

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS–1771–P  
P.O. Box 8013  
Baltimore, MD 21244–1850

RE: CMS–1771–P. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation: Proposed Modifications to the Reporting Requirements for the Public Health and Clinical Data Exchange Objective—Antimicrobial Use and Resistance (AUR) Surveillance Measure.

June XX, 2022

Dear Administrator Brooks-LaSure,

We, the undersigned organizations, are members of the Stakeholder Forum on Antimicrobial Resistance (S-FAR), representing clinicians, scientists, public health, hospitals, patients, advocates, and the pharmaceutical and diagnostics industries. We urge CMS to finalize provisions in the FY 2023 Hospital Inpatient PPS Proposed Rule (CMS–1771–P) that would require hospitals and critical access hospitals to report antimicrobial use and resistance (AUR) data into the CDC’s National Healthcare Safety Network (NHSN) as a required measure to satisfy the Public Health and Clinical Data Exchange Objective. Enhanced data collection and reporting are key to combating the growing and urgent threat of antimicrobial resistance (AMR).

AMR is one of the greatest public health threats of our time. Drug-resistant infections sicken at least 2.8 million people and kill at least 35,000 people in the United States each year. In 2019, there were more deaths worldwide caused by antibiotic-resistant bacteria than those caused by either HIV or malaria. Additionally, antibiotic resistance accounts for direct health care costs of at least \$20 billion and imposes broader economic and health systems costs as high as \$1.2 trillion. If we do not act now, antibiotic resistant infections will be the leading cause of death by 2050 and could cost the world \$100 trillion.

Effective antibiotics are essential to modern medicine as we know it. Clinicians rely heavily on antibiotics to treat serious and life-threatening infections that complicate procedures such as cancer chemotherapy, dialysis, Cesarean sections, care of wounds and burns, joint replacements, transplants, and other surgeries. And, as we have witnessed throughout the COVID-19 pandemic, antibiotics are also critical during public health emergencies—used to treat secondary bacterial infections, often in medically complex or ventilated patients, and to combat related [spikes in healthcare-associated infections](#) that occur more frequently when health care facilities are strained.

We agree with CMS’ assessment in the proposed rule that widespread reporting of antibiotic use and resistance data is essential to identifying and tracking emerging threats and to evaluate the impact of interventions to address antibiotic resistance. Without these data, clinicians and public health

departments are left in the dark, leaving health systems and patient more vulnerable to deadly and costly outbreaks. Antimicrobial resistance and use data improve clinical decision-making and inform antimicrobial stewardship practices. CMS's proposed mandatory requirement for NHSN reporting, as described in the FY 2023 IPPS Proposed Rule, will be a critical step in advancing U.S. efforts to combat antibiotic-resistant bacteria and to prepare for future superbug outbreaks and pandemics. The first U.S. National Action Plan for Combating Antibiotic Resistant Bacteria, released in 2015, included a goal of 95% of hospitals reporting antimicrobial use data to NHSN by 2020. While improvements have been made, we remain far from this goal, with about 1600 hospitals reporting antibiotic use or resistance data (or both) to NHSN as of February 2020. This new requirement is crucial to advance progress in this area.

This new policy should drive increased investment in NHSN from Congress and CDC to provide financial support and technical assistance to help facilities report data to NHSN, with a focus on small, rural and critical access facilities. Lack of resources should not be used as an excuse to delay implementation.

Thank you for the opportunity to provide input and for your continued leadership on this issue. If you have any questions or would like to speak with S-FAR members, please contact Amanda Jezek, IDSA Senior Vice President of Public Policy and Government Relations, at [ajezek@idsociety.org](mailto:ajezek@idsociety.org). Or Kyle Kinner, Director of Government Relations at The Pew Charitable Trusts, at [kkinner@pewtrusts.org](mailto:kkinner@pewtrusts.org).

Sincerely,