

1700 K Street, NW | Suite 740 | Washington, DC 20006

September 8, 2014

The Honorable Gene Green U.S. House of Representatives 2470 Rayburn House Office Building Washington, DC 20515

Dear Representative Green:

The Alliance for Aging Research, <u>www.agingresearch.org</u>, is the leading non-profit organization dedicated to accelerating the pace of scientific discoveries and their application to improve the experience of aging and health. On behalf of the Alliance, we write in support of *the Antibiotic Development to Advance Patient Treatment (ADAPT) Act*. This bill helps to address the growing crisis of antibiotic resistance in this country by providing a pathway for needed antibacterial and antifungal drugs to be approved by the U.S. Food and Drug Administration (FDA).

Our country is facing unprecedented challenges as the population ages. For many years we have been adding approximately 6,000 new seniors to America's Medicare rolls every day. In January 2011, 10,000 people began celebrating a 65th birthday each day and this will continue for the next 15 years. According to the U.S. Census Bureau, the number of people age 65 and older will more than double between 2010 and 2050 to 88.5 million, and those 85 and older will increase three-fold, to 19 million. Older adults are most likely to contract an antibiotic resistant infection because of the various settings where they receive their care. Because they often have compromised immune systems due to existing co-morbid conditions, older adults are also at greatest risk of death from these infections.

Consider that hospitalized elderly patients are between two and five times more likely to develop a healthcare-associated infection (HAIs) than younger patients. Approximately 45% of all hospital acquired HAIs in 2007 were among patients age 65 and older. The rate of hospitalization for sepsis/septicemia in 2008 was around 30 times higher for patients age 85+, than for those under the age of 65. In this same period 75% of healthcare-associated invasive MRSA infections occurred in patients older than 50, with 46% in patients older than 65. It is clear that steps must be taken to continue to prevent these infections, but treatments must be made available when serious and life-threatening infections occur.

We have heightened concern because the types of infections older adults acquire while receiving care for other conditions in hospitals, physician offices, long-term care facilities, and other healthcare settings are increasingly developing resistance to available drugs. *The Generating Antibiotic Incentives Now (GAIN) Act*, which became law in 2012, took the initial step of providing economic incentives to encourage new antibiotic research and development but it did not address



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existing regulatory barriers that impinge on the development of new drugs in areas of unmet need. The ADAPT Act would responsibly establish a limited population approval pathway, under which certain antibacterial and antifungal drugs could be approved based upon smaller, more rapid clinical trials. The ADAPT Act also gives the FDA direction to update and post information that is essential to predict whether or not a patient infected with a specific pathogen will have a good clinical response to standard doses of a drug. Access to this information will guide healthcare providers in optimal use of drugs approved under ADAPT. We feel that the provisions in ADAPT are necessary to spur the development of treatments for infections that cannot be treated with existing drugs.

Thank you for your leadership on behalf of older adults and applaud you for introducing this important bill. It is our hope that it moves quickly to passage in the House. If you have any questions or would like additional information, please do not hesitate to contact us at (202) 293-2856 or via email (speschin@agingresearch.org and cbens@agingresearch.org).

Sincerely,

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