



APIC
2018

JUNE 13-15
MINNEAPOLIS, MN

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A Legislative and Regulatory Update for Chapter Legislative Representatives

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CERTIFICATION
THE DEFINING DIFFERENCE

An APIC Strategic Initiative



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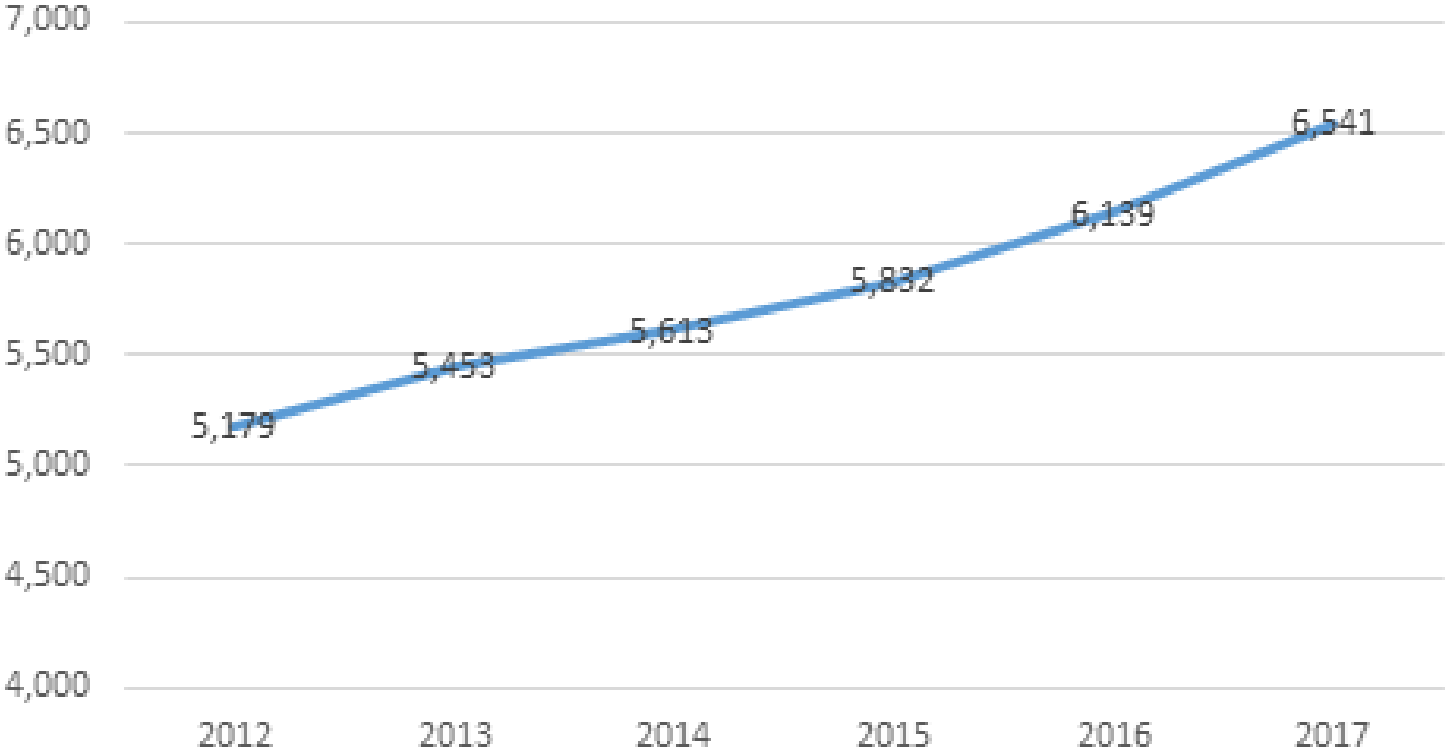
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Strategic Plan 2020: IP Competencies and Certification

- support board certification in infection prevention and control (CIC) to obtain widespread adoption
- majority of IPs demonstrate core competency in infection prevention and control through board certification
- 2020 target of 10,000 CICs
- Baseline of 5,179 CICs in 2012



CIC Numbers to Date



Existing Certification Laws



CO

- **Individual who collects data on HAI rates must**
 - take the test for the appropriate national certification for infection control
 - become certified within six months (becoming eligible to test) CBIC or successor

Applies to hospitals with 50 beds



NV

- **person who is designated as the infection control officer of the medical facility**
 - must be certified as an IP by CBIC or a successor organization
 - may serve as the certified infection preventionist for more than one medical facility (if common ownership)

Applies to hospitals with 175 or more beds

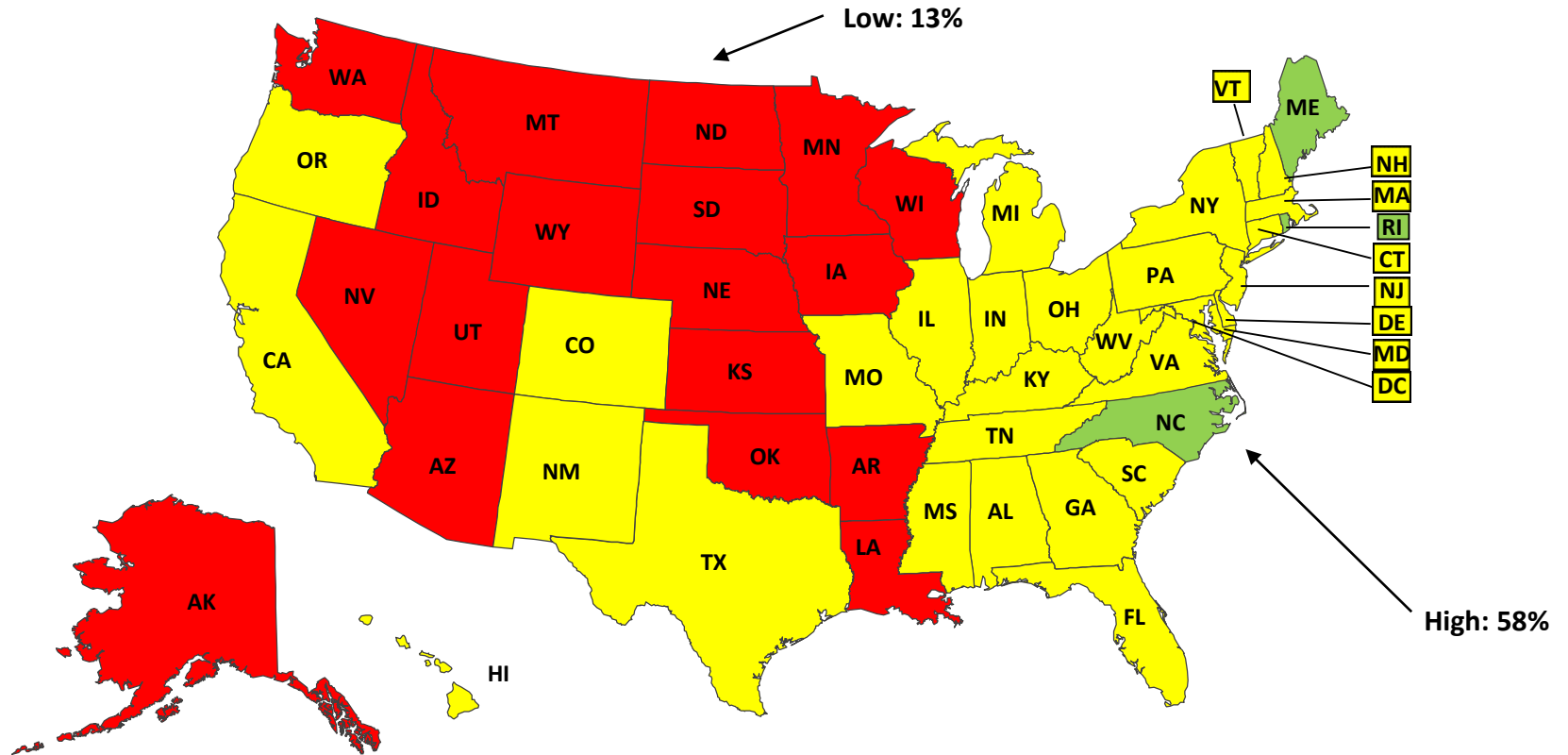


NJ

- **“Infection control professional” must**
 - have education or training in surveillance, prevention, and control of nosocomial infections
 - be certified in infection control within five years of beginning practice
 - shall maintain certification through CBIC



Percentage Certified by State



- Under 25% of APIC members reported having CIC credential
- 25 to 49% of APIC members reported having CIC credential
- 50 to 74% of APIC members report having CIC credential
- 75 to 100% of APIC members report having CIC credential

Why promote certification?



Certification is a growing expectation

Industry/Job	Certification	Exam
Finance/Accountant	CPA/Certified Public Accountant	CPA exam
Interior Design/Interior Designer	RID/Registered Interior Designer	NCDQ exam
Architecture/Architect	Registered Architect/RA	NCARB, years of experience
Engineering/Engineer	PE/Professional Engineer	Pass the PE, work 4 years,
Medical/Nursing	RN/Registered Nurse	exam (NCLEX-RN) + individual state requirements
Medical/Physician	MD/Medicinae Doctor	U.S. Medical Licensing Examination
Medical/ Physician Assistant	PA/Physician Assistant	PANCE
Central Service professionals	CRCST or CSPDT	12 mo SPD activities Pass CBSPDT, 6 mos emp. /Pass CRCST 400 hours hands on experience



RESULTS

