

February 5, 2018

Dear Ohio Lawmaker:

We write because infections from *Clostridium difficile*, called *C. diff.*, are a quiet killer of hundreds of Ohioans each year.

Yet millions of Ohio healthcare consumers and lawmakers remain in the dark about the prevalence of *C. diff.* infections, or CDIs, in the long-term care settings where this epidemic proves costliest in both lives and taxpayer dollars. The lack of information prevents Ohioans from making knowledgeable, responsible decisions about where we and our loved ones receive care.

You can help solve these problems by **passing SB 102, to equalize the standards of case reporting about *C. diff.* infections in Ohio** and provide basic information to the public about CDIs in long-term care facilities.

About 90 percent of deaths from CDIs occur among seniors age 65 and over, many in long-term care settings. That's important to Ohioans, with the highest percentage of residents in nursing homes of America's most populous states, more than 60,000 people.<sup>1</sup>

Nearly half a million Americans, including more than 15,000 Ohioans, contract CDIs each year. And 90 percent of them are associated with hospitals, outpatient clinics, and long-term care facilities.

**Unlike hospitals, nursing homes do not have to report cases and fatalities tied to *C. diff* infections in most states.** Only a few states require any *C. diff* reporting in long-term care. Ohio is not one of them. But the neighboring state of Pennsylvania is.<sup>2</sup>

Making data on CDI outbreaks at our nursing homes available to the public will allow Ohio consumers to choose facilities more wisely and reward the places with healthier, safer conditions.

Antibiotic-resistant CDIs were declared an urgent threat to public health by the Centers for Disease Control and Prevention in 2013.<sup>3</sup> A 2011 study estimated that CDIs kill about 29,000 Americans each year, which includes approximately 1,000 Ohioans.<sup>4</sup>

**Ohio's regulations on "performance measures to be reported" in health care settings mention *C. diff* only in the context of hospitals.**<sup>5</sup> Ohio mandated *C. diff* reporting in hospitals 12 years ago, following a major outbreak in Cleveland in 2002.<sup>6</sup>

Reporting of CDIs in nursing homes and state policies to ensure public disclosure are more than 21st-century disease-fighting strategies. **Research indicates that reporting is an essential component to ending the *C. diff* epidemic.** A recent study by Julie Reagan, PhD, MPH, JD and Hangsheng Liu, PhD of the Rand Corporation found state reporting requirements for infections like *C. diff.* improved care.<sup>7</sup>

Federal requirements mandate that hospitals that are reimbursed with Medicare dollars report data on CDIs. The Medicare website for "Hospital Compare" is a helpful tool. Americans looking for similar, basic information for long-term care facilities, home to more than a million senior citizens, are left wanting.

The online Medicare evaluation tool for long-term care, called "Nursing Home Compare," contains no reporting on CDIs. The loophole in long-term care reporting in Ohio can be grievous in *C. diff.*

cases, since the epidemic actually requires extra vigilance from frontline caregivers and family.

C. diff is named for bacteria that other germs in the human intestines usually keep in check. Commonly prescribed antibiotics can disrupt that symbiosis, permitting C. diff to mushroom, causing bloating and painful diarrhea and potentially shutting down the intestine.

A CDI can kill a patient in just a few days. Its transmission can occur through feces and food, as well as spores on surfaces that go untreated with chlorine-containing bleach solutions, ultraviolet light, or peroxide, which can wipe out the microbes.

In addition to preventing patients' misery from C. diff outbreaks, the public has an interest in pre-empting higher costs to taxpayers from preventable cases of C. diff in nursing homes.

Federal law reduces Medicare and Medicaid reimbursement to hospitals with high readmission rates from preventable infections such as C. diff. But the absence of reporting for long-term care facilities in states like Ohio inhibits such a crucial and overdue measure of accountability for the spending of public dollars.

Knowing which long-term care facilities are succeeding, or failing, at C. diff prevention and eradication is essential to the wellbeing of thousands of Ohioans age 65 and over. For them and the rest of us, the information gap on CDIs is a life-or-death issