



APIC Chapter Legislative Representatives
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Public Policy Update

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- APIC Legislative Campaigns
 - Hospital Certification Campaign
 - Nursing Home Initiative
- Federal Regulations

APIC Legislative Campaigns

Rich Capparell, Associate Director, Legislative Affairs

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CERTIFICATION
THE DEFINING DIFFERENCE

An APIC Strategic Initiative

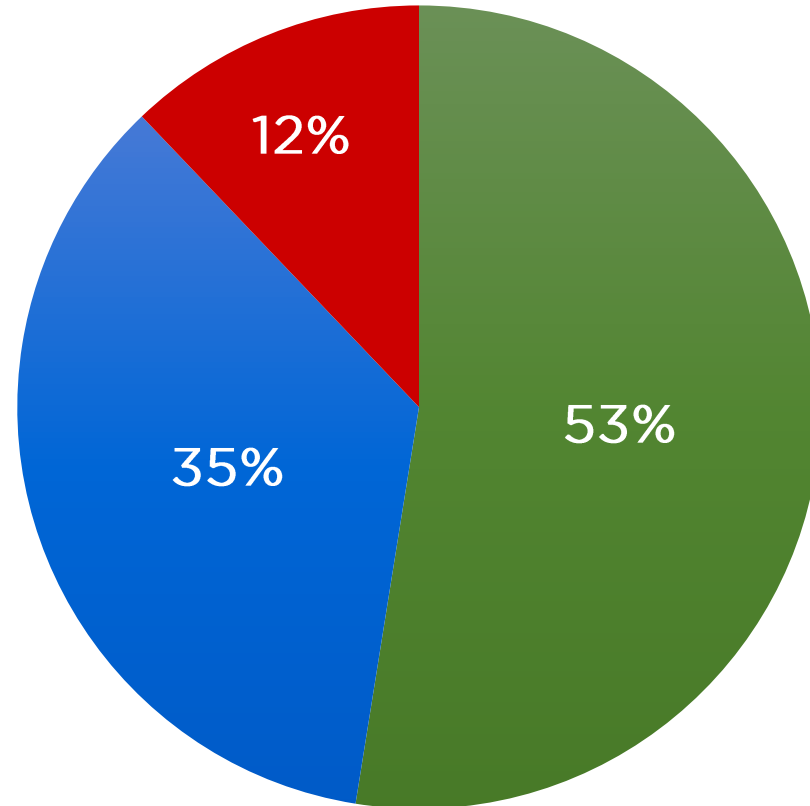
Goals of the Certification Campaign

- demonstrate the competency of infection preventionists
- elevate the profession
- build organizational leaders
- advance patient safety



Certification Numbers: MegaSurvey

APIC member interest in Certification



■ Certified ■ Planning to become certified ■ No plans to become certified

Why?

RESULTS



Hospitals with infection prevention and control programs led by a certified infection preventionist (IP) had significantly lower rates of MRSA bloodstream infections.

CHAMPIONS



Certified IPs are likely better prepared to interpret evidence and act as champions for key infection prevention practices.



STRENGTH

Credentialed IPs were 2-3 times more likely to believe in the strength of evidence behind certain infection control practices.

CONSISTENCY



Certification provides facilities with IPs who have a demonstrated baseline of knowledge, and advances IPs as capable colleagues and leaders in their field.

IPs with this specialization can better promote their value and set expectations for the future of the IP role.

Goals of the Hospital Certification Campaign

What is the purpose of this legislation?

For new IPs working in a hospital to be certified within three years of hire.

Who will this legislation impact?

IPs working in a hospital for less than a year after the legislation is passed.

Will this legislation impact my hospital?

This legislation was designed to have minimum disruption on IPC programs. It allows the current labor pool of IPs to continue practicing and provides an exemption to facilities that cannot find certified personnel, as long as they perform a “diligent and thorough” search.

Section-by-Section: Hospital Certification Legislation

Legislative Summary

An IP is defined as a person designated by a hospital to:

- identify infectious disease processes;
- conduct surveillance and epidemiologic investigations, and;
- develop plans to prevent and control the transmission of infectious agents.

For an IP to practice in a hospital they would need:

- to successfully pass an exam from a nationally accredited organization (e.g. CBIC); or,
- be employed as an IP for one year or more prior to the bill's passage; or,
- be a student or intern performing the functions of an IP serving under direct supervision of an IP.

Legislative Summary

Grandfather Clause:

- If an IP has been working for one year prior to passage of this measure, they are exempt from the certification requirement.

Rural Exemption:

- If a hospital has performed a “diligent and thorough search,” and cannot find a candidate that fits these requirements they are exempt.

Hospitals must share their employment records:

- A hospital must provide employment records of an IP to other hospitals upon request.

Scope of Practice:

- The language for this bill is intended only for IPs and does not apply to other healthcare professionals.

Nursing Home Initiative

Nursing Home Landscape

- Resident Population
- Infection Prevention
- COVID-19



Resident Population


- 1.3 Million residents in nursing homes
 - The nursing home population is expected to increase to about 5.3 million people by 2030.
- 85% of all nursing home residents are over 75 years of age.
- The level of care in nursing homes has gotten more complex and includes invasive devices which put residents at higher risk for infection.
 - ~ 70% living with some form of cognitive deficit



Infection Prevention

Pre-COVID-19

- IPs in nursing homes dedicate less than 1/3 of their job to infection control processes (many are “volunteered”).
- 1.6 to 3.8 million healthcare-associated infections occur in nursing homes annually.
- Less than 10% of infection prevention personnel have specialized training in their field.
- Infection prevention personnel in for-profit nursing homes actually dropped from 2014-2018.

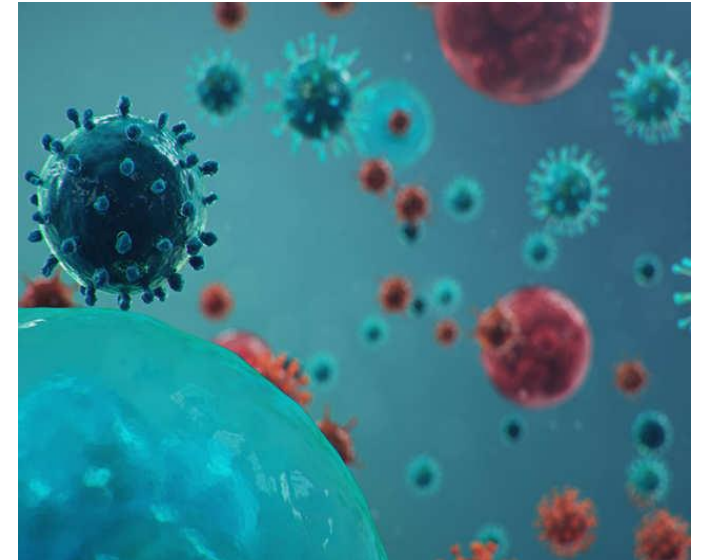


**OTHER
DUTIES AS
ASSIGNED**

Infection Prevention

During COVID-19

- 34% of all COVID deaths are in nursing homes
- CMS and the Bureau of Labor and Statistics, labeled nurses in LTC as one of the deadliest jobs of 2020
- National Guard called in to help facilities with staffing shortages



Section-by-Section: Nursing Home Initiative

Legislative Summary

An IP is defined as a person designated by a nursing home to:

- identify infectious disease processes;
- conduct surveillance and epidemiologic investigations, and;
- develop plans to prevent and control the transmission of infectious agents.

Requires a nursing home to have an on-site individual designated as a full-time IP.

- Must have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other healthcare-related field.

For an IP to practice in a nursing home they would need:

- to successfully pass an exam from a nationally accredited organization (e.g. CBIC); or,
- be employed as an IP for one year or more prior to the bill's passage; or,
- be a student or intern performing the functions of an IP serving under direct supervision of an IP.

Legislative Summary

Requires a nursing home to track and surveille certain infections:

- Catheter-associated urinary tract infections (CAUTIs);
- Laboratory-identified *Clostridioides difficile* (*C. difficile*) events; and
- Laboratory-identified methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream events.

Grandfather Clause:

- If an IP has been working for one year prior to passage of this measure, they are exempt from the certification requirement.

Rural Exemption:

- If a nursing home has performed a “diligent and thorough search,” and cannot find a candidate that fits these requirements they are exempt.

Facility Reporting

- A facility must report the number of IPs to the Department of Health



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Infection Control and Epidemiology

Regulatory Update

Nancy Hailpern
Director, Regulatory Affairs

COVID-19 Response: OSHA

- 2010 – After H1N1 pandemic, OSHA begins information gathering process for developing ID Standard
- 2015 – Ebola results in self-infection of HCP;
 - OSHA ramps up work on ID Standard
- 2017 – Executive Orders 13771, 13777, and 13781 establish “regulatory reform” agenda, directing federal agencies to repeal or cease enforcement of “unnecessary” regulations
 - Development of OSHA ID Standard appears to be halted
- 2021 – COVID-19 Pandemic; ~570,000 HCP infected, ~3,600 die*