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



STRENGTH

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



CHAMPIONS

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



Certification advocacy in New York



WHAT DOES THIS LEGISLATION DO?

The legislation provides criteria for IPs to practice in a hospital setting. Specifically, IPs practicing in hospitals would need to either:

- Pass a nationally accredited organization's infection prevention and epidemiology exam (e.g., CBIC) or
- Be employed as an IP for one year or more prior to the bill's passage.



WILL NON-CERTIFIED IPs STILL BE ABLE TO PRACTICE IN A HOSPITAL?

Yes, there are several ways for non-certified IPs to practice if the bill is passed, such as:

- An IP gets certified within three years of hire,
- The hospital shows it performed a thorough search and could not find a certified IP, or
- An IP has more than one year of experience prior to the bill's passage.



WHERE CAN I FIND OUT MORE ABOUT THIS LEGISLATION?

apic.org/getcertified





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Infection Preventionist Advocacy Day in Albany



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Status of the Legislation

- A. 10671
 - Amended by the Assembly Health Committee
 - Currently still awaiting consideration

- S. 8185
 - Amended to match Assembly Committee language
 - Passed Senate Health Committee
 - Awaiting a vote on the floor



Federal Legislative Efforts



Federal Government Program	FY 2017	FY 2018 President's	FY 2018
CDC Emerging and Zoonotic Infectious Diseases Programs			
Antibiotic Resistance Initiative	\$163,000,000	\$137,000,000 ^a	\$168,000,000
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	\$203,600,000	\$324,350,000
Epidemiology and Lab Capacity program	\$40,000,000	\$0 ^b	\$40,000,000
Healthcare-Associated Infections	\$12,000,000	\$0	\$12,000,000
AHRQ Program			
Healthcare-Associated Infections Prevention	\$36,000,000	\$0 ^c	\$36,000,000
NIH Program			
National Institute of Allergy and Infectious Diseases	\$4,900,000,000	\$3,783,000,000 ^d	\$5,260,210,000

^a Funding would be entirely from the Prevention and Public Health Fund, which was reduced by 25% and has been targeted in the past for large cuts.

^b This program was moved to the Emerging Infectious Diseases line item, which received an \$8M. Which could potentially slash funding.

^c AHRQ was moved under the National Institutes of Health line item.

^d Includes a \$30M increase in funding for antibiotic resistance research.



APIC on Capitol Hill

- 8 members of the Public Policy Committee and an invited CLR participated in a lobby day
- 21 offices were visited to discuss the role of IPs, NHSN, and infection prevention and antibiotic resistance activities at CDC



Partnered on eleven coalition letters related to:

- Support for the CDC
- Support for the Prevention and Public Health Fund
- Support for the Strategies to Address Antimicrobial Resistance (STAAR) Act
- Annual appropriations testimony with SHEA



Legislation we are watching:

- Pandemic and All Hazards Preparedness (PAHPA) Reauthorization
- Strategies to Address Antimicrobial Resistance (STAAR) Act
- 2019 Appropriations Process



www.apic.org/takeaction



2018 State Legislative Trends



Private Organization Certification

- Prevents professional employees from using the term “certified” unless it is through a government agency
- Legislation has been seen in Missouri and Louisiana



State Legislation

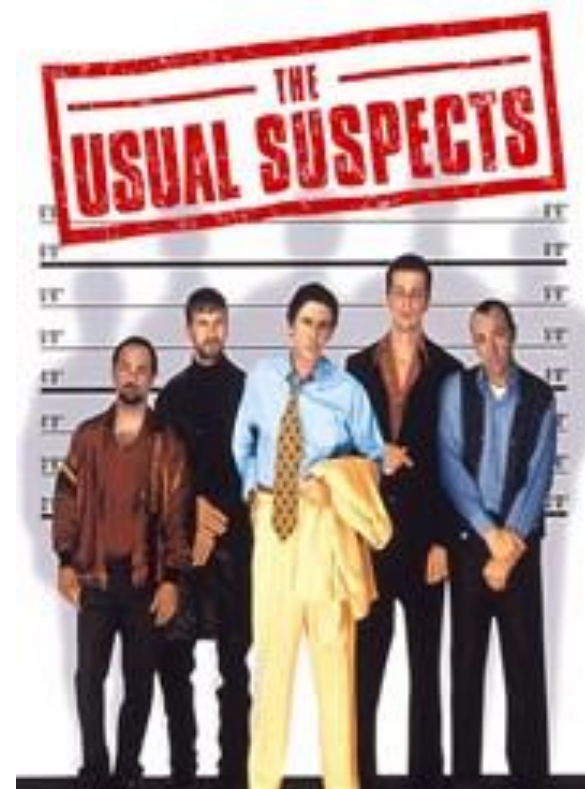
Healthcare personnel (HCP) influenza vaccinations

- Requiring vaccines be accessible and available to HCP
- Prohibiting healthcare facilities from making vaccination mandatory
- Mandating certain facilities have their employees receive a vaccination



2018 State Legislation

- Sterile Processor Certification
- Food Animal Antibiotic Stewardship Proposals
- AUR module mandates/HAI death certificates



New CLR Tools



2019 CQ StateTrack 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. - 05/19/2017

Profiles: View highlighted keywords

- Compounding Pharmacy



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New CLR Video



Pre-drafted invitations

- Pre-written messages inviting your elected officials to meet with you or attend a chapter meeting
- Messages can be edited
- Are available on the MyAPIC CLR website



Regulatory Report



FDA/NIOSH MOU on N95s

FDA regulation

- N95s are regulated by FDA under the Federal Food, Drug, and Cosmetic Act as surgical apparel
- Classified as class II requiring special controls including premarket approval.

NIOSH regulation

- Manufacturing of respiratory protective equipment is also regulated by NIOSH under the Public Health Service Act .
- Address quality assurance.



