

#APIC2017

APIC 2017

44TH ANNUAL CONFERENCE

JUNE 14-16 • PORTLAND, OR

REACHING NEW HEIGHTS IN
INFECTION PREVENTION

Update for Chapter Legislative Representatives

**June 15, 2017
Portland, Oregon**

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**Rich Capparell
Legislative Affairs Representative**

Legislative Update



Update on Legislative Activity

APIC's current legislative agenda -- Appropriations for CDC infection prevention programs that focus on:

- Response to and containment of novel MDROs
- Preventing transmission of *C. difficile* and MDROs across care settings
- Preventing device-associated infections
- Reducing inappropriate antibiotic use in healthcare settings

Federal Issues

FY 2017 Appropriations

Federal Government Program	FY 2016 Funding Level	FY 2017 Agreement	APIC FY 2017 Request
CDC Emerging and Zoonotic Infectious Diseases Programs			
Antibiotic Resistance Initiative	\$160,000,000	\$163,000,000	\$200,000,000
National Healthcare Safety Network	\$21,000,000	\$21,000,000	\$21,000,000
Advanced Molecular Detection	\$30,000,000	\$30,000,000	\$30,000,000
Prevention and Public Health Fund (PPHF)			
Immunizations	\$324,350,000	\$324,350,000	\$324,400,000
Epidemiology and Lab Capacity program	\$40,000,000	\$40,000,000	\$40,000,000
Healthcare-Associated Infections	\$12,000,000	\$12,000,000	\$12,000,000
AHRQ Program			
Healthcare-Associated Infections Prevention	\$34,000,000	\$36,000,000	\$34,000,000
NIH Program			
National Institute of Allergy and Infectious Diseases	\$4,700,000,000	\$4,900,000,000	\$4,700,000,000

Federal Issues

FY 2018 Appropriations

Federal Government Program	FY 2017	President's FY 2018
CDC Emerging and Zoonotic Infectious Diseases Programs		
Antibiotic Resistance Initiative	\$163,000,000	\$137,000,000 (all through the PPHF)
National Healthcare Safety Network	\$21,000,000	\$21,000,000
Advanced Molecular Detection	\$30,000,000	\$30,000,000
Prevention and Public Health Fund (PPHF)		
Immunizations	\$324,350,000	\$203,600,000
Epidemiology and Lab Capacity program	\$40,000,000	\$0 (Program moved to Emerging Infectious Diseases line item which received an \$8,000,000 increase)
Healthcare-Associated Infections	\$12,000,000	\$0
AHRQ Program		
Healthcare-Associated Infections Prevention	\$36,000,000	\$0 (program moved to NIH)
NIH Program		
National Institute of Allergy and Infectious Diseases	\$4,900,000,000	\$3,783,000,000

Contact your Members of Congress and tell them oppose the FY 2018 Appropriations!

Go to www.apic.org/FY2018

Federal Issues

American Health Care Act (AHCA)

- Passed the U.S. House of Representatives May 4, 2017
- House version does not impact HAI reporting requirements
- Repeals the Prevention and Public Health Fund (PPHF)
 - The PPHF currently represents 12% of CDC FY 2017 funding.

Programs supported by the PPHF

- Epidemiology and Laboratory Capacity Program - \$40 million
- Healthcare-Associated Infections - \$12 million
- Immunization - \$324 million

Contact your Senators and tell them to protect the Prevention and Public Health Fund!

