Strategies To Address Antimicrobial Resistance (STAAR) Act
Section-by-Section Summary

SECTION 3. ANTIMICROBIAL RESISTANCE TASK FORCE

Congress established the interagency Antimicrobial Resistance Task Force in 1999, but authorization for the Task Force (Sec 319E, PHSA) expired in 2006. Created to coordinate federal efforts to combat antimicrobial resistance, the Task Force quickly developed the Public Health Action Plan to Combat Antimicrobial Resistance. Implementation of the plan, however, was not optimal because the Task Force had little authority or funding. There were no personnel dedicated to executing the plan; Task Force members all had full-time responsibilities in the various federal health agencies participating on the Task Force.

Organization

Section 3 builds on the work of the Antimicrobial Resistance Task Force by enhancing authority, and personnel to execute a coordinated federal response to antimicrobial resistance. The STAAR Act reauthorizes the Task Force to review all data and issues related to antimicrobial resistance, make recommendations on how to combat resistance in the United States and internationally, and integrate these efforts through periodic updates to the Public Health Action Plan to Combat Antimicrobial Resistance. Section 3 directs the Assistant Secretary of Health to establish an Antimicrobial Resistance Office in the Department of Health and Human Services to facilitate coordination, planning and implementation of efforts across federal agencies and departments. And because antimicrobial resistance critical expertise exists outside of the federal government, a Public Health Antimicrobial Advisory Board is created to allow experts from domestic and international health communities to contribute to the effort.

Strategic Research Plan on Antimicrobial Resistance

The National Institutes of Health (NIH) is directed to work with other agencies and a blue-ribbon panel of experts to create a strategic research plan for antimicrobial resistance similar to what NIH has created for HIV/AIDS, Tuberculosis, and biodefense. The research plan should provide a detailed path forward for future funding of epidemiological, interventional, clinical, behavioral, translational, and basic research efforts.

Appropriate Use/Quality Measures

Section 3 also expands efforts to encourage appropriate use of antibiotics (a critical mechanism for preventing the development of resistance). Section 3 authorizes grants to healthcare facilities to study the development and implementation of antimicrobial stewardship programs, and directs additional Centers for Disease Control and Prevention (CDC) activities, including: conducting an educational campaign on antibiotic use, piloting and testing antibiotic appropriate use quality measures, and developing methods to help health care providers and facilities improve appropriate antibiotic use.

Human Antimicrobial Data

There is a significant shortcoming in the United States regarding the collection and dissemination of data on the amount of antimicrobial products used in humans. In contrast, such drug consumption data is collected in Europe and made available to experts. This provision directs CDC to work with private vendors, health care organizations, pharmacy benefit managers and other entities to obtain reliable and comparable human antimicrobial drug consumption data.

In addition, Section 3 also directs CDC to collect data on antimicrobial resistance patterns and antimicrobial use. Section 3 also directs the Office of the National Coordinator for Health Information Technology to work with CDC to determine how best antimicrobial use, susceptibility, and resistance data can be incorporated into meaningful use reporting.

Lastly, Section 3 calls upon CDC to issue a report every two years that will outline the major issues in resistance; provide data on the societal burden of resistance; publish resistance patterns and antimicrobial use data; articulate CDC activities combating resistance; describe relevant international developments; and identify gaps in surveillance, prevention and stewardship.

SECTION 4. ANTIMICROBIAL RESISTANCE SURVEILLANCE AND LABORATORY NETWORK

There presently is little capacity to rapidly and effectively monitor, assess and address the spread of new or particularly virulent resistant microbes. The STAAR Act addresses this problem by directing CDC intramural and extramural programs and laboratories to strengthen capacity to monitor emergence of resistance and outbreaks, assess resistance patterns, obtain isolates of pathogens, study the epidemiology of resistant infections, evaluate antimicrobial susceptibility testing methods and develop novel diagnostic tests.

SECTION 5. CLINICAL TRIALS NETWORK ON ANTIBACTERIAL RESISTANCE

The National Institute for Allergy and Infectious Disease (NIAID) is establishing a new clinical trials network focused on antibiotic-resistant bacterial infections. With sufficient support, the new research network/infrastructure could conduct critical studies to enhance, strengthen and expand research on resistance, including clinical science, antibacterial and diagnostic development, and optimal usage strategies. Section 5 strengthens this initiative by providing statutory authorization of this activity.

SECTION 6. REGIONAL PREVENTION COLLABORATIVES

As the spread of resistant infections through health care facilities and communities remains a serious threat, the U.S. must strengthen its prevention efforts nationwide, not just at the federal level. Section 6 authorizes CDC to work with state health departments to implement prevention collaboratives designed to interrupt and prevent the transmission of significant antibiotic resistant pathogens being transmitted across health care settings in a geographic region.

SECTION 7. PREVENTION EPI-CENTERS

To provide the regional collaboratives with tools, strategies, and evidence-based interventions, Section 7 authorizes CDC to intensify and expand academic public health partnerships through the work of CDC's Prevention Epi-Centers. CDC and the Epi-Centers will work with the regional prevention collaboratives to evaluate interventions to prevent or limit resistance; facilitate public health research on prevention and control of resistant pathogens; and assess the feasibility, cost-effectiveness, and appropriateness of surveillance and prevention programs in various health care settings.

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