



Testimony of the Association for Professionals in Infection Control and Epidemiology (APIC) and The Society for Healthcare Epidemiology of America (SHEA) to the U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies on Fiscal Year 2016 Appropriations for the U.S. Department of Health and Human Services (HHS) April 3, 2015

The Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA) 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 (CDC) National Center for Emerging and Zoonotic Infectious Diseases: **\$501 million for Core Infectious Diseases including \$264 million for the new Antibiotic Resistance Solutions 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 \$4.6 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 hospitalized patients has an HAI, totaling approximately 722,000 infections and 75,000 deaths in 2011. Further, a growing number of infections are resistant to antibiotics causing an estimated two million illnesses and approximately 23,000 deaths annually. Antibiotics, created to save lives, are now contributing to patient deaths through misuse and overprescribing that promotes the emergence of highly resistant bacteria and leads to deadly adverse events. AR is one of the most critical public health and patient safety threats facing our nation. The actions we take now will determine if we will return to an era where even a small cut could prove fatal.

**Centers for Disease Control and Prevention (CDC)**

We urge you to support the CDC Coalition's request for \$7.8 billion in FY 2016 for the CDC's "core programs." We are pleased that the President's FY 2016 budget proposal would increase the CDC's budget authority by \$141 million when compared with FY 2015. We urge Congress to prioritize funding for all the activities and programs supported by CDC that are essential to protect the health of the American people and reduce healthcare costs.

**We urge you to support \$32 million for CDC's National Healthcare Safety Network (NHSN) and Prevention Epicenters Program.** This request represents a \$14 million increase over the FY 2015 enacted level for the NHSN to support HAI prevention and reporting efforts to more than 17,000 healthcare facilities across the spectrum of care. This will enable CDC to conduct applied research on interventions for infection prevention and continue to provide data for national HAI elimination goals and targeted HAI prevention initiatives. This funding level will also allow for the extension and implementation of the NHSN Antimicrobial Use and Resistance Module to track antibiotic use in healthcare settings and provide real time data about antibiotic use and trends.

NHSN data and the Prevention Epicenters Program, a collaboration between CDC and academic medical centers that conduct innovative infection prevention and control research, serve as the foundation for the development of pioneering, evidence-based HAI prevention strategies. Consistent, scientifically sound data reported at the state and federal level are necessary to ensure that accurate data are available to evaluate progress related to the National Action Plan to Prevent HAIs as well as to support transparency to the public, allowing for equitable comparisons between facilities.

Since 2008, the cumulative impact of CDC infection prevention resources, 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.

Despite these improvements to patient safety, the significant increase in facility users, and the importance of the system's contributions to reducing HAIs and combating AR, funding for NHSN and the Prevention Epicenters has been flat since FY 2010.

**APIC and SHEA request \$501 million for Core Infectious Diseases to include funding for Healthcare-Associated Infections, Antibiotic Resistance, and Emerging Infections Program.** The Emerging Infections Program (EIP) helps states, localities and territories in detecting and protecting the public from known infectious disease threats in their communities while maintaining our nation's capacity to identify new threats as they emerge. Increased funding for Core Infectious Diseases will expand the number of EIP sites from 10 to 20. Beyond surveillance, prevention, and control of emerging infectious diseases, EIP provides sufficient flexibility for emergency response and addresses new problems as they arise; develops and evaluates public health interventions, and ultimately transfers what is learned to public health agencies and healthcare providers.

**We support the \$264 million request in the President's budget for the Antibiotic Resistance Solutions Initiative.** This comprehensive initiative will establish state AR prevention programs in all 50 states and 10 large cities to protect patients and communities through the rapid identification of outbreaks. The initiative will improve response time to outbreaks of infectious disease threats by creating a network of AR regional labs that use cutting edge methods to track and mitigate disease spread. Pharmaceutical companies and researchers will be able to test their antibiotics against isolates maintained in an AR isolate bank established by the AR Solutions Initiative. The isolate bank will be able to provide a complete collection of current resistant threats and keep pace with mutations.

The AR Solutions Initiative will incorporate NHSN antibiotic use information to improve antibiotic prescribing practices, which contributes to the rise of resistant pathogens. Moreover, we strongly support CDC's focus on the implementation of antibiotic stewardship programs in all healthcare settings. The initiative anticipates outcomes resulting in a reduction of carbapenem-resistant Enterobacteriaceae (CRE) and *Clostridium difficile*, two pathogen groups labeled as urgent threats by CDC in 2013, by 60% and 50% respectively. It is critical that Congress prioritize this rapidly growing threat to public health and patient safety in our nation and around the world.

**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.

#### **Agency for Healthcare Research and Quality (AHRQ)**

**We request your support of the proposed investment of \$34 million for AHRQ's HAI research activity.** These grants (\$17.8 million) and contracts (\$16.2 million) will advance our knowledge about effective approaches to reducing HAIs while promoting the implementation of proven methods for preventing HAIs. In addition, contracts funded by the HAI budget will accelerate the nationwide implementation of the Comprehensive Unit-based Safety Program (CUSP), an evidence-based safety framework for improvement in culture, teamwork, communication, and patient-care practices.

To date, widespread adoption of the CUSP approach in over 1,000 intensive care units has reduced the incidence of central line-associated bloodstream infections by 41% within those units, saving 500 lives and \$36 million in excess costs. 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)**

**APIC and SHEA support the \$4.6 billion requested by the Administration for FY 2016 for the National Institute of Allergy and Infectious Diseases (NIAID) within NIH.** The emergence of diseases such as chikungunya, enterovirus-D68, and the re-emergence of Ebola illustrates the need for critical research that can lead to the discovery of new therapies, new diagnostic approaches, and new preventative strategies.

NIAID's long-standing basic and translational research on Ebola and other hemorrhagic fever viruses has yielded some of today's most promising therapeutic candidates. Additionally, NIAID is addressing the growing problem of antimicrobial resistance (AR) through basic research to understand how microbes acquire and transmit resistance genes and clinical efforts including studies to optimize the use of currently licensed drugs, combination therapies, and alternative, non-antibiotic treatment strategies. 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 are pleased that the FY 2016 budget request would provide adequate investment in emerging infectious diseases research.

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

**Please forward questions to:** Lisa Tomlinson, Vice President of Government Affairs and Practice Guidance, APIC, [ltomlinson@apic.org](mailto:ltomlinson@apic.org)

Lynne Jones Batshon, Director of Policy and Practice, SHEA, [lbatshon@shea-online.org](mailto:lbatshon@shea-online.org)

**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. Visit APIC online at [www.apic.org](http://www.apic.org). Follow APIC on Twitter: <http://twitter.com/apic> and Facebook: [www.facebook.com/APICInfectionPreventionandYou](http://www.facebook.com/APICInfectionPreventionandYou). For information on what patients and families can do, visit APIC's Infection Prevention and You website at [www.apic.org/infectionpreventionandyou](http://www.apic.org/infectionpreventionandyou).

**About SHEA:** SHEA is a professional society representing more than 2,000 physicians and other healthcare professionals globally that 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 in all healthcare settings. SHEA upholds the value and critical contributions of healthcare epidemiology to improving patient care and healthcare worker safety. Visit SHEA online at [www.shea-online.org](http://www.shea-online.org), [www.facebook.com/SHEApreventingHAIs](http://www.facebook.com/SHEApreventingHAIs) and @SHEA\_Epi.