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**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. House
Appropriations Subcommittee on
Labor, Health and Human Services, Education and Related Agencies on
Fiscal Year 2014 Appropriations
for the U.S. Department of Health and Human Services (HHS)
March 15, 2013**

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 and protect the American public from healthcare-associated infections (HAIs). We ask that the Subcommittee support the following programs under appropriations for the Department of Health and Human Services. First, under the Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases: \$27.5

million for the National Healthcare Safety Network (NHSN) and the Prevention Epicenters Program; \$182.2 million for Core Infectious Diseases to include funding for Healthcare-Associated Infections, Antimicrobial Resistance, and the Emerging Infections Program (EIP). Additionally, we request \$34 million for the Agency for Healthcare Research and Quality (AHRQ) to reduce and prevent HAIs. This includes \$11.6 million in HAI research grants and \$22.4 million in HAI contracts including the Comprehensive Unit-based Safety Program (CUSP). Finally, we request \$500 million annually for the National Institutes of Health (NIH), National Institute of Allergy and Infectious Diseases' antibacterial and related diagnostics efforts by the end of FY 2014.

HAIs are among the leading causes of preventable death in the United States. In hospitals alone, CDC estimates that one in 20 hospitalized patients has an HAI, while over one million HAIs occur across healthcare settings annually.

In addition to the substantial human suffering, HAIs contribute \$28 to \$33 billion in excess healthcare costs each year. Fortunately several HAIs are on the decline as a result of recent advances in the understanding of how to prevent certain infections. In particular, bloodstream infections associated with indwelling central venous catheters, or "central lines," are largely preventable when healthcare providers use the CDC infection prevention recommendations in the context of a performance improvement collaborative. CDC recently reported a 41% reduction in central line-associated bloodstream infections in 2011, up from the 32% reduction reported in 2010. Now we have the opportunity to continue this momentum and extend it to other infections.

Centers for Disease Control and Prevention (CDC)

APIC and SHEA request **\$27.5 million for the National Healthcare Safety Network (NHSN) and the Prevention Epicenters Program.** These programs provide critical funding to detect dangerous multidrug-resistant organisms (MDROs) to protect patients and the public from disease and death associated with HAIs.

APIC and SHEA are strongly supportive of the Prevention Epicenters Program, a collaboration of CDC's Division of Healthcare Quality Promotion (DHQP) and academic medical centers that conduct innovative infection control and prevention research to address important scientific gaps regarding the prevention of HAIs, antibiotic resistance and other adverse healthcare events.

Consistent, high quality, scientifically sound and validated data are necessary to measure the true extent of the problem, develop evidence-based HAI prevention strategies, and to ensure that accurate data are available at the state and federal level for public reporting.

Funding for this program has been flat since FY 2010, despite the system's importance in our nation's efforts to monitor and prevent HAIs, and the increase in facilities reporting into the NHSN – from 3,000 in 2010 to nearly 12,000 in 2013.

APIC and SHEA request **\$182.2 million for Core Infectious Diseases to include funding for Healthcare-Associated Infections, Antimicrobial Resistance, and Emerging Infections Program.**

APIC and SHEA support the EIP as it 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.

Further, ensuring the effectiveness of antibiotics well into the future is vital for the nation's public health, particularly when our current therapeutic options are now dwindling and research and development of new antibiotics is lagging. As noted in the recently released CDC *Vital Signs* report related to carbapenem-resistant Enterobacteriaceae (CRE), microorganisms are becoming more resistant to antimicrobials. Such resistance is one of the most pressing challenges facing healthcare providers and patients in the coming decade, so it is essential that the CDC maintain the ability to monitor organism resistance.

Agency for Healthcare Research and Quality (AHRQ)

APIC and SHEA request **\$34 million for AHRQ in FY 2014** to reduce and prevent HAIs. This total includes funding for HAI research grants to improve the prevention and management of HAIs, and HAI contracts including nationwide implementation of the Comprehensive Unit-based Safety Program (CUSP). Over the past decade, AHRQ has funded numerous projects targeting HAI prevention that have led to the successful reduction of central line-associated bloodstream infections (CLABSIs) in hospital intensive care units (ICUs) by 58% since 2001, representing up to 27,000 lives saved. In spite of this notable progress, there is a great deal of work to be done toward the goal of HAI elimination. SHEA and APIC are very pleased that AHRQ is expanding the

CUSP program to reach healthcare settings outside the ICU and to broaden the focus to address other types of infection.

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

APIC and SHEA request that at least **\$500 million annually be provided for NIAID's antibacterial and related diagnostics efforts** by the end of FY 2014. As part of this effort, we believe NIAID should invest at least \$100 million per year in the antibiotic-resistance focused clinical trials network that the Institute is currently establishing and should be operational by 2014. Although we applaud NIAID for establishing this new network, we believe the planned investment of \$10 million per year over the next 10 years will be insufficient to undertake the critical studies needed to address what are quickly becoming untreatable infections. We thank you for the opportunity to submit testimony and greatly appreciate this subcommittee's assistance in providing the necessary funding for the federal government to have a leadership role in the effort to eliminate HAIs.

About APIC: APIC's mission is dedicated to creating a safer world through prevention of infection. The association's more than 14,000 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.

About SHEA: Founded in 1980, SHEA works to achieve the highest quality of patient care and healthcare personnel safety in all healthcare settings by applying epidemiologic principles and prevention strategies to a wide range of quality-of-care issues. SHEA's membership of 2,000 represents all branches of medicine, public health, and healthcare epidemiology. SHEA members are committed to implementing evidence-based strategies to prevent HAIs and improve patient safety, and have scientific expertise in evaluating potential strategies to accomplish this goal.