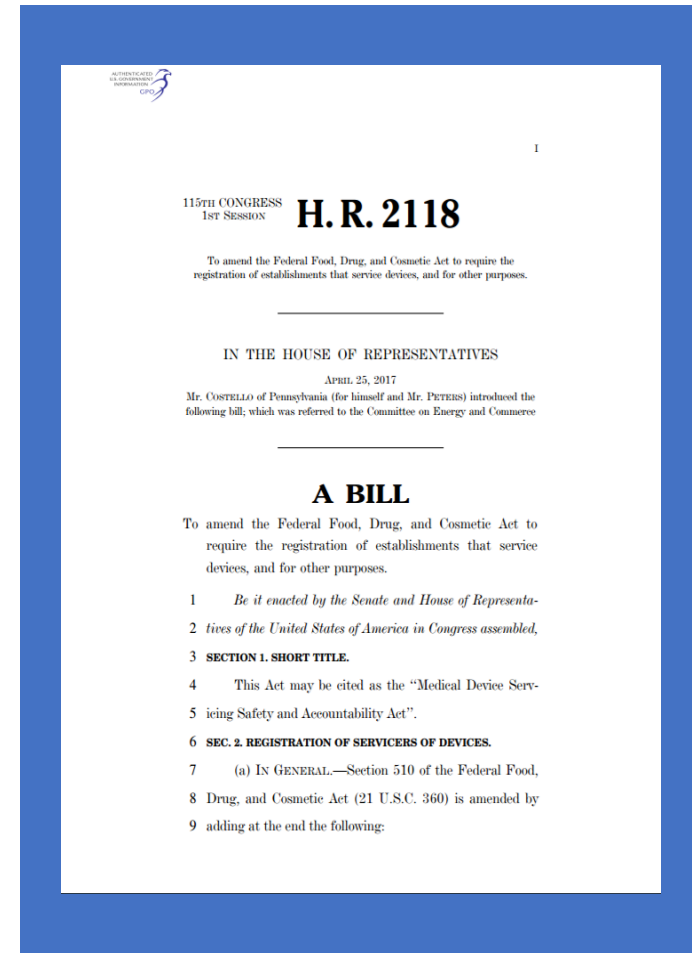
Go to www.apic.org/TakeAction

Federal Issues

New medical device legislation:

H.R. 2118, the “Medical Device Servicing Safety and Accountability Act”

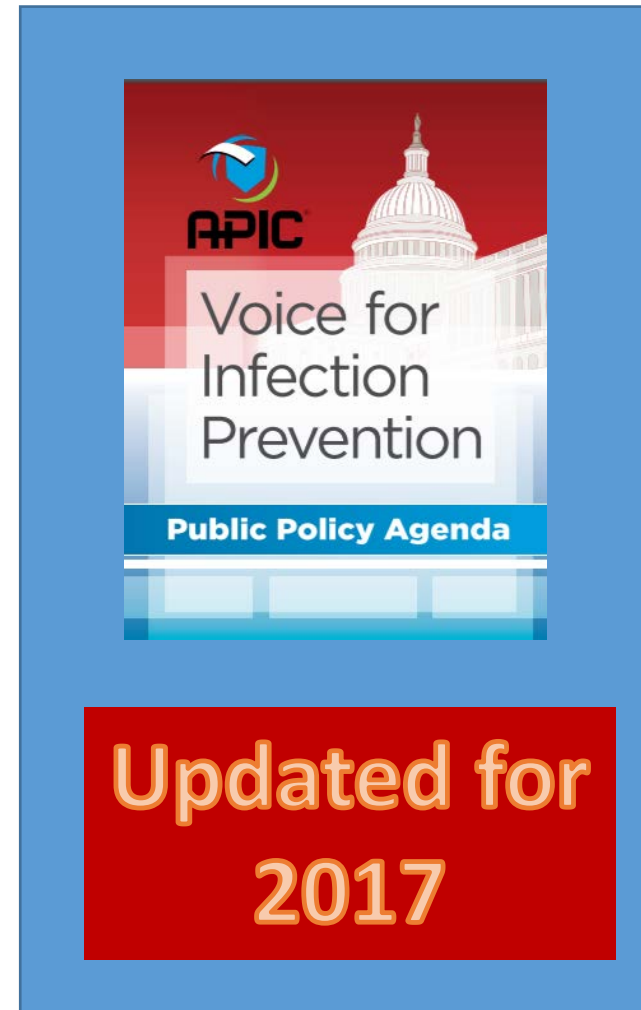
- Introduced 4/25/17 by Reps. Ryan Costello (R-PA) and Scott Peters (D-CA)
- Would require independent service organizations to comply with the same device registration and quality requirements as original equipment manufacturers.
- Hearing in House E&C Health Subcommittee 5/2/17



Voice for Infection Prevention: Public Policy Agenda

The Public Policy Agenda was created to assist infection preventionists in their advocacy activities with policymakers at the state and federal level. It includes information on the following issues:

- APIC's Federal funding priorities - Updated for 2017
- Elimination of healthcare-associated infections
- Antibiotic resistance
- Antibiotic stewardship
- Mandatory influenza vaccination for healthcare personnel
- Using data and information technology to help prevent healthcare-associated infections



Legislative Advocacy

- Voice for Infection Prevention (VIP) Advocacy Challenge launched for FY 2018
- Nearly 1,600 advocates have sent more than 5,000 messages to Congress
- Competition ends when the next year's budget passes Congress
- **Maine has the highest level of participation with 51%!**



Legislative Advocacy

Partnered on 20 [coalition letters](#) since June 2016.

General themes include:

- Support for CDC programs
- Support for the Prevention and Public Health Fund
- Funding to combat the Zika virus
- Support for the safety and effectiveness of vaccinations
- Promoting the development of new antibiotics and antifungals
- Submitted joint testimony with SHEA to House and Senate Appropriations subcommittees

2017 Public Policy Committee Capitol Hill Advocacy Days

The Public Policy Committee lobbied Congress about the role of the IP, and supported NHSN and antibiotic resistance initiatives at CDC

- 8 members of the Public Policy Committee and their senior advisor educated 21 congressional offices



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State Legislation that Could Impact IPs

- Reporting HAIs on death certificates
 - Reuters article
 - California and US Senate legislative proposals
 - Likely consumer focus on increased reporting that captures deaths from HAIs
 - Passed the California Senate unanimously
- Restricting the use of antibiotics in feed animals
 - Maryland, Pennsylvania
- Requiring central service technicians to be certified
 - Massachusetts

State Legislation that Could Impact IPs

Healthcare personnel (HCP) influenza vaccinations

- Requiring vaccines be accessible and available to HCP
 - Indiana, Nebraska
- Prohibiting healthcare facilities from making vaccination mandatory
 - New Hampshire (study bill), Ohio, Oregon
- Mandating certain facilities have their employees receive a vaccination
 - Missouri

State Legislative Reports



An Economist Group business

APIC California Legislative Report

June 07, 2017

California 2017-2018

3 Bills

Number: CA [R] SB 43 - Updated (Status 06/01/2017)

Title: Antimicrobial-resistant infection: reporting.

Sponsor: Sen. Jerry Hill (DEM-CA)

Notes: [apic 06/06/17](#)

This bill would require general acute care hospitals and clinical laboratories to submit an annual report containing an antibiogram to the State Department of Public Health. The measure would also require the Antimicrobial Stewardship and Resistance Subcommittee of the Healthcare Associated Infections Advisory Committee to develop the acceptable electronic format for the report and a method to accurately estimate the number of deaths that result from specified antimicrobial resistant infections.

Status: In Assembly. Read first time. Held at Desk. - 05/31/2017

Profiles: View highlighted keywords

- HAI
- Other

Number: CA [R] SB 351 - Updated (Status 06/02/2017)

Title: Hospital satellite compounding pharmacy: license: requirements.

Sponsor: Sen. Richard Roth (DEM-CA)

Notes: [apic 06/06/17](#)

This bill establishes a license for a hospital satellite compounding pharmacy and allows a general acute care hospital without a consolidated license to obtain multiple site licenses from the Board of Pharmacy

Status: In Assembly. Read first time. Held at Desk. - 06/01/2017

Profiles: View highlighted keywords

- Compounding Pharmacy

Number: CA [R] SB 510 - Updated (Status 05/19/2017)

Title: Pharmacies: compounding.

Sponsor: Sen. Jeff Stone (REP-CA)

Notes: [apic 06/06/17](#)

This bill deletes current law relating to sterile compounding environments that conflict with recently adopted regulations. More information regarding these deletions can be found at http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201720180SB510#.

