Testimony of The Society for Healthcare Epidemiology of America (SHEA)
and the Association for Professionals in Infection Control and Epidemiology (APIC)
to the U.S. House of Representatives Appropriations Subcommittee on
Labor, Health and Human Services, Education and Related Agencies on
Fiscal Year 2015 Appropriations for the U.S. Department of Health and Human Services (HHS)
March 28, 2014

The Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC) thank you for this opportunity to submit testimony on federal efforts to detect dangerous infectious diseases, protect the American public from preventable healthcare-associated infections (HAIs) and address the rapidly growing threat of antibiotic resistance (AR). We ask that you support the following programs: First, under the Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases: $250 million for Core Infectious Diseases including $30 million for the new Detect and Protect Against Antibiotic Resistance (AR) Initiative, $32 million for the National Healthcare Safety Network (NHSN), and $30 million for the Advanced Molecular Detection (AMD) Initiative. Additionally, we request $34 million for HAI research activity conducted by the Agency for Healthcare Research and Quality (AHRQ) and $4.58 billion for the National Institutes of Health/National Institute of Allergy and Infectious Diseases (NIAID).

HAIs are among the leading causes of preventable death in the United States. In hospitals alone, CDC estimates that one in 25 patients has an HAI, totaling approximately 722,000 infections in 2011. According to the CDC, every day, more than 200 Americans with HAIs will die during their hospital stay. Further, AR is one of the most critical public health and patient safety threats facing us today, causing an estimated two million illnesses and approximately 23,000 deaths annually. It is estimated that as much as half of antibiotic prescribing in hospitals is not necessary. Antibiotics, created to save lives, are now contributing to patient's deaths by promoting the emergence of highly resistant bacteria and leading to deadly adverse events.

Centers for Disease Control and Prevention (CDC)

We urge you to support the CDC Coalition's request for $7.8 billion in FY 2015 for the CDC's "core programs." We are concerned that the President's FY 2015 budget proposal would reduce the CDC's budget authority by $243 million when compared with FY 2014. This total is, in fact, lower than 2003 levels. We urge Congress to prioritize funding for the activities and programs supported by CDC that are essential to protect the health of the American people and reduce healthcare costs.

We especially want to highlight our support for the $30 million in the President's budget for the Detect and Protect Against Antibiotic Resistance (AR) Initiative. This initiative will establish a robust network of five regional labs that will detect the deadliest AR threats and protect patients and communities through the rapid identification of outbreaks, saving lives and reducing healthcare costs. It will prioritize healthcare prevention collaboratives focused on improving antibiotic use and preventing deadly infections caused by *Clostridium difficile (C. diff)*, carbapenem-resistant Enterobacteriaceae (CRE), *Pseudomonas*, and methicillin-resistant *Staphylococcus aureus (MRSA).* Most importantly, the initiative will invest in direct action by implementing proven evidence-based interventions that reduce the emergence and spread of AR pathogens and improve antibiotic use. It is critical that Congress prioritize this rapidly growing threat to public health and patient safety in our nation and around the world. Moreover, we strongly support CDC's focus on the implementation of antimicrobial stewardship programs in all healthcare settings.

We urge you to support the $32 million in the President's budget for the CDC's National Healthcare Safety Network (NHSN). The President's request represents a $14 million increase over the FY 2014 enacted level for the NHSN to extend HAI prevention efforts to more than 3,000 ambulatory surgery centers and other non-hospital settings. This will enable CDC to conduct applied research on interventions for infection prevention and continue to provide data for national HAI elimination and targeted HAI prevention intervention. This funding level will also allow for the extension and implementation of the NHSN Antimicrobial Use and Resistance Components to enable rapid detection of highly resistant pathogens and

track antibiotic use in healthcare settings.

The NHSN serves as the foundation for the development of innovative, evidence-based HAI prevention strategies through high-quality monitoring of HAI prevalence as well as antibiotic usage in the US. It is a critical tool used by healthcare facilities to monitor and prevent HAIs. The NHSN provides medical facilities, states, regions, and the nation with data collection and reporting capabilities needed to comply with state and federal public reporting mandates, including the Centers for Medicare & Medicaid Services' Value-Based Purchasing Program. Consistent, scientifically sound and validated data are necessary to be reported at the state and federal levels to ensure that accurate data are available to evaluate progress related to the HHS National Action Plan to Prevent HAIs as well as to support transparency to the public, allowing for fair comparisons between facilities.

By August 2013, over 12,400 healthcare facilities, including nearly all US hospitals, participated in NHSN for quality improvement. The number of acute care hospitals reporting multi-drug resistant organisms (such as *C.diff* and MRSA) through NHSN more than doubled to 4,000 in FY 2013. Since 2008, the cumulative impact of CDC data systems, guidelines and programs has contributed to significant reductions of HAIs in healthcare settings, including a 44% reduction in central line-associated bloodstream infections, a 31% reduction in healthcare-associated invasive MRSA infections, and a 20% reduction in surgical site infections.

We strongly support the CDC Prevention Epicenters Program. Funded through the NHSN, this program is a collaboration between CDC and academic medical centers that conduct innovative infection control and prevention research to address important scientific questions regarding the prevention of HAIs, antibiotic resistance and other adverse healthcare events. The Epicenters Program has provided a unique forum in which academic leaders in healthcare epidemiology can partner directly with each other and with CDC subject matter experts. The resultant emphasis on multicenter collaborative research projects, through which investigators work together as a group, allows for research that in many cases, would not have been

possible for a single academic center. Going forward, the Prevention Epicenters will continue to address gaps and pilot innovative ways to prevent HAIs and antimicrobial resistance.

We urge your continued support of the President's $30 million request for the Advanced Molecular Detection (AMD) Initiative in bioinformatics and genomics, which allows CDC to more quickly determine where emerging diseases come from, whether microbes are resistant, and how microbes are moving through a population. This Initiative is critical because it strengthens CDC's epidemiologic and laboratory expertise to effectively guide public health action.

We strongly support the critical work conducted through the Emerging Infections Program (EIP), which engages a network of state health departments and their academic medical center partners to help answer important questions about emerging HAI threats, advanced infection tracking methods and antibiotic resistance in the U.S.

Agency for Healthcare Research and Quality

We request your support of the proposed investment of $34 million for AHRQ's HAI research activity, the level of enacted support in FY 2014. Building on the successes of FY 2013 and 2014, these funds will support a portfolio of grant- and contract-funded projects seeking to advance our knowledge about effective approaches to reducing HAIs while promoting the implementation of proven methods for preventing HAIs. These grants ($13.9 million) and contracts ($20.1 million) will investigate methods of controlling HAIs in diverse healthcare settings and will address the major types of HAIs. In addition, contracts funded by the HAI budget will accelerate the nationwide implementation of the Comprehensive Unit-based Safety Program (CUSP). To date, widespread adoption of this evidence-based checklist of safety practices to over 1,000 intensive care units has reduced the incidence of central line-associated bloodstream infections (CLABSIs) by 41%. Our organizations are pleased to participate in the *On the CUSP: Stop CAUTI* initiative, which aims to reduce mean rates of CAUTI in U.S. hospitals by 25 percent by working with state organizations and hospitals across the country to implement the CUSP and catheter-associated urinary tract infection (CAUTI)

reduction practices in hospital units. In spite of notable progress, there remains work to be done toward the goal of HAI elimination.

National Institutes of Health (NIH)/National Institute of Allergy and Infectious Diseases (NIAID)

Within NIH, we believe that the National Institute of Allergy and Infectious Diseases (NIAID) should be funded at least at the $4.58 billion requested by the Administration in the FY 2014 budget request. Nearly flat-funding NIAID limits investment in new research and serves as a disincentive for young people to pursue infectious disease research careers so critical to the discovery of new therapies, new diagnostic approaches, and new preventive strategies.

In 2013, the NIAID began funding a new clinical trials network focused on antibiotic-resistant bacterial infections. With sufficient funding, the new research network/infrastructure will conduct studies to address antibiotic resistance as well as begin to answer questions that will help fill the nearly empty antibiotic research and development pipeline. Severe economic disincentives have caused a mass exodus of private companies from the antibiotics market, making federally funded research in this area more critical than ever. We applaud NIAID's initiative in launching the new network. We recommend increased investment in this area.

We thank you for the opportunity to submit testimony and greatly appreciate your leadership in the effort to eliminate preventable HAIs and combat antibiotic resistance.

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About SHEA: SHEA is a professional society representing more than 2,000 physicians and other healthcare professionals globally who have expertise in and passion for healthcare epidemiology and infection prevention. SHEA's mission is to prevent and control healthcare-associated infections and advance the field of healthcare epidemiology. The society promotes science and research, develops expert guidelines and guidance for healthcare workers, provides high-quality education, promotes antimicrobial stewardship, encourages transparency in public reporting related to HAIs, works to ensure a safe healthcare environment, and facilitates the exchange of knowledge.

About APIC: APIC's mission is dedicated to creating a safer world through prevention of infection. The association's more than 15,000 members direct and maintain infection prevention programs that prevent suffering, save lives and contribute to cost savings for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization.