

National Healthcare Safety Network (NHSN) Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) FY2026 Request

History of NHSN Funding

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Time Period	Funding	Participating Facilities
	Level	
Budget Authority		
FY 2004 - FY 2008	\$3M	500 participating hospitals in 2005; pilot program, no dedicated budget
		line
FY 2009	\$10M	*Start of modern NHSN program*
FY 2010 - FY 2013	\$15M	3,244 facilities in 2010; CDC budget structure change in 2014
FY 2014 - FY 2015	\$18M	17,350 facilities in 2015
FY 2016 - FY 2022	\$21M	22,000 facilities in 2019; 37,000 facilities in 2022
FY 2023	\$24M	38,000 facilities in 2023
FY 2024	\$24M	38,000 facilities in 2024
FY 2025	\$24M	39,000 facilities in 2025
One-time investments		
FY 2020	\$11M	COVID-19 emergency supplemental
FY 2023 - FY 2026	\$150M	American Rescue Plan; Authorized between FY 2023 through FY 2026
		only

Funding Request

SHEA is recommending the National Healthcare Safety Network (NHSN) within CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) be sustained it the current level of \$24 million until legislators can reach an agreement on funding reforms for Executive Branch agencies. NHSN requires \$60 million in annual appropriations to sustain the critical modernization initiative currently in its final stages. Modernization of the NHSN was made possible through one-time investments from COVID-19 emergency supplemental funds and the American Rescue Plan. These investments together expand capacity for nursing home data reporting and will enable an automated process for data collection and surveillance across the healthcare spectrum by the end of FY 2026. To sustain a fully modernized NHSN beyond FY 2026, annual appropriations must be increased to \$60 million.

What is NHSN?

- NHSN is our nation's tracking and response system for <u>healthcare-associated infections (HAIs)</u> <u>and multi-drug resistant organisms (MDROs)</u> on a facility, state, and federal level.
- NHSN measures progress on reducing the prevalence of the most common HAIs in healthcare facilities such as
 central line bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI),
 Clostridioides difficile infections (CDI), and Methicillin-resistant Staphylococcus aureus (MRSA).
- NHSN is developing capabilities that supports the <u>US situational awareness framework</u> for hospital bed capacity reporting and hospital respiratory data reporting.

- NHSN currently supports 39,000 facilities and an average of 1,500 14,000 users logged in at any given time, and an average of 200-400 program support inquiries daily.
- NHSN is the most comprehensive and established system to capture and analyze data that informs healthcare facility quality improvement interventions, mitigation strategies, and outbreak responses to HAIs.
- NHSN can identify preventable HAI problems occurring within individual healthcare facilities and benchmark progress on those facilities' infection prevention efforts.

How is NHSN data used?

- Healthcare facilities report certain data elements that are transmitted to the NHSN where it is validated, analyzed, and aggregated before being shared with reporting healthcare facilities, state and local public health departments, the <u>Centers for Medicare & Medicaid Services (CMS)</u>.
- NHSN is used by federal, state, local, and healthcare facility emergency response data-driven decision making to stop the spread of HAIs and MDROs.
- NHSN is a critical component of antibiotic stewardship, which is critical for managing and preventing the
 emergence of MDROs. Antibiotic use data is collected and analyzed in order to optimize antibiotic prescribing
 practices.
- CMS uses NHSN for <u>regulatory activities</u>, quality reporting programs, and incentive payment programs for healthcare facilities.
- Patients can visit the <u>Hospital Compare</u> and <u>Nursing Home Compare websites</u> where they will find facility-level data extracted from NHSN to show hospitals and nursing homes star quality ratings including ratings for rates of infections.

What improvements have already been made to the NHSN?

- Automation capabilities for data reporting and collection from facilities of all types across the healthcare spectrum are being rolled out right now and will allow for faster access to data that is actionable.
- NHSN supports CMS' goal of advancing quality measurement by transitioning all quality measures used in its reporting programs to digital quality measures (dQM) and support new requirements to support Fast Healthcare Interoperability Resources (FHIR) and data standards under the ONC 21st Century Cures Act.
- Hospital bed capacity estimates are now possible and will help manage surge capacity during outbreaks.
- The Help Desk's ability to respond to and support a larger number of users has expanded exponentially.
- Automation will enable collection of patient demographic information which was previously not possible because of technology constraints and reporting burden on clinicians.

What are the benefits of NHSN modernization?

- NHSN modernization will enable faster, richer, real-time data collection from healthcare facilities.
- NHSN modernization will alleviate some administrative burden for healthcare personnel and will allow for more time spent attending to bedside patient care which will in turn reduce strain on ongoing workforce shortages.
- NHSN modernization will support the ability for healthcare facilities to report patient-level data across all
 reporting metrics. This will enable more accuracy of data risk adjustment leading to more informed decision
 making.

- NHSN modernization will support all-hazards preparedness and response efforts working in coordination with CMS and Administration for Strategic Preparedness and Response (ASPR) to collect and report on operational, logistical, and clinical situational awareness during public health emergencies.
- NHSN modernization will correspond with investments in the <u>Antibiotic Resistance Solutions Initiative</u> (<u>ARSI</u>), the <u>Combating Antibiotic Resistant Bacteria (CARB)</u>, the <u>Data Modernization Initiative</u> all of which interface with or rely on NHSN for foundational programmatic support.

What is at risk if NHSN base-level funding is not sustained?

- Disruptions in funding could impact CDC's ability to sustain NHSN operations.
- A fully modernized NHSN cannot operate long-term from the existing FY 2025 level of \$24 million, which is
 only a slight increase over the FY 2022 funding line and hasn't been increased since FY 2016 when NHSN
 supported ~17,000 facilities.
- By the end of FY 2026, modernized NHSN capabilities are projected to be fully realized and automated data capture and exchange will be freely available across the healthcare spectrum. However, automated data collection and submission for HAI and antibiotic use data may not yet be the standard for all healthcare facilities by that timeframe, including those currently not yet reporting to NHSN.
- Failure to adequately fund a fully modernized NHSN could put our nation's ability to prepare for the next infectious disease public health emergency at risk.