Status: Referred to Com. on B. & P. - 05/18/2017

Profiles: View highlighted keywords

- Compounding Pharmacy



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Regulatory Update

Update on Regulatory Affairs

2017 – Off to slow regulatory start due to:

- White House focus on regulatory reform
 - **Executive orders to:**
 - Delay implementation of Affordable Care Act
 - Identify 2 regulations for repeal for every new proposed regulation
 - Appointment of Regulatory Review Task Force in each agency
 - Each agency to submit a proposed plan to reorganize the agency
- Unfilled high-level agency positions
- Uncertainty about FY 2017 and 2018 appropriations



Hospital Inpatient/Long-Term Care Prospective Payment System (IPPS/LTCH) FY 2018 Update



Hospital Inpatient Quality Reporting (IQR) Program

- No new HAI reporting requirements

Hospital Value-Based Purchasing (VBP) Program

- HAI measures in Safety Domain – accounts for 25% of total performance score
- Support removal of PSI-90 composite measure from VBP in FY 2019
 - Cautions about adopting modified PSI-90 in FY 2023 before it is fully developed and vetted.
 - General objection to use of composite measures and claims-based measures.

Hospital-Acquired Condition (HAC) Reduction Program

- Domain 2 (HAI measures) account for 85% of Total HAC score.
- Oppose addition of VAE measure in any payment program at this time.
- Oppose adding any additional measures at this time.
 - Adding mandatory measures makes it difficult for facilities to prioritize infection-related events most relevant to the populations they serve.
- Support inclusion of patient disability and medical complexity factors in the CDC/NHSN measures in Domain 2.

IPPS/LTCH *continued*

Long-Term Care Hospital Quality Reporting Program (LTCHQRP)

- Support 2 new measures related to ventilator weaning (one process, one outcome)

General or multiprogram issues

- Oppose proposal to make Accrediting Organization survey reports and Plans of Correction public
- Accounting for social risk factors (i.e. income, education, ethnicity, employment, disability, etc.)
 - Not a proposal – CMS seeking comment
 - Request for comment included in HRRP, VBP, HAC, IQR, PCHQR, LTCHQRP
 - APIC supported information collection to ensure equitable quality of care
 - APIC cautioned about unintended consequences of misapplication of risk factors in ways that might further disadvantage patients that are already disadvantaged

IPPS/LTCH *continued*

- **Extraordinary Circumstance Exception Policies (ECE)**

- APIC supports standardizing ECE processes across all CMS payment programs, including:
 - Allowing affected facilities to submit a form signed by the facility's CEO or designated personnel;
 - CMS will provide formal response to facility within 90 days of receipt of request;
 - Give CMS authority to grant ECEs due to CMS data system issues which affect data submission;
 - Standardize timeframe for ECE form submission to 90 days for all programs.

[CMS proposed rule](#)

[APIC comments](#)



CMS Long-Term Care Requirements

- **First comprehensive update since 1991**
- **Final rule allowed for phased-in implementation to reduce burden on facilities**
- **Updates infection control section (Sec. 483.80) to include:**
 - **Require facilities to develop an Infection Prevention and Control Program (IPCP)**
 - Implementation Phase 1 (60 date from effective date of rule = 11/28/16)
 - **IPCP must include an antibiotic stewardship program**
 - Implementation Phase 2 (1 year from effective date = 11/28/17)



CMS Long-Term Care Requirements

- **Designate at least one infection preventionist to manage the IPCP**
 - Primary professional training in nursing, medical technology, microbiology, epidemiology or related field.
 - Qualified by education, training, experience or certification.
 - Facility provide resources needed for IPCP to be effective based on the facility assessment.
 - IP must work at the facility at least part-time.
 - Implementation Phase 3 (3 years from effective date = 11/28/19).
- **Require IP participation in Quality Assurance and Assessment Committee**
 - Implementation Phase 3
- January 2017 – APIC PPC asked by CMS to review draft interpretive guidance for LTC requirements.
 - Expect release early July



HHS/CDC Control of Communicable Diseases

- Response to recent outbreaks of Ebola, MERS, measles
- Enhance HHS/CDC's ability to prevent the introduction, transmission, and spread of communicable disease

The Final Rule:

- Does not authorize compulsory medical testing, vaccination, or medical treatment **without prior informed consent.**
- Requires CDC to advise individuals that medical examinations will be conducted by an **authorized health worker** and with **prior informed consent.**
- Includes strong **due process protections** for individuals subject to public health orders, including a **right to counsel for indigent individuals.**
- **Limits to 72 hours** the amount of time that an individual may be apprehended pending the issuance of a federal order for isolation, quarantine, or conditional release.
- Provides the public with explicit information about how and where the CDC conducts public health risk assessments and manages travelers at US ports of entry.

