

August 12, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-3295-P: Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH)
Changes to Promote Innovation, Flexibility, and Improvement in Patient Care

Dear Mr. Slavitt:

We, the undersigned organizations representing healthcare providers, physicians, and public health, are deeply concerned about the growing public health threat of antibiotic resistance. We therefore write in strong support of the antibiotic stewardship provisions in the Centers for Medicare and Medicaid Services' (CMS') proposed rule requiring both hospitals and critical access hospitals (CAH) to develop and maintain an antibiotic stewardship program (ASP) in order to participate in Medicare and Medicaid reimbursement programs.

Antibiotic overuse is a major public health threat because it contributes to antibiotic resistance. Up to 50 percent of all antibiotics prescribed in the United States are estimated to be inappropriate by indication, agent, or duration of therapy.¹ More than half of all hospitalized patients receive antibiotics.² ASPs are designed to optimize antibiotic prescribing and improve patient outcomes, while minimizing the unintended consequences of antibiotic use such as the development of resistance. Such programs are critical for improving antibiotic prescribing, yet only 40 percent of hospitals have implemented them.³

There is wide consensus from professional societies, public health organizations, and the federal government that hospitals should implement ASPs to reduce inappropriate antibiotic prescribing.⁴ The White House's National Action Plan for Combatting Antibiotic-Resistant Bacteria outlines a goal of implementing ASPs in all hospitals by 2020.⁵ The proposed CMS requirement for ASPs in hospitals would significantly advance efforts towards achieving this goal.

¹ Centers for Disease Control and Prevention, "Antibiotic Resistance Threats in the United States, 2013," (Accessed July 28, 2016), <http://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf>.

² S. Magill et al., "Prevalence of Antimicrobial Use in U.S. Acute Care Hospitals, May-September 2011," *Journal of the American Medical Association*, 312, no. 14 (2014): 1438-46, doi: 10.1001/jama.2014.12923.

³ L. Pollack et al., "Antibiotic Stewardship Programs in U.S. Acute Care Hospitals: Findings from the 2014 National Healthcare Safety Network (NHSN) Annual Hospital Survey," *Clinical Infectious Diseases* 62, no. 12 (2016), doi:10.1093/cid/ciw323.

⁴ Society for Healthcare Epidemiology of America (SHEA), Infectious Diseases Society of America (IDSA), and Pediatric Infectious Diseases Society (PIDS), "Policy Statement on Antimicrobial Stewardship by SHEA, IDSA, and PIDS," *Infection Control and Hospital Epidemiology*, 33 (2012), doi:10.1086/665010; "ASTHO Antimicrobial Resistance and Stewardship Position Statement," last modified 2014, <http://www.astho.org/Policy-and-Position-Statements/Position-Statement-on-Antimicrobial-Resistance/>; Dellit et al., "Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship," *Clinical Infectious Diseases* (2007), doi:http://dx.doi.org/ 10.1086/510393.

⁵ The White House, "National Action Plan for Combatting Antibiotic-Resistant Bacteria," March 2015, accessed July 28, 2016, https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf.

We are encouraged that CMS has recognized the importance of antibiotic stewardship in hospitals and CAHs, and urge the agency to include the proposed ASP requirements in the final version of its pending provision.

Sincerely,

Organizations

Accelerate Diagnostics, Inc.
Alliance for the Prudent Use of Antibiotics
American Academy of Allergy, Asthma & Immunology
American Medical Association
American Public Health Association
BD
BioMerieux
Cempra
Health Care Without Harm
Health Watch USA
Infectious Diseases Society of America
Intermountain Healthcare
Kaiser Permanente Southern California/SCPMG
National Athletic Trainers' Association
Pediatric Infectious Diseases Society
Peggy Lillis Foundation
Pew Charitable Trusts
Sepsis Alliance
Society of Hospital Medicine
Society of Critical Care Medicine
Trust for America's Health
Theravance Biopharma

Individuals

Curt Collins, PharmD
Matthew B. Goetz, MD
Keith Hamilton, MD
James M. Hughes, MD
Immanuel Ijo, PharmD
Gary R. Kravitz, MD
Matthew P. Kronman, MD
Ruth Lynfield, MD
Marc Meyers, RPh
Bridget Olson, RPh
William M. Shafer, PhD
Eddie Stenehjem, MD