any purchase
2 requirement, chargebacks, and rebates.

3 “(3) DISCLOSURE OF INFORMATION.—The Sec-
4 retary may require the sponsor of an eligible anti-
5 microbial to disclose to the Secretary such informa-
6 tion as the Secretary requires to calculate an annual
7 payment under this subsection. Notwithstanding any
8 other provision of law, such information shall be
9 kept confidential and may not be—

10 “(A) disclosed by the Secretary to any en-
11 tity, including other governmental or private
12 parties, in a form that reveals the identity of a
13 specific manufacturer or the prices charged for
14 drugs by such manufacturer; or

15 “(B) used by the Secretary for any pur-
16 pose other than calculating the annual pay-
17 ments under this subsection.

18 “(4) TERMINATION OF PAYMENTS.—The Sec-
19 retary may cease annual payments pursuant to a
20 contract entered into under this section if the Sec-
21 retary determines that the sponsor of the eligible
22 antimicrobial subject to such contract—

23 “(A) permanently withdraws the eligible
24 antimicrobial from the market in the United
25 States;

1 “(B) materially fails to meet one or more
2 of the requirements described in subsection (e)
3 after notice by the Secretary and an oppor-
4 tunity to correct; or

5 “(C) does not conduct with due diligence a
6 postmarket study required to be completed by
7 the Food and Drug Administration during the
8 term of the contract.

9 “(5) RULE OF CONSTRUCTION.—Nothing in
10 this subsection shall be construed as authorizing the
11 Secretary—

12 “(A) to disclose any information that is a
13 trade secret or confidential information subject
14 to section 552(b)(4) of title 5, United States
15 Code, or section 1905 of title 18, United States
16 Code; or

17 “(B) to use evidence from comparative
18 clinical effectiveness research in a manner that
19 treats extending the life of an elderly, disabled,
20 or terminally ill individual as of lower value
21 than extending the life of an individual who is
22 younger, nondisabled, or not terminally ill for
23 the purposes of calculating annual payments
24 under this subsection, including in such a way
25 that would limit patient access.

1 “(g) CONTRACT TERM.—

2 “(1) LENGTH OF TERM.—The term of a con-
3 tract entered into under this section shall end on the
4 earlier of—

5 “(A) the date that is 10 years after the
6 date on which the contract is approved; and

7 “(B) the date on which the Secretary de-
8 termines at least one drug or biological product
9 is—

10 “(i) approved or licensed (as applica-
11 ble)—

12 “(I) under section 505(j) of the
13 Federal Food, Drug, and Cosmetic
14 Act, using the contract antimicrobial
15 as the listed drug; or

16 “(II) under section 351(k) of the
17 Public Health Service Act, using the
18 contract antimicrobial as the reference
19 product; and

20 “(ii) marketed pursuant to such ap-
21 proval or licensure.

22 “(2) EFFECT.—A contract shall remain in ef-
23 fect for the term described in paragraph (1) even if
24 the pathogen treated by the eligible antimicrobial is
25 later removed from the Antibiotic Resistance

1 Threats in the United States report described in
2 subsection (b)(1)(A).

3 “(h) OTHER GOVERNMENT PARTICIPATION.—The
4 Secretary shall make efforts to increase the participation
5 of other governmental bodies in offering financial incen-
6 tives to create commercial access to new and novel
7 antimicrobials that are similar to the contracts under this
8 section.

9 “(i) AUTHORITY VESTED IN THE SECRETARY.—The
10 authority vested in the Secretary by this section to enter
11 into contracts may be performed without regard to such
12 provisions of law or regulations relating to the making,
13 performance, amendment, or modification of contracts of
14 the United States, as the Secretary may determine to be
15 inconsistent with the furtherance of the purposes of this
16 part.

17 **“SEC. 399PP-1. CRITICAL NEED ANTIMICROBIAL ADVISORY**
18 **GROUP.**

19 “(a) IN GENERAL.—Not later than 60 days after the
20 date of enactment of this part, the Secretary shall estab-
21 lish a Critical Need Antimicrobial Advisory Group (re-
22 ferred to in this part as the ‘Advisory Group’) and appoint
23 its members.

1 “(b) MEMBERS.—The Advisory Group shall be com-
2 posed of 15 members, to be appointed by the Secretary
3 as follows:

4 “(1) 4 individuals who are physicians board-cer-
5 tified in infectious diseases.

