CONSENT

Bill No: ACR 94
Author: Patel (D), et al.
Introduced: 6/2/25
Vote: 21

SENATE HEALTH COMMITTEE: 9-0, 6/3/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez
NO VOTE RECORDED: Rubio, Smallwood-Cuevas

ASSEMBLY FLOOR: 77-0, 7/14/25 (Consent) - See last page for vote

**SUBJECT:** Antimicrobial resistance

**SOURCE:** bioMérieux

**DIGEST:** This resolution recognizes antimicrobial resistance (AMR) as a public health crisis requiring urgent and sustained action, and urges specified state agencies to explore funding mechanisms to support research and development initiatives addressing AMR, particularly in underserved and high-risk communities.

**ANALYSIS:**

This resolution:

1) Makes the following declarations:
   a) AMR is a growing public health threat that undermines the effectiveness of life-saving medications, leading to an estimated 35,000 deaths annually in the U.S., according to the federal Centers for Disease Control and Prevention (CDC);
   b) AMR poses a significant public health challenge in California as, annually, the state experiences approximately 360,000 illnesses and nearly 4,500 deaths due to infections from antimicrobial-resistant pathogens;

c) 60% of intensive care unit infections in the state demonstrate resistance to key antibiotics, particularly in urban areas and among vulnerable populations;
d) The overuse and misuse of antibiotics in human medicine, veterinary practices, and agriculture significantly contribute to the development of resistant microorganisms, making infections harder to treat and increasing the risk of the spread of disease, severe illness, and death;
e) A global action plan to tackle the growing problem of resistance to antibiotics and other antimicrobial medicines was endorsed at the 68th World Health Assembly in May 2015, with a key objective being to improve awareness and understanding of AMR through effective communication, education, and training;
f) November 18 to 24 of each year, inclusive, is World AMR Awareness Week, a global campaign that is recognized annually to improve awareness and understanding of AMR and encourage best practices among the public, stakeholders, and policymakers, who all play a critical role in reducing the further emergence and spread of AMR;
g) California is a leader in adopting policies to address AMR, including the enactment of SB 1311 (Chapter 843, Statutes of 2014) and SB 27 (Chapter 758, Statutes of 2015), which restricted the use of medically important antibiotics in livestock and was associated with a measurable 7.1% reduction in extended-spectrum cephalosporin resistance in human E. coli infections;
h) California state policy already mandates antimicrobial stewardship programs in hospitals and skilled nursing facilities, and supports surveillance, prevention, and education efforts to contain AMR, but further action is needed to close gaps in rural and underserved communities and to strengthen statewide coordination;
i) Rapid and accurate diagnostic testing is essential to reduce inappropriate antibiotic use, ensuring that patients receive effective treatment while limiting the spread of resistant bacteria and supporting California's antimicrobial stewardship programs that have been recognized for improving patient outcomes and reducing resistance;
j) Medicaid programs provide health care coverage to millions of low-income Californians, making them critical stakeholders in addressing AMR through coverage policies and education initiatives that can reduce disparities in health outcomes;
k) Public and private stakeholders must collaborate to implement policies that encourage the development and use of innovative diagnostic tools and stewardship programs; and,

l) Effective action to combat AMR requires a multipronged approach that includes surveillance, prevention, education, research, and equitable access to health care.

2) Resolves that the Legislature recognizes AMR as a public health crisis requiring urgent and sustained action.

3) Resolves that the Legislature encourages integration of antimicrobial stewardship programs into state Medicaid (Medi-Cal) policies, including incentives for providers to utilize rapid diagnostic testing and adhere to evidence-based prescribing guidelines.

4) Resolves that the Legislature urges state health care agencies to collaborate with federal entities, health care providers, academic institutions, and other stakeholders to enhance the development, accessibility, and affordability of advanced diagnostic tools to combat AMR.

5) Resolves that the Legislature supports the implementation of public education campaigns to raise awareness about AMR, the importance of appropriate antibiotic use, and the role of diagnostics in improving health outcomes.