* According to Kaiser Health News

COVID-19 Response: OSHA

- 1/21/21 – [Executive Order on Protecting Worker Health and Safety](#), requires OSHA to:
 - Revise guidance to employers on workplace safety during COVID pandemic
 - Consider whether emergency temporary standards on COVID-19 are necessary, and if so, issue by 3/15/21
 - Launch national program to focus COVID-related OSHA enforcement on violations that put the largest number of workers at serious risk
- 1/29/21 – OSHA releases outline of existing guidance on preventing COVID transmission
- 3/12/21 – OSHA launches [National Emphasis Program on COVID-19](#), focusing enforcement on highest-risk employers
 - OSHA updates [Interim Enforcement Response Plan](#) to prioritize on-site workplace inspections
 - OSHA leaves open the possibility of an emergency temporary ID standards

COVID-19 Response: CMS

Enforcement flexibility during COVID-19 Public Health Emergency:



- Extension of hospital survey prioritization through March 22, 2021 – surveys generally limited to immediate jeopardy complaints
- Limitations on updates to 2020-21 quality payment and incentive programs relating to HAI quality measures
- March 10, 2021 – Revision to nursing home visitation standards (in conjunction with revised CDC post-vaccination guidance)

CMS Payment Rules



- Proposed rules introduced to date:
 - FY 2022 Hospital Inpatient Prospective Payment System/Long-Term Care Hospital Payment System (IPPS/LTCH)
 - FY 2022 Skilled Nursing Facility Prospective Payment System (SNF PPS)
 - FY 2022 Inpatient Rehab Facility PPS (IRF PPS)
 - FY 2022 Inpatient Psychiatric Facility PPS
- APIC Public Policy Committee working on comments

CMS Payment Rules: COVID-19-Related Measures

- Proposed Measure Suppression Policy for Duration of COVID-19 Public Health Emergency (PHE)
 - Included in IPPS/LTCH and SNF PPS
 - CMS proposed to not use data **for payment purposes** from certain measures obtained during the PHE because of unreliability
 - Some data will be used for public reporting and hospital feedback reports



Measure	Reporting requirements	Data used for payment determination	Data used for confidential hospital feedback reports	Data used for public reporting
2019 Q4 (Oct-Dec)	Voluntary	No	Yes	No
2020 Q1 (Jan-Mar)	Voluntary	No	Yes	No
2020 Q2 (Apr-Jun)	Voluntary	No	Yes	No
2020 Q3 (Jul-Sep)	Required	No	Yes	Yes*
2020 Q4 (Oct-Dec)	Required	No	Yes	Yes*

* Will include appropriate caveats noting limitations of data due to COVID-19 PHE

CMS Payment Rules: COVID-19-Related Measures



- COVID-19 Vaccination among healthcare personnel
 - Proposed for Quality Reporting Programs in all settings
- Transfer of Health Information to the Patient – Post-Acute Care (PAC) Measure
 - Revise denominator data across settings to prevent double counting patients transferring from one PAC setting to another PAC setting

COVID-19 Response: FDA

Rapid authorizations to increase availability of tests, therapeutics, devices, and PPE to healthcare facilities, providers, patients and consumers

- As of the end of March, FDA issued Emergency Use Authorizations (EUA) for:
 - 255 molecular tests and sample collection devices
 - 73 antibody tests
 - 15 antigen tests
 - >100 ventilators and accessories
 - Many EUAs and policies to increase PPE availability
- Currently >600 COVID-19 drug development programs in planning stages
 - 9 EUAs to treat COVID-19 and related serious conditions
 - 3 EUAs for COVID-19 vaccines (Pfizer has applied for full authorization)

COVID-19 Response: FDA

Operation Quack Hack launched to protect consumers from products that fraudulently claim to mitigate, prevent, treat, diagnose or cure COVID-19.

- Received >1354 reports of fraudulent products
- Reviewed thousands of websites, social media posts, online marketplace listings
- Issued >170 warning letters to sellers
- Nearly 300 reports sent to online marketplaces
- >288 abuse complains sent to domain registrars





Association for Professionals in
Infection Control and Epidemiology

Questions

Contact Information

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APIC Role:

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APIC Role:

Monitors state
legislation.

VISION

Healthcare without infection

MISSION

Create a safer world through prevention of
infection



ABOUT APIC

The mission of the Association for Professionals in Infection Control and Epidemiology (APIC) is to create a safer world through the prevention of infection. APIC's more than 15,800 members develop and direct infection prevention and control programs that save lives and improve the bottom line for healthcare facilities. APIC advances its mission through patient safety education, implementation science, competencies and certification, advocacy, and data standardization. **Visit us at [apic.org](https://www.apic.org).**