NIOSH MOU on N95s

FDA-NIOSH Memorandum of Understanding

- NIOSH will evaluate respirators first,
- If the devices meet the NIOSH threshold standards they will be exempt from FDA premarket approval requirements.
- [MOU](#)
- [FDA notice](#)



CMS Hospital Inpatient Prospective Payment System (IPPS)

The Patient Protection and Affordable Care Act (ACA) of 2010 established quality incentive and penalty programs for acute care hospitals

- Inpatient Quality Reporting Program (IQR)
 - Penalty for not reporting designated measures
 - HAI measures reported through CDC/NHSN
- Hospital Value-Based Purchasing (VBP) quality incentive program
 - Incentive/penalty program determined by achievement or improvement of designated measures
 - Same HAI measures as IQR
- Hospital-Acquired Condition (HAC) Reduction Program
 - Top quartile of hospitals with the highest HAC rates would be penalized by a 1% reduction in Medicare reimbursement
 - Same HAI measures as IQR



Current HAI reporting in IPPS

- HAI measures included in Hospital IQR Program:
 - CLABSI
 - CAUTI
 - SSIs (Colon surgeries and abdominal hysterectomy)
 - MRSA Bacteremia LabID events
 - *C. difficile* infection LabID events
 - Healthcare Personnel Influenza Vaccination
- All but HCP influenza vaccination also included in Hospital VBP and HAC Reduction Programs.
- No HAIs have been included in the Hospital Admissions Reduction Program



CMS HAI Reporting Requirements for Acute Care Hospitals

Measure	Reporting to NHSN begin (CY)	IQR payment (FY)	VBP payment (FY)	HAC Reduction (FY)
CLABSI – ICU	2011	2013	2015	2015
CAUTI – ICU	2012	2014	2016	2015
SSI – Colo, Ab. Hyst.	2012	2014	2016	2016
MRSA Bacteremia – FacWide LabID	2013	2015	2017	2017
C.Diff Infection – FacWide LabID	2013	2015	2017	2017
HCP Influenza Vaccination	2013	2015		
CLABSI – Med/Surg/MedSurg	2015	2017	2019 Baseline period 1/1/15 – 12/31/15 Performance period 1/1/17 – 12/31/17	2018
CAUTI – Med/Surg/MedSurg	2015	2017	2019 Baseline period 1/1/15 – 12/31/15 Performance period 1/1/17 – 12/31/17	2018



FY 2019 IPPS Proposed Rule

Proposed changes:

- “Meaningful Measures” Initiative to reduce regulatory burden and focus on patient outcomes
 - CMS identified 19 Meaningful Measures areas and mapped them to six overarching quality priorities
 - **Measure area:** HAIs
 - **Quality priority:** Making care safer by reducing harm caused by delivery of care.
 - To achieve reorganization and reduction of measures:
 - Considering the Hospital VBP, HAC Reduction, and Hospital Readmissions Reduction Programs collectively as “value-based purchasing – each with different focus
 - ❖ **HRRP** (currently no HAI measures) – focus on care coordination
 - ❖ **HAC Reduction** – focus on patient safety/ harm reduction
 - ❖ **VBP** – focus on clinical outcomes such as mortality and complications, patient and caregiver experience, healthcare costs.



FY 2019 IPPS Proposed Rule

Proposed changes:

- Measures must start in reporting program, but once moved into a “VBP program”, may be removed from IQR.
 - All HAI measures *except HCP influenza vaccination* proposed to be **removed from Hospital IQR program** payment consideration beginning FY 2021 (data collection through CY 2018)
 - All HAI measures proposed to be **removed from Hospital VBP program** payment determination beginning FY 2021
- All current HAI measures will remain in the HAC Reduction Program
 - Propose adjusting scoring method for HAC Reduction Program
 - Current scoring:
 - Domain 1: PSI-90 composite -- 15% of Total HAC score
 - Domain 2: HAI measures – 85% of Total HAC score
 - Proposed equal weighting so PSI-90 and each HAI measure will have equal weight
 - Alternative proposed scoring – similar to current