6 “(2) 4 individuals who are experts with dem-
7 onstrated expertise in antimicrobial resistance,
8 health economics, or research and development or
9 commercialization of antimicrobial drugs.

10 “(3) 4 individuals to serve as patient advocates,
11 who are well versed in antimicrobial treatment or re-
12 sistance, either as patients themselves or as care-
13 takers.

14 “(4) 3 additional individuals who meet the
15 qualifications specified in paragraph (1), (2), or (3).

16 “(c) CHAIR.—In addition to the members appointed
17 under subsection (b), the Secretary shall appoint 1 indi-
18 vidual to serve as a non-voting Chair of the Advisory
19 Group. Such individual shall meet the qualifications speci-
20 fied in paragraph (1), (2), or (3) of subsection (b).

21 “(d) CONFLICTS OF INTEREST.—In appointing mem-
22 bers under subsection (b) and a Chair under subsection
23 (c), the Secretary shall ensure that no member (including
24 the Chair) receives during the individual’s term of service
25 with the Advisory Group compensation in any manner

1 from a commercial or for-profit entity that develops or in-
 2 tends to develop antimicrobial drugs. In implementing the
 3 requirements of this part, the Secretary shall prohibit Ad-
 4 visory Group members (including the Chair) from partici-
 5 pating in any particular Advisory Group matter that will
 6 have a direct and predictable effect on their financial in-
 7 terests.

8 “(e) APPLICABILITY OF FACA.—

9 “(1) IN GENERAL.—Except as otherwise pro-
 10 vided in this section, chapter 10 of title 5, United
 11 States Code (commonly referred to as the ‘Federal
 12 Advisory Committee Act’) shall apply to the Advi-
 13 sory Group.

14 “(2) TERMINATION.—Section 1013 of such title
 15 (relating to the termination of advisory committees)
 16 shall not apply to the Advisory Group.

17 **“SEC. 399PP-2. ENCOURAGING APPROPRIATE USE OF**
 18 **ANTIMICROBIALS AND COMBATING RESIST-**
 19 **ANCE.**

20 “(a) HEALTH FACILITY GRANT PROGRAM.—

21 “(1) IN GENERAL.—Not later than 1 year after
 22 the date of enactment of this part, the Secretary,
 23 acting through the Director of the Centers for Dis-
 24 ease Control and Prevention (in this subsection re-
 25 ferred to as the ‘Secretary’), shall establish a grant

1 program to support hospital, skilled nursing facility,
2 and other health care facility efforts—

3 “(A) to judiciously use antimicrobial drugs,
4 such as by establishing or implementing appro-
5 priate use programs, including infectious dis-
6 ease telehealth programs, using appropriate di-
7 agnostic tools, partnering with academic hos-
8 pitals, increasing health care-associated infec-
9 tion reporting and prevention efforts, and moni-
10 toring antimicrobial resistance; and

11 “(B) to participate in the National
12 Healthcare Safety Network Antimicrobial Use
13 and Resistance Module or the Emerging Infec-
14 tions Program Healthcare-Associated Infections
15 Community Interface activity of the Centers for
16 Disease Control and Prevention, as specified by
17 the Secretary, relating to antimicrobial drugs.

18 “(2) PRIORITIZATION.—In awarding grants
19 under paragraph (1), the Secretary shall prioritize
20 health care facilities without an existing program to
21 judiciously use antimicrobial drugs, subsection (d)
22 hospitals (as defined in section 1886(d)(1)(B) of the
23 Social Security Act) that are located in rural areas
24 (as defined in section 1886(d)(2)(D) of such Act),
25 critical access hospitals (as defined in section

1 1861(mm)(1) of such Act), hospitals serving Tribal
2 populations, and safety-net hospitals.

3 “(3) STANDARDS FOR USE OF GRANT FUNDS.—

4 In implementing or expanding an antibiotic steward-
5 ship program, an entity receiving a grant under
6 paragraph (1) shall adhere to nationally recognized
7 guidelines and best practices, including adequate
8 staffing, for improving antibiotic use.

