



Committee to  
reduce infection deaths

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The Honorable Richard Burr  
428 Dirksen Senate Office Building  
Washington, DC 20510

Dear Ranking Member Burr,

I am writing as former Lt. Governor of New York State and Chairman of the Committee to Reduce Infection Deaths (RID), a national patient advocacy organization. This letter urges Senator Burr and his colleagues to support improving public reporting of infections in healthcare facilities, in line with the recommendation first made by AARP, The Leapfrog Group, and a coalition of others. According to the Centers for Disease Control and Prevention (CDC), hundreds of thousands of patients die yearly from infections they contract while receiving care.

RID urges Congress to require that all healthcare institutions, including nursing homes, ambulatory surgery centers, and hospice facilities, report incidents of healthcare-acquired infections to the National Health Safety Network (NHSN) system already in operation under the CDC.

We at RID are part of a broader coalition advocating that Congress expand the CDC's systematic national monitoring and reporting of infection rates as part of its investment in COVID relief. Preparedness during and after COVID-19 requires nationally consistent data to identify hot spots quickly and reliably.

As we see it, there are numerous reasons to support this effort:

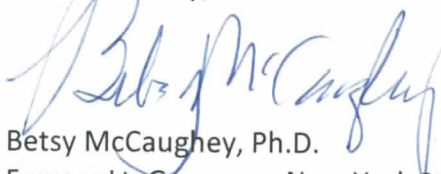
- ***The public deserves transparency.*** It also requires a high level of transparency so facilities can recognize their own infection challenges, and patients and their loved ones can get critical information about their care.

*(continued)*

- ***There is minimal bureaucratic infrastructure and spending.*** This can be accomplished without significant expense or creating new federal or state infrastructure by using an already robust program at the CDC, the National Healthcare Safety Network (NHSN). NHSN has a solid budget, with its total current annual budget being \$21 million.
- ***States support building on federal-state partnerships that are working.*** All general hospitals are required to report to NHSN on five healthcare-associated infections. NHSN works closely with all 50 state health departments to collect and verify this data and calculates nationally standardized rates states can use. Most states collect, verify, and report infection data on their own for facilities other than general hospitals, which is a major burden. This includes specialty hospitals, ambulatory surgery centers, nursing homes, assisted living, dialysis centers, hospice, and other facilities that may voluntarily report to NHSN, but most decline to do so.
- ***Reporting to NHSN is critical to preparedness:*** In June 2020, as an emergency measure, nursing home facilities were required to report rates of COVID-19 cases among patients and staff, which was publicly reported as a condition of participation in Medicare. But it took several months for nursing homes to become acclimated to the appropriate process for infection reporting, which was avoidable if nursing homes had been in routine communication with NHSN as hospitals are.
- ***NHSN allows for quick mitigation when nosocomial infections are hot spots.*** Nosocomial infections are a significant cause of infection spread. While NHSN struggled with the data collection process, evidence suggests nursing home and hospital cases and deaths from COVID-19 spread quickly, and may have been a significant driver of community spread. Mitigation centered on hot spots within healthcare facilities can be highly effective, but inadequate data hampered us during surge times.

The COVID-19 pandemic has underscored the urgent need for expanded reporting of infections in healthcare settings. I hope you will join us in supporting this valuable public health initiative. It will save thousands of lives without requiring the creation of any new regulatory infrastructure. The public deserves this improvement to healthcare transparency and safety.

Yours sincerely,



Betsy McCaughey, Ph.D.

Former Lt. Governor, New York State

Chairman and Founder, Committee to Reduce Infection Deaths