FY 2019 IPPS Proposed Rule

Proposed changes to PPS-exempt Cancer Hospital QRP:

- Current NHSN reporting requirement: CAUTI, CLABSI, SSI, MRSA, CDI, HCP influenza vaccination
 - Public reporting of CAUTI and CLABSI has been deferred
 - Other HAI measures – because of 2015 NHSN rebaseline, will not have sufficient data to report publicly until 2019
- Proposed: Remove CAUTI and CLABSI Outcome measures beginning FY 2021 – cost outweighs benefit

Proposed changes to Long-Term Care Hospital QRP:

- Current NHSN reporting requirement: CAUTI, CLABSI, MRSA, CDI, HCP influenza vaccination, VAE
- Proposed: Remove MRSA and VAE measures
 - MRSA bloodstream infections would be included in CLABSI
 - VAE – other vent-related measures better indicators of patient outcomes



FY 2019 IRF PPS and IPF PPS Proposed Rules

Proposed changes to Inpatient Rehab Facility QRP:

- Current NHSN reporting requirement: CAUTI, MRSA, CDI, HCP influenza vaccination.
- Proposed: Remove MRSA measure
 - Measure is reported as a SIR, but expected MRSA is so low in IRF setting that can't get a reliable SIR – benefit of reporting measure to improve outcomes is very small.

Proposed changes to Inpatient Psychiatric Facility QRP:

- Current NHSN reporting requirement: HCP influenza vaccination
- Proposed: Remove HCP influenza vaccination measure
 - Since this measure is the only NHSN measure for this care setting, the administrative burden associated with NHSN exceeds the benefit.



Check out the Regulatory Table on the APIC website for:

- All regulations that APIC follows and
- all comments APIC submits to federal agencies

<http://cqrcengage.com/apic/regulations>



Regulations

[View CMS HAI Reporting Requirements to NHSN](#)

Status of APIC comments on proposed infection prevention and control regulations.

Proposed Regulation*	Impact on Infection Prevention	Committee Action and Status	Which of APIC Strategic Goals does this related to?
CMS: FY 2019 Inpatient Prospective Payment System/ Long-Term Care Hospital Payment System (IPPS/LTCH) proposed rule.	Updates infection-related measures in the Hospital Inpatient Quality Reporting Program, Hospital Value-Based Purchasing Program, Hospital-Acquired Condition (HAC) Reduction Program, Long-Term Care Hospital Quality Reporting Program, and PPS-exempt Cancer Hospital Quality Reporting Program	Pending	<ul style="list-style-type: none"> • Patient Safety • Data Standardization • Advocacy
CMS: FY 2019 Inpatient Rehabilitation Facility (IRF) Prospective Payment System proposed rule.	Updates infection-related measures in the Inpatient Rehabilitation Facility Quality Reporting Program.	Pending	<ul style="list-style-type: none"> • Patient Safety • Data Standardization • Advocacy
CMS: FY 2019 Hospital Inpatient Psychiatric Facility (IPF) Prospective Payment System proposed rule.	Updates infection-related measures in the Inpatient Psychiatric Facility Quality Reporting Program	Pending	<ul style="list-style-type: none"> • Patient Safety • Data Standardization • Advocacy
CMS: Draft quality measures to satisfy the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 domain of Transfer of	To comply with requirements of the IMPACT Act, CMS is developing new measures to ensure patient safety during care transitions. These proposed measures are intended to provide patient medication profiles to accompany patients when transitioning to new settings or to home.	Comments submitted 5/1/2018	<ul style="list-style-type: none"> • Patient Safety

Questions?



**Spreading
knowledge.**

**Preventing
infection.**



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