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Members of the Presidential Advisory Council on Combating Antibiotic Resistant Bacteria:

I am Karen Hoffmann, President of the Association for Professionals in Infection Control and Epidemiology. APIC is a nonprofit, multidisciplinary organization representing almost 16,000 infection preventionists whose mission is to create a safer world through prevention of infection. We appreciate the opportunity to provide public comment today on fighting the threat of antibiotic resistance.

We all know the danger from antibiotic resistance – the CDC estimates that drug-resistant bacteria cause 2 million illnesses and approximately 23,000 deaths each year in the U.S., and the World Health Organization lists antimicrobial resistance as one of the 10 biggest threats in 2019. 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. As infection preventionists, APIC 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 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 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.

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 to finalize revisions to Conditions of Participation for acute care hospitals may erode their efforts to address antibiotic stewardship.

APIC appreciates 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 therefore urge PACCARB to encourage the President to call on CMS to finalize the 2016 draft revisions to the hospital and critical access hospital Conditions of Participation, especially the provision requiring establishment of antibiotic stewardship programs within the oversight of the infection prevention and control program.

Thank you for your efforts and for the opportunity to address you today.

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