6) Resolves that the Legislature urges the California Department of Public Health (CDPH), Department of Health Care Services (DHCS), and California Health and Human Services Agency (CHHSA) to explore available funding mechanisms to support research and development initiatives addressing AMR, particularly in underserved and high-risk communities.

7) Resolves that the Chief Clerk of the Assembly transmit copies of this resolution to the Governor, the Secretary of CHHSA, the Director of CDPH, the Director of DHCS, the State Medicaid Director, other relevant stakeholders to promote awareness and collaboration in combating AMR, and to the author for appropriate distribution.

**Comments**

According to the author of this resolution:

> This resolution is crucial because AMR presents a significant and escalating public health emergency. In the U.S., it results in over 2.8 million infections and 35,000 deaths each year, with approximately 360,000 illnesses and nearly 4,500 deaths occurring in California alone. These alarming outcomes stem from

the overuse of antibiotics and structural inequities that limit access to diagnostics, stewardship, and education. This resolution recognizes AMR as a pressing crisis that demands immediate and sustained action. It advocates for integrating stewardship practices into Medi-Cal, incentivizing the use of rapid diagnostics, and promoting public education—especially in underserved and high-risk communities. The resolution seeks to align state initiatives with federal and academic expertise while also advancing targeted research and development funding. Based on thorough research and data from California, this resolution aims to close critical gaps in current law. Its goals include reducing unnecessary antibiotic use, preventing resistant infections, improving patient outcomes, and safeguarding vulnerable populations.

**Background**

*AMR.* According to the World Health Organization (WHO), AMR occurs when germs such as bacteria, viruses, fungi, and parasites no longer respond to antimicrobial medicines. Antimicrobials, which include antibiotics, antivirals, antifungals, and antiparasitics, are medicines used to prevent and treat infectious diseases in humans, animals, and plants. As a result of drug resistance, antibiotics and other antimicrobial medicines become ineffective, making infections difficult or impossible to treat, and increasing the risk of disease spread, severe illness, disability, and death. AMR is a natural process that happens over time through genetic changes in germs. Its emergence and spread is then accelerated by human activity, mainly through the misuse and overuse of antimicrobials to treat, prevent or control infection, animals, and plants.

WHO states that AMR is one of the top global public health and development threats, and estimates that bacterial AMR was directly responsible for 1.27 million global deaths in 2019 and contributed to 4.95 million deaths. According to CDPH, more than 2.8 million illnesses and 35,000 deaths are attributed to AMR in the U.S. each year. Among Californians, this translates to roughly 360,000 illnesses and nearly 4,500 deaths. AMR remains a problem for all countries at all income levels, as its spread does not recognize country borders. Additional contributing factors for AMR include lack of access to clean water, sanitation, and hygiene for both humans and animals; poor infection and disease prevention and control in homes, healthcare facilities and farms; poor access to quality and affordable vaccines, diagnostics and medicines; lack of awareness and knowledge; and lack of enforcement of relevant legislation. People living in low-resource settings and vulnerable populations are especially impacted by both the drivers and the consequences of AMR.

*Overuse and misuse of antibiotics.* As previously stated, WHO emphasizes that misuse and overuse of antimicrobials in humans, animals, and plants are the primary drivers in the development of drug-resistant pathogens (germs). The CDC defines antibiotics as drugs that kill certain kinds of germs called bacteria and stop their growth. In health care, antibiotics are one of the most powerful drugs for fighting life-threatening bacterial infections. Although AMR naturally occurs, the overuse and misuse of antibiotics promote AMR. According to a study in the PubMed Central Journal conducted between 2010 and 2015, at least 28% of antibiotics prescribed in outpatient settings are considered unnecessary. Another study in BMJ Journals that analyzed data from 2000 to 2021 found that inappropriate antibiotic use is highly prevalent across all countries regardless of national income level, with a third of global antibiotic consumption potentially due to unnecessary prescription.

The Mayo Clinic asserts that while antibiotics are designed to treat infections caused by bacteria, they do not treat infections caused by viral infections. For example, an antibiotic is the correct treatment for strep throat, because it is caused by a bacterial infection. However, an antibiotic would not be the correct treatment for sore throats caused by viral infections, such as from the flu or COVID-19. When someone takes an antibiotic for a viral infection, the antibiotic attacks the helpful bacteria in your body rather than the actual viruses. This can then promote AMR properties in harmless bacteria that can be shared with other bacteria; or it can create an opportunity for potentially harmful bacteria to replace harmless ones. Furthermore, if someone stops taking the antibiotic earlier than recommended, then it can also promote the spread of AMR properties among the remaining harmful bacteria. The Mayo Clinic furthers that the proper use of antibiotics, often referred to as antibiotic stewardship, can help maintain the effectiveness of current antibiotics, extend the life span of current antibiotics, protect people from AMR infections, and avoid side effects from using antibiotics incorrectly.

*Lack of development of new antibiotics.* For many years, the introduction of new antibiotics outpaced the development of AMR. In recent years, however, the pace of AMR has led to a growing number of health care problems. WHO states that the lack of development of new antimicrobial treatments is inadequate to address the mounting threat of AMR. A 2021 report by the WHO describes the pharmaceutical pipeline particularly for new antibiotics remains stagnant. This presents a serious challenge in overcoming the escalating issue of AMR, and leaves individuals increasingly vulnerable to even the simplest of bacterial infections. To demonstrate, since 2017, only 12 antibiotics have been approved, 10 of which belong to existing classes with established mechanisms of AMR. Much of the

innovation in antibiotics is driven by small- and medium-sized companies, who struggle to find investors to finance late-stage clinical development for regulatory approval. WHO emphasizes the need for urgent and concerted investments in research and development by governments and private companies to accelerate and expand the pipeline for antibiotics.

*AMR in livestock.* A 2025 article titled, "Livestock Antibiotics Use and AMR" published in the *Antibiotics Journal* highlights that AMR in livestock is a growing global concern that threatens both human and animal health. The overuse and misuse of antibiotics in livestock production has led to an increased rate in the development of AMR bacterial strains in animals, which can be spread to humans through the consumption of contaminated animal products, direct contact, or environmental exposure. Antibiotics in livestock are frequently used for growth promotion, disease prevention and control, and metaphylactic use (the mass administration of medication to an entire herd of animals to both treat the clinically sick animals while simultaneously preventing the spread of disease to the rest of the exposed animals).

*SB 27 (Hill, Chapter 758, Statutes of 2015).* In 2009, the U.S. Food and Drug Administration (FDA) aimed to address the contribution of antimicrobial use in the rearing of food-producing animals to AMR by initiating a series of regulatory guidance documents. At the time, the FDA's approach did not address use for disease prevention, which raised concerns that these drugs would be continued to be used on a routine, untargeted basis to treat an unconfirmed or suspected disease. SB 27 was the first bill in the country to specifically address these uses. SB 27 prohibits the administration of medically important antimicrobial drugs to livestock unless ordered by a licensed veterinarian through a prescription or veterinary feed directive, and prohibits the administration of a medically important antimicrobial drug to livestock solely for the purposes of promoting weight gain or improving feed efficiency. SB 27 also requires the Department of Food and Agriculture to develop antimicrobial stewardship guidelines and best management practices on the proper use of medically important antimicrobial drugs, among other related provisions.

A 2023 study analyzing the impact of SB 27 published in *JMIR Publications*, the researchers found that SB 27 was associated with a 7.1% reduction in extended-spectrum cephalosporin (ESC) resistance in human E. coli infections. Resistance to the more extensively used classes of antibiotics to treat E. coli, however, did not change. In fact, the article states that more research is needed to determine the role

of SB 27 in the observed reduction in ESC resistance to E. coli in human populations, particularly as additional states implement similar legislation.

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: No Local: No

**SUPPORT:** (Verified 6/4/2026)

bioMérieux (source)

**OPPOSITION:** (Verified 6/4/2026)

None received

ASSEMBLY FLOOR: 77-0, 7/14/25
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Ávila Farías, Schultz

Prepared by: Margarita Niemann / HEALTH / (916) 651-4111
6/8/26 16:04:28

****** END ******