



National Association of County & City Health Officials

The National Connection for Local Public Health

August 15, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-3295-P; Medicare and Medicaid Programs; Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care

Dear Mr. Slavitt,

On behalf of the National Association for City and County Health Officials (NACCHO), I am writing to provide comment on the Centers for Medicare and Medicaid Services' (CMS) proposed rule regarding hospital and critical access hospital (CAH) changes to promote innovation, flexibility, and improvement in patient care (CMS-3295-P). NACCHO is the voice of the 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. NACCHO appreciates CMS' efforts to support improvements in quality of care and reduce barriers to care. In response to the proposed rule, NACCHO offers recommendations and comments pertaining to the areas of healthcare-associated infections (HAIs), infection prevention and control, antibiotic stewardship programs, and non-discrimination.

NACCHO appreciates CMS in recognizing the role of public health authorities in working with healthcare facilities to address the evolving circumstances surrounding healthcare delivery, particularly as they relate to increases in HAIs. The Centers for Disease Control and Prevention has highlighted the need for healthcare facilities and public health authorities to work together in curbing the spread of antimicrobial resistance and the potential positive impact of coordinated efforts.¹ As CMS requires, in § 482.42(a)(3) HAIs and other relevant sections, that hospital infection prevention and control programs address infection control issues public health authorities identify, NACCHO recommends that CMS modify the terminology to "federal, state, and local public health authorities." By including the terms "federal, state, and local", CMS can help to convey the distinct roles and shared responsibilities that the federal government and state and local health departments have in working with healthcare facilities to address problems and implement innovative practices. NACCHO also recommends that CMS reference the August 7, 2015 *Morbidity and Mortality Weekly Report* on estimated effects of a coordinated approach for action to reduce antibiotic-resistant infections in healthcare facilities¹

as the basis for promoting collaboration across healthcare facilities, the federal government, and state and local health departments.

NACCHO fully supports the updated requirements that hospitals and CAHs must meet in the areas of non-discrimination and infection prevention and control and antibiotic stewardship programs in order to participate in the Medicaid and Medicare programs. In the course of encouraging the transformation of public health practices to foster more equitable and socially just circumstances for all people, NACCHO also lauds efforts that other entities take to prohibit discrimination within the healthcare system. Furthermore, local health departments are on the frontlines of protecting their communities from infectious disease threats and play a leading role in the preparedness for, investigation of, and response to outbreaks.² Local health department investigations and responses to cases of multi-drug resistant organisms (MDROs) in hospitals and long-term care facilities have highlighted the need and opportunities for local health departments and healthcare facilities to jointly expand the efforts in preventing, detecting, and controlling MDRO infections. CMS' proposed rule will facilitate the circumstances that compel hospitals and CAHs to establish the priorities, programs, partnerships, and other efforts necessary for improving quality of care, reducing HAIs, and stopping the spread of antibiotic resistance.

NACCHO commends CMS in taking steps to update requirements that reflect current standards of practice and approaches to supporting quality healthcare. Thank you for the opportunity to provide information on this important matter. If you have any questions, please contact Lilly Kan, Senior Director for Infectious Disease and Informatics, at 202-507-4238 or lkan@naccho.org.

Sincerely,



LaMar Hasbrouck, MD, MPH
Executive Director

References

1. Slayton, R.B, Toth, D, Lee, B.Y., et al. (2015). Vital Signs: Estimated Effects of a Coordinated Approach for Action to Reduce Antibiotic-Resistant Infections in Health Care Facilities — United States. *MMWR*, 64(30),826-831 August 7, 2015.
2. National Association of County and City Health Officials (2015). NACCHO renews commitment to antibiotic stewardship at White House forum. Retrieved August 15, 2016, from nacchopreparedness.org/?p=4776.