October 31, 2014

Marilyn B. Tavenner, RN, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
P.O. Box 8013  
Baltimore, MD 21244-8013

Dear Administrator Tavenner:

The undersigned organizations representing healthcare providers, patients, scientists, industry, and public health are deeply concerned about antibiotic resistance. Inappropriate use of antibiotics is a key driver of this public health crisis. To help address this serious problem, we urge you to adopt a recommendation made recently by the President’s Council of Advisors on Science and Technology (PCAST): Require hospitals and long term care facilities to implement an antibiotic stewardship program (ASP) as a Condition of Participation (COP) in Medicare and Medicaid.

Over the last several decades, there has been a significant increase in antibiotic use in hospitals and long term care facilities. Unfortunately, antibiotics are often administered needlessly, continued when they are no longer necessary, or prescribed at the wrong dose. In some cases, broad spectrum antibiotics are used when a narrow spectrum antibiotic would be equally effective. In other instances, ineffective antibiotics are prescribed to treat an infection. Inappropriate antibiotic use can lead to sub-optimal patient outcomes, preventable adverse events, and development of dangerous infections such as Clostridium difficile (C. diff).

Inappropriate use of antibiotics is also a driver of the development of antibiotic resistance. As the PCAST report—along with many other recent reports by the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) and others—noted, increasing rates of resistance pose a significant threat to patients and public health. Resistant infections are killing patients and contributing to increased healthcare costs.

Antibiotic stewardship refers to systematic efforts to optimize the use of antibiotics – not just reduce the total volume used – in order to maximize their benefits to patients, while minimizing both the rise of antibiotic resistance as well as adverse effects to patients from unnecessary antibiotic therapy. Antibiotic stewardship programs have been shown clearly to reduce the percentage of antibiotic-resistant organisms in a facility, reduce the occurrence of C. difficile infections, improve patient outcomes, decrease toxicity, and reduce pharmacy costs. Stewardship programs need not be burdensome for healthcare facilities. They can typically be operated utilizing existing staff, including infectious diseases physicians, pharmacists, and infection control professionals.

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Despite clear benefits for patients, public health and healthcare costs, many healthcare facilities still lack antibiotic stewardship programs and, as a result, are continuing to contribute to the problems associated with antibiotic misuse, including increasing resistance. We believe that requiring stewardship as a CoP would be an extremely useful mechanism to ensure that hospitals and long term care facilities—two categories of facilities with high antibiotic use and large numbers of patients at risk for serious infections—implement stewardship programs, given that CoPs have proven to be an effective lever to change other healthcare practices.

We are encouraged that the PCAST report on antibiotic resistance, the Combating Antibiotic Resistant Bacteria (CARB) National Strategy and Executive Order all present tremendous opportunities to improve patient care and public health. We look forward to working with all relevant federal agencies to implement the recommendations and achieve the goals set forth in these documents.

Sincerely,

Accelerate Diagnostics Inc.
Alliance for Aging Research
Alliance for Natural Health-USA
Alliance for the Prudent Use of Antibiotics
American Academy of Pediatrics
American College of Preventive Medicine
American Pharmacists Association
American Public Health Association
American Thoracic Society
Antibiotics Working Group (Cempra, Durata Therapeutics, Optimer Pharmaceuticals, Melinta, The Medicines Company and Theravance)
Association for Professionals in Infection Control and Epidemiology
Association of State and Territorial Health Officials
bioMérieux
Cempra, Inc.
Health Watch USA
HIV Medicine Association
Infectious Diseases Society of America
International Centre for Migration, Health and Development
Making-A-Difference in Infectious Diseases
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Foundation for Infectious Diseases
ONCORD, Inc.
Pediatric Infectious Diseases Society
Society for Healthcare Epidemiology of America
Society for Women’s Health Research
Society of Critical Care Medicine
Society of Infectious Disease Pharmacists