

April 8, 2019

The Honorable Alex M. Azar, II  
Secretary, Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

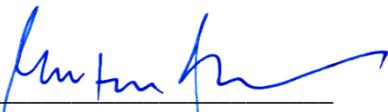
Dear Secretary Azar,

On behalf of the Presidential Advisory Council on Combating Antibiotic Resistant Bacteria (PACCARB), we bring to your attention a critical issue that, if not immediately addressed, would undermine the collective U.S. government effort in combating antibiotic resistance (AR). There is a critical need for mandatory, not voluntary, implementation of Antibiotic Stewardship Programs (ASPs) in our nation's hospitals to curtail the over-prescription of antibiotics--a lead cause in the rise in antibiotic-resistance. **We urge the immediate finalization of the proposed Centers for Medicare and Medicaid Services (CMS) conditions of participation (CoP) rule, in advance of the upcoming June 2019 deadline. This rule requires the adoption of Antibiotic Stewardship Programs in hospitals, especially critical access hospitals (CAHs),** to help reduce the daunting overtreatment of patients with unnecessary broad-spectrum antibiotics, and thereby, improve the care of patients receiving the appropriate antibiotics.

Antibiotic resistance continues to be a major public health threat that leads to lives lost and imposes a disproportionate burden on our entire health system with costs up to \$2.2 billion annually; without important action, we anticipate that number to rise.<sup>1</sup> Antibiotic Stewardship Programs have been demonstrated to be effective in reducing the inappropriate prescribing practices that contribute to AR, to patient harm, and to increased healthcare costs.<sup>2</sup>

As previously recommended in the PACCARB's 2018 Report, *Key Strategies to Enhance Infection Prevention and Antibiotic Stewardship*, the members urged the finalization of the current proposed CMS CoP rule and recommended the incorporation of the CDC's Core Elements of Hospital ASPs as guidelines to support implementation.<sup>3,4</sup> The PACCARB believes that requiring hospitals and CAHs to develop and implement ASPs will have a direct, positive, and immediate impact on antibiotic prescribing practices, thus aiding in the fight against AR and preserving of our nation's health in the face of this increasing public health threat.

Sincerely,



Martin J. Blaser, M.D.  
Chair



Lonnie J. King, D.V.M., M.S.  
Vice Chair

<sup>1</sup> Thorpe, Kenneth, Joski, Peter, and Kenton Johnston. "Antibiotic-Resistant Infection Treatment Costs have Doubled since 2002, Now Exceeding \$2 Billion Annually." *Health Affairs*. 37(4): 2018. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1153>

<sup>2</sup> Stenehjem, Edwards, et al. Impact of Implementing Antibiotic Stewardship Programs in 15 Small Hospitals: a Cluster-Randomized Intervention. *Clinical Infectious Diseases* 67(4): 2018 <https://doi.org/10.1093/cid/ciy155>

<sup>3</sup> PACCARB. "Key Strategies to Enhance Infection Prevention and Antibiotic Stewardship: Report with Recommendations for Human and Animal Health." HHS OASH. Report 3 (2018). <https://www.hhs.gov/sites/default/files/final-ips-report-10-03-2018.pdf>

<sup>4</sup> Centers for Disease Control and Prevention. "Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals." <https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html>