The Association for Professionals in Infection Control and Epidemiology (APIC) thanks you for this opportunity to submit testimony and greatly appreciates this subcommittee’s leadership in providing the necessary funding for the federal government to have a leadership role in the effort to eliminate healthcare-associated infections (HAIs).

APIC’s mission is to improve health and patient safety by reducing the risk of healthcare-associated infections and related adverse outcomes. The organization’s more than 13,000 members, known as infection preventionists, direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities throughout the United States and around the globe. Our association strives to promote a culture within healthcare institutions where all members of the healthcare team fully embrace the elimination of HAIs. We advance these efforts through education, research, collaboration, practice guidance, public policy and credentialing.

HAIs are among the leading causes of preventable death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002. In addition to the substantial human suffering caused by HAIs, these infections contribute $28 billion to $33 billion in excess healthcare costs each year.

We are greatly appreciative of funding provided in the FY2010 Consolidated Appropriations Act to resource HAI reduction efforts. In particular, we support the $5 million appropriation for the HHS Office of the Secretary to coordinate and integrate HAI-related activities across the Department, $136 million for the Centers for Disease Control and Prevention’s (CDC) emerging infectious diseases portfolio for expanded surveillance, public health research and prevention activities, $15 million to expand the CDC National Healthcare Safety Network (NHSN) and finally, $34 million for the Agency for Healthcare Research and Quality’s (AHRQ) MRSA Collaborative Research Initiative and for implementing evidence-based HAI prevention training nationwide.

In Fiscal Year 2011, we ask that you support the CDC Coalition’s $8.8 billion for CDC’s “core programs.” CDC serves as the command center for our nation’s public health defense system against emerging and reemerging infectious diseases. From pandemic flu preparedness and prevention activities to West Nile virus to smallpox to SARS, the Centers for Disease Control and Prevention is the nation’s -- and the world’s -- expert resource and response center,
coordinating communications and action and serving as the laboratory reference center. APIC members rely on CDC for accurate information and direction in a crisis or outbreak. We ask that you provide $2.3 billion for the CDC’s Infectious Diseases programs.

Because our members are on the front line in healthcare facilities, bringing their expertise in infection prevention to the patient’s bedside, there are so many areas within the CDC budget that we could highlight. Allow us to outline some of the areas of greatest concern to our membership. We support the Administration’s FY 2011 request for $27 million to expand NHSN to approximately 2,500 new hospitals. Currently, 21 states require hospitals to report HAIs using NHSN. However, CDC supports more than 2,300 participating hospitals in NHSN in all 50 states. This surveillance system plays an important role in improving patient safety at the local and federal levels. NHSN’s data analysis function helps our members analyze facility-specific data and compare rates to national aggregate metrics. It also allows CDC to estimate and characterize the current burden of HAIs in the United States. Every step taken to create interoperable data systems in which our members can input HAI data and have it go directly to NHSN is a step toward freeing our members to do more hands-on infection prevention activities.

We also appreciate the Administration’s proposal of $155.9 million for emerging infectious diseases in FY 2011 and ask that you increase funding for this purpose to $200 million to allow CDC to work with partners at the state and local level to detect and respond to this important public health threat.

In addition, we support the $10 million budget request for the new Health Prevention Corps. We appreciate the importance of targeting disciplines with existing shortages with a workforce program designed to recruit talented new individuals for state and local health departments.

APIC is concerned, that the Administration’s proposed budget would cut the Antimicrobial Resistance budget by $8.6 million, just over 50 percent. We agree with the agency’s congressional justification that this is “one of the world’s most pressing public health problems” and ask that you increase funding for CDC antimicrobial resistance activities in FY2011 to $40 million.

In addition, we support the $34 million in the Administration’s FY 2011 budget to build upon AHRQ efforts – now in all 50 states, the District of Columbia and Puerto Rico – to reduce bloodstream infections in intensive care units (ICUs) through implementation of a safety compliance checklist and providing staff with evidence-based practices. We support these efforts and AHRQ’s plans to reach out to the CDC to identify and design projects to reduce the incidence of HAIs in other infection sites using evidence-based practices.

Further, APIC supports the Administration’s request to build upon American Recovery and Reinvestment Act (ARRA) efforts by supporting use of the HAI survey tool developed jointly by CDC and the Centers for Medicare and Medicaid Services (CMS) with ARRA funds. The Administration’s FY2011 request under Survey and Certification would increase survey frequencies at ambulatory surgery centers (ASCs) to every four years. Due to the increasing number of surgeries performed in outpatient settings, and the need to ensure that basic infection prevention practices are followed, APIC supports efforts to increase the use of this survey tool.
Finally, we support the Administration’s $5 million request for HAI activities to support continued efforts of the HHS Action Plan to Prevent Healthcare-Associated Infections (HAI Action Plan). This funding will allow HHS to continue current efforts and expand upon a national media campaign, utilize social media tools, develop a single comprehensive website for HAI information, and evaluate the media campaign and original Action Plan and assess whether it is achieving its intended goals.

We believe the development of the HAI Action Plan and the funding to support these activities has been an essential tool in the effort to build support for a coordinated federal message on preventing infections. Additionally, we feel very strongly that the CDC has the necessary expertise to define appropriate metrics through which the HAI Action Plan can best measure its efforts.

APIC strongly believes that to move toward our goal of HAI elimination, there needs to be a concerted effort to fund research into the knowledge gaps outlined in the HAI Action Plan, with an eye toward the science of implementation.

This Subcommittee has taken essential steps in using stimulus funds to build the necessary infrastructure within states to address HAI reduction. Your leadership has also put resources into improving surveillance efforts and scaling-up proven HAI prevention approaches. However, while resources have encouraged states to plan for HAI prevention efforts, APIC’s 2009 Economic Survey of our membership indicates that infection prevention budgets within healthcare facilities have been hard hit, particularly in the area of education.

Three-quarters of our members who reported that their budgets were cut in our recent survey have experienced decreases for the education that trains healthcare workers in preventing HAI transmission. Half saw reductions in overall budgets for infection prevention, including money for technology, staff, education, products equipment and updated resources. Nearly 40 percent had layoffs or reduced hours. While we fully support your effort to put infrastructure in place in states to promote HAI reduction efforts and believe that was a very wise use of one-time stimulus funding, we need to make clear that our membership would be hard-pressed to scale up HAI reduction efforts while their budgets are facing these kinds of decreases.

We thank you for the opportunity to submit testimony and greatly appreciate this subcommittee’s leadership in providing the necessary funding for the federal government to have a leadership role in the effort to eliminate HAIs.