OSPIRG
Standing Up To Powerful Interests

1536 SE 11th Ave., Ste. A | Portland, OR 97214
www.ospirg.org (503) 231-4181 (ph)
info@ospirg.org (503) 231-4007 (fx)

April 6, 2015

TO: Senate Committee on Health Care
FR: David Rosenfeld, Executive Director, Oregon State Public Interest Research Group (OSPIRG)
RE: Support for Senate Bill 920

OSPIRG supports HB 2598. We thank Chair Monnes Anderson, and Reps. Buckley and Greenlick for putting forward this legislation, and to the Committee for taking the time to consider this matter.

Summary of facts

1. Antibiotics are in danger**.** Medical authorities in the U.S. and worldwide – most notably from the World Health Organization (statement and recommendation) and the Centers for Disease Control and Prevention – warn that we are in danger of losing antibiotics. The CDC estimates that 2 million Americans get sick and 23,000 die annually from antibiotic resistant infections. The UK government estimates that without a course correction, annual worldwide deaths from such infections will rise from 700,000 today to 10 million by 2050.

2. The cause is overuse of these drugs. When used too often, especially at subtherapeutic dosages and durations, antibiotics select for resistant bacteria.

3. Overuse on animals is the bigger problem. Overuse occurs among both humans and animals, but more so on animals than humans. According to government sales data using methodology affirmed by Politifact, 70% of medically important antibiotics sold in the U.S. are sold for use on food-producing livestock and poultry, often on animals that are not sick. Instead, farm animals are often routinely fed subtherapeutic doses of antibiotics in their daily water and feed to make them grow bigger more quickly, and to offset unsanitary conditions, poor diets and the resulting compromised immune systems that occur on industrialized farms. In addition, from 2009 to 2012, sales of medically important antibiotics for use in animals increased by 16%.

4. Overuse on farms is linked to human resistant infections. These practices breed antibiotic-resistant bacteria that migrate into the human population. Here is a Consumers' Union literature summary and recent studies published in Nature and Frontiers in Microbiology, and new data published in the Proceedings of the National Academy of Science.

Some opponents maintain that there's no evidence that routine, subtherapeutic treatments on animals are linked to resistant infections in humans. I hope the literature presented here and by other medical professionals make it clear that on the contrary, the evidence is solid.

5. Solution: a hard stop to all routine and/or subtherapeutic use of medically important antibiotics on farm animals for any purpose, including both growth promotion and disease prevention. Farmers

OSPIRG
Standing Up To Powerful Interests
1536 SE 11th Ave., Ste. A | Portland, OR 97214
www.ospirg.org (503) 231-4181 (ph)
info@ospirg.org (503) 231-4007 (fx)

should be able to continue treating sick animals with antibiotics, and have the ability to take some preventative measures in the event of an outbreak – but not as a routine matter at subtherapeutic dosages.

6. The federal government's actions fall short. The FDA has finalized guidance that asks drug companies to voluntarily stop selling antibiotics solely for the purposes of growth promotion, while continuing to allow all other routine, subtherapeutic overuse of antibiotics. Unfortunately, growth promotion is just one small way in which antibiotics are overused, which means the government's guidance will continue to allow considerable overuse of antibiotics.

7. SB 920 fills the federal government's void:

- Prohibition on all routine subtherapeutic use**.** In contrast, SB 920 prohibits use of medically important antibiotics for growth promotion, disease prevention, feed efficiency and weight gain. SB 920 still allows farms to treat sick animals with medically important antibiotics and to engage in some disease prevention in limited emergency circumstances (giving farmers reasonably wide discretion to do so).
- Sensible, limited reporting. In exchange for said discretion, the bill also requires EPA defined CAFOs (which comprise a little over 100 of the largest farms in Oregon) to submit an annual report itemizing all their medically important antibiotic use to OHA. This report would be public record.
- Limited government role**.** The bill does not require the state to do anything other than design and collect the aforementioned annual reports. The state is authorized to do additional rulemaking if it chooses, and the Attorney General has the power to stop a violation if she chooses. In addition, we support removing the private right of action provision in Section 6 of the bill.

Addressing some arguments against SB 920

The Committee will likely hear some claims made by some opponents of SB 920. Here is some more information to help the Committee to better understand those claims:

Claim #1: Federal action makes the bill moot. Some argue that the FDA's impending action makes the Oregon legislation moot because drug companies have already been asked to voluntarily stop selling antibiotics for growth promotion and they've all agreed to do so. Additionally, some point out that the federal action now requires all antibiotic use to fall under the oversight and supervision of a vet, that vets always have to follow the label, and labels always have precise dosage, duration and disease indications.

However, recall from the literature review that in order to solve the problem, we need to end all routine subtherapeutic use on animals, and growth promotion is just one small way in which antibiotics are overused. The drug industry itself says that only 10-15% of antibiotic sales are for growth promotion purposes, and that they don't expect sales to diminish with the FDA's action.

OSPIRG
Standing Up To Powerful Interests
1536 SE 11th Ave., Ste. A | Portland, OR 97214
www.ospirg.org (503) 231-4181 (ph)
info@ospirg.org (503) 231-4007 (fx)

Thus, even if all vets follow the label, they will continue to be allowed to sanction routine subtherapeutic use on animals. I encourage the Committee to review these photographs of various drug labels. Note that current labels include three dosages: a subtherapeutic dosage for growth promotion, a subtherapeutic dosage for disease control and therapeutic dosage for treatment. Under the FDA's program, the growth promotion label will disappear but the subtherapeutic disease prevention label will remain – at great risk to the public.

Parenthetically, and in contrast to some claims, federal law does indeed allow vets to deviate from the label; here's an example of how this works. Additionally, there are almost 100 antibiotics without duration or disease indications on the label, as a search of this FDA database uncovers.

Claim #2: Routine subtherapeutic disease prevention is needed to protect public health. We have often heard some opponents say that even if this all were true, routine subtherapeutic treatment for disease prevention is necessary to avert massive herd outbreaks, and keep the public's food supply safe.

It is true that this practice may avert herd outbreaks. It is equally true that this practice endangers human medicine and human health in the process – and at a scale orders of magnitude more severe than the risks of herd outbreaks. If a farm must engage in such risky behavior in order to "protect public health", then the real problem is poor animal husbandry, and should be solved in a different manner than overuse of antibiotics.

This is what farmers in Oregon and around the world tell us: that there is little conflict between improving animal husbandry, reducing antibiotic use and running a strong farming enterprise. Over 100 small farmers, organized by Friends of Family Farmers, were at the Capitol last week for their annual lobby day. This legislation was among the ones they support, and this was one of the many points they made.

This is also what Danish farmers are telling us, as recounted in a recent New York Times piece. Denmark has strictly limited subtherapeutic antibiotic use for all purposes for over fifteen years, with good results for public health and agriculture.

SB 920 is supported by a broad coalition of medical professionals, farmers, veterinarians and consumers – and a number of organizations that represent them. This includes the Oregon Medical Association (upon removal of the citizen suit provision), Oregon Nurses Association, the Oregon Pediatric Society, Coalition of Community Health Clinics, Oregon Primary Care Association, and Greater Portland Chapter of the American Society of Medical-Surgical Nurses, as well as Friends of Family Farmers and Consumers Union.

Please, let's follow the advice of our doctors, nurses and small farmers and pass SB 920. Thank you for your time and attention to this most critical issue.