CMS Emergency Preparedness Requirements

- Final rule published 9/16/16. Implementation by 11/17/17.
- Rule applies to 17 provider and supplier types as a Medicare Condition of Participation
- Four Core Elements:
 - Emergency plan:
 - Based on risk assessment.
 - Using an “all hazards” approach, which will **provide an integrated system for emergency planning** that focuses on capacities and capabilities.
 - Policies and procedures:
 - Develop and implement policies and procedures based on the emergency plan and risk assessment
 - **Plan reviewed and updated at least annually.**
 - CAHs and LTC facilities – must address provision of subsistence needs (i.e. food, water, medical supplies, for staff and residents) whether they evacuate or shelter in place.

CMS Emergency Preparedness Requirements

- **Communication plan:**
 - Must comply with federal, state and local laws
 - Patient care must be **coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems** in the event of a disaster.
- **Training and testing program:**
 - Develop and maintain training and testing programs, including initial training in policies and procedures.
 - Facility **staff will have to demonstrate knowledge** of emergency procedures and provide training **at least annually**.
 - Facilities must **conduct 2 drills and exercises** to test the emergency plan or participate in an actual incident that tests the plan.
- **Resources:**
 - [CMS Emergency Preparedness Rule: Resources at your Fingertips](#)
 - [Quick Reference Chart: Requirements by Provider Type](#)
 - [S&C 17-29-ALL: Interpretive guidelines for EP final rule](#)

New Practice Guidance Web Page

Check out our new practice guidance web page at:

<https://apic.org/Professional-Practice/PGC>

als In Infection Control & Epidemiology Inc [US] | <https://apic.org/Professional-Practice/PGC>

Web Slice Gallery Imported From IE New Tab Settings Mark Twain quotation www.gpo.gov/fdsys/p CQRC Engage Admin NQF: Measure Applic

Home > Professional Practice > Practice Guidance Committee Activities

Professional Practice

- Overview
- Developmental path of the infection preventionist
- Infection preventionist (IP) competency model
- APIC Fellows Program
- Implementation guides
- Scientific guidelines
- Research
- Practice resources
- Emergency preparedness
- AJIC
- International Infection Prevention Week
- Megasurvey
- Practice Guidance Committee Activities

APIC Practice Guidance Committee Activities

The Practice Guidance Committee is charged with compiling, assessing, developing and influencing guidelines and standards related to the practice of infection prevention and control. This committee provides a means within APIC to guide and inform the membership on practice issues and recommends official positions on standards, guidelines and other pertinent documents affecting the practice of infection prevention and control. APIC's Practice Guidance Committee is often invited to provide review and comment on a number of documents and resources. The following are a list of documents and resources for which the committee has provided comment on behalf of APIC and its members. For questions related to this and other activities of the Practice Guidance Committee, contact Silvia Quevedo at squevedo@apic.org

- 2017
- 2016

Search for names

2017

Date	Requesting Organization	Title of Resource	Comments
JAN, 2017	American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)	ASHRAE Proposed Addendum to Standard 170-2013 Ventilation of Health Care Facilities	<ul style="list-style-type: none">• Risk assessment of HVAC system and potential airborne infectious disease transmission should be included in the design phase• Airborne risk assessment team should include interdisciplinary participation and administration support
JAN, 2017	Centers for Disease Control (CDC)	Draft Update of CDC Recommendations on Use of Chlorhexidine-Impregnated Dressings for Prevention of Intravascular Catheter-Related Infections	<ul style="list-style-type: none">• HICPAC voted to approve recommendations May 2017

Questions?

Lisa Tomlinson, MA, Vice President of Government Affairs and Practice Guidance

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- Overall government affairs and practice guidance strategy

Nancy Hailpern, Director of Regulatory Affairs


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- Federal regulatory issues
- HAI reporting at the federal level

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- Federal and state legislation



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