9 “(b) ANTIMICROBIAL STEWARDSHIP PILOT PRO-
10 GRAM FOR OUTPATIENT FACILITIES.—

11 “(1) ANTIMICROBIAL STEWARDSHIP PILOT PRO-
12 GRAM FOR OUTPATIENT FACILITIES.—Not later than
13 2 years after the date of enactment of this part, the
14 Secretary, in consultation with the Director of the
15 Centers for Disease Control and Prevention and the
16 Administrator of the Centers for Medicare & Med-
17 icaid Services (in this subsection referred to as the
18 ‘Secretary’), shall establish a pilot program to make
19 grants to entities to implement or expand antibiotic
20 stewardship programs in outpatient facilities.

21 “(2) IMPLEMENTATION.—In developing the
22 pilot program, the Secretary shall consult with pro-
23 fessional societies with expertise in antibiotic stew-
24 ardship.

1 “(3) ELIGIBLE ENTITIES.—To be eligible to re-
2 ceive a grant under paragraph (1), an entity shall
3 be—

4 “(A) a physician;

5 “(B) a hospital outpatient department;

6 “(C) an urgent care setting described in
7 paragraph (5)(A); or

8 “(D) a retail clinic described in paragraph
9 (5)(B).

10 “(4) STANDARDS FOR USE OF GRANT FUNDS.—

11 In implementing or expanding an antibiotic steward-
12 ship program through a grant under this subsection,
13 an entity shall adhere to nationally recognized guide-
14 lines and best practices, including adequate staffing,
15 for improving antibiotic use.

16 “(5) PRIORITIZATION.—In awarding grants
17 under paragraph (1), the Secretary shall prioritize—

18 “(A) urgent care settings, such as facilities
19 that use Place of Service Code 20 for urgent
20 care developed by the Centers for Medicare &
21 Medicaid Services (or any successor code); and

22 “(B) retail clinics, meaning facilities that
23 are co-located with a pharmacy or other retail
24 commercial establishment, such as those that
25 use Place of Service Code 17 for walk-in retail

1 health clinics developed by the Centers for
2 Medicare & Medicaid Services (or any successor
3 code).

4 “(6) REPORT.—Not later than 5 years after the
5 date of enactment of this part, the Secretary shall
6 submit to Congress a report on the impacts of the
7 pilot program, including recommendations for ex-
8 panding antimicrobial stewardship to additional out-
9 patient settings.

10 “(c) SURVEILLANCE AND REPORTING OF ANTI-
11 MICROBIAL USE AND RESISTANCE.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Director of the Centers for Disease
14 Control and Prevention, shall use the National
15 Healthcare Safety Network and other appropriate
16 surveillance systems to collect data and assess
17 trends in antimicrobial resistance and antibiotic and
18 antifungal use, such as—

19 “(A) appropriate conditions and measures
20 causally related to antimicrobial resistance, in-
21 cluding types of infections, the source or body
22 sites of infections, the demographic information
23 of patients with infections, infection onset in a
24 community or hospital setting, increased

lengths of hospital stay, increased costs, and rates of mortality; and

“(B) changes in bacterial and fungal resistance to antimicrobial drugs, including changes in percent resistance, prevalence of antimicrobial-resistant infections, rates of mortality, and other such changes.

“(2) ANTIMICROBIAL USE DATA.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall obtain reliable and comparable human antibiotic and antifungal drug consumption data (including, as available and appropriate, volume antimicrobial distribution data and antibiotic and antifungal use data, including prescription data) by State or metropolitan areas. To accomplish this, the Secretary may work with, as appropriate, Federal departments and agencies (including the Department of Veterans Affairs, the Department of Defense, the Department of Homeland Security, the Bureau of Prisons, the Indian Health Service, and the Centers for Medicare & Medicaid Services), private vendors, health care organizations, pharmacy benefit managers, and other entities.

1 “(3) ANTIMICROBIAL RESISTANCE TREND
2 DATA.—The Secretary, acting through the Director
3 of the Centers for Disease Control and Prevention,
4 shall intensify and expand efforts to collect anti-
5 microbial resistance data and encourage adoption of
6 the Antimicrobial Use and Resistance Module or
7 other appropriate module within the National
8 Healthcare Safety Network and other appropriate
9 surveillance systems among all health care facilities
10 across the continuum of care, including, as appro-
11 priate, acute care hospitals, dialysis facilities, nurs-
12 ing homes, ambulatory surgical centers, and other
13 ambulatory health care settings in which anti-
14 microbial drugs are routinely prescribed. The Sec-
15 retary shall seek to collect such data from electronic
16 medication administration reports and laboratory
17 systems to produce the reports described in para-
18 graph (5).

19 “(4) DIAGNOSTICS DATA.—The Secretary shall
20 collect data on tests used to diagnose and inform the
21 appropriate treatment of infections in health care
22 settings. This includes data on the implementation
23 of diagnostic stewardship to ensure the appropriate
24 use of a diagnostic test before a treatment is pre-
25 scribed, and the use of diagnostics in monitoring and

1 tracking infectious diseases. The Secretary shall col-
2 lect data on the use of diagnostic tests through the
3 National Healthcare Safety Network (in this para-
4 graph referred to as the ‘NHSN’) Antimicrobial Use
5 and Resistance Module or other appropriate NHSN
6 module. These efforts shall be implemented in col-
7 laboration with external stakeholders, including in-
8 fectionous disease professional societies, patient adv-
9 cacy organizations, health care systems and profes-
10 sionals, and the diagnostics industry.

11 “(5) PUBLIC AVAILABILITY OF DATA.—Begin-
12 ning on the date that is 2 years after the date of
13 enactment of this part, the Secretary shall, for the
14 purposes of improving the monitoring of important
15 trends in antimicrobial use and resistance, and, as
16 appropriate, patient outcomes in relation to anti-
17 microbial resistance—

18 “(A) make the data described in para-
19 graphs (1) through (4) publicly available
20 through reports and web updates issued on a
21 regular basis that is not less than annually; and

22 “(B) examine opportunities to make such
23 data available in near real time.

24 **“SEC. 399PP-3. DEFINITIONS.**

25 “In this part:

1 “(1) ANTIMICROBIAL DRUG.—The term ‘anti-
2 microbial drug’—

3 “(A) means—

4 “(i) a drug that directly inhibits rep-
5 lication of or kills bacteria or fungi, or acts
6 on the substances produced by such bac-
7 teria or fungi, relevant to the proposed in-
8 dication at concentrations likely to be at-
9 tainable in humans to achieve the intended
10 therapeutic effect; and

11 “(ii) a biological product that acts di-
12 rectly on bacteria or fungi or on the sub-
13 stances produced by such bacteria or fungi;
14 and

15 “(B) does not include—

16 “(i) a drug that achieves the effect de-
17 scribed in subparagraph (A)(i) only at a
18 concentration that cannot reasonably be
19 studied in humans because of its antici-
20 pated toxicity; or

21 “(ii) a vaccine.

22 “(2) CONTRACT.—The term ‘contract’ means a
23 transaction other than a procurement contract,
24 grant, or a cooperative agreement.

1 “(3) CONTRACT ANTIMICROBIAL.—The term
2 ‘contract antimicrobial’ means an antimicrobial drug
3 or biological product for which a contract under this
4 part is in effect.

5 “(4) ELIGIBLE ANTIMICROBIAL.—The term ‘eli-
6 gible antimicrobial’ means an antimicrobial drug or
7 biological product that satisfies the eligibility criteria
8 described in section 399PP(b).

9 **“SEC. 399PP-4. APPROPRIATIONS.**

10 “(a) IN GENERAL.—To carry out this part, there is
11 authorized to be appropriated, and appropriated, to the
12 Secretary, out of amounts in the Treasury not otherwise
13 appropriated, \$6,000,000,000 for fiscal year 2026, to re-
14 main available until expended.

15 “(b) ALLOCATION.—The Secretary may use not more
16 than 6.5 percent of the amounts appropriated under sub-
17 section (a) to carry out section 399PP-2.

18 “(c) EMERGENCY DESIGNATION.—

19 “(1) IN GENERAL.—The amounts provided by
20 this section are designated as an emergency require-
21 ment pursuant to section 4(g) of the Statutory Pay-
22 As-You-Go Act of 2010.

23 “(2) DESIGNATION IN SENATE.—In the Senate,
24 this section is designated as an emergency require-
25 ment pursuant to section 4112(a) of H. Con. Res.

- 1 71 (115th Congress), the concurrent resolution on
- 2 the budget for fiscal year 2018.”.

