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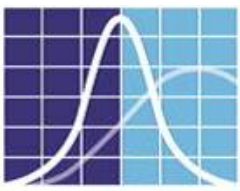

SHEA
The Society for Healthcare Epidemiology of America

February 15, 2019

Martin J. Blaser, MD
Chair, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blaser:

The Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiologists of America (SHEA) wish to thank the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB) for the opportunity to provide supplemental comments following the January 30, 2019 PACCARB meeting. APIC and SHEA are professional associations representing infection preventionists, antibiotic stewards, and healthcare epidemiologists.

The Department of Health and Human Services, World Health Organization, National Institutes of Health, Centers for Disease Control and Prevention and many other governmental and non-governmental organizations have identified antibiotic resistance one of the greatest threats to public health. The 2015 *National Action Plan for CARB* and the convening of this council were important steps in identifying the scope of the problem in order to begin work to repair it. APIC and SHEA members have a primary role in implementing Goal #1 of the Action Plan: Slow the Emergence of Resistant Bacteria and Prevent the Spread of Resistant Infections. The National Action Plan identified activities essential to achieving this goal, including implementation of healthcare policies and antibiotic stewardship programs that improve patient outcomes, and efforts to minimize the development of resistance by "ensuring that each patient receives the right antibiotic at the right time at the right dose for the right duration."

Antibiotics have transformed the practice of medicine, saving millions of lives by protecting patients from once lethal infections and making many medical advances possible. However, the CDC estimates that now 30-50% of antibiotic use in hospitals is unnecessary or inappropriate, putting patient safety and public health at risk. Without oversight of antibiotic use, we are at risk of making antibiotics both ineffective and harmful.

The Centers for Medicare & Medicaid Services (CMS) followed up by proposing revisions to the Medicare requirements for Long-Term Care Facilities in 2015, and revisions to Medicare hospital and critical access hospital Conditions of Participation (CoPs) in 2016, both of which included requirements for healthcare facilities to implement antibiotic stewardship programs within the infection prevention and control programs. Although the long-term care facility revisions were finalized and implemented,

the proposed revisions for hospitals and critical access hospitals -- which, without further action will expire on June 16, 2019 -- have not been. Therefore, not only are acute and critical care hospitals burdened by requirements that are outdated and inefficient, patients suffer because of inconsistent care requirements across the healthcare continuum.

As noted in the proposed rule, infection control was elevated to a CoP in 1986. Except for technical amendments, it has remained essentially unchanged for more than 30 years. APIC and SHEA agree with CMS that the current requirements no longer fully conform to current standards for infection prevention and control. Unlike in 1986, we now know that patient safety depends on the ability of hospitals to be able to balance traditional infection control efforts with organization-wide infection prevention practices. The proposed rule takes critical steps to reflect the evolution of research and the closing of knowledge gaps to prevent the spread of healthcare-associated infections and multidrug-resistant organisms. Changing the title of the CoP by adding the words “prevention” and “antibiotic stewardship” and emphasizing coordination between the infection prevention and control and the quality assessment and performance improvement programs underscore the importance of collaboration throughout every department, including outpatient care, in protecting patients from transmission of infection.

Stewardship in all care settings is the most important first step we can take to begin reducing the worldwide threat of antibiotic resistance. Acute care hospitals typically lead the way over other care settings such as long-term care in important infection prevention priorities. However, ironically, the failure of CMS to finalize revisions to CoPs for acute care hospitals may erode their efforts to address antibiotic stewardship.

APIC and SHEA appreciate this council’s efforts to advance the fight against antibiotic resistance, but we believe we cannot move forward until we have implemented already-identified initial steps in the fight. We ardently endorse Recommendation I-5.1 of the September 2018 PACCARB report to “immediately finalize the Medicare Conditions of Participation requirements for antibiotic stewardship programs, as proposed in June of 2016, in hospitals and critical access hospitals,” and we urge PACCARB to continue to encourage HHS Secretary Azar to call on CMS to finalize these draft revisions before they expire in June 2019, especially the provisions requiring establishment of antibiotic stewardship and infection prevention and control programs.

Thank you for your efforts and your consideration of our request.

Sincerely,

Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC
2019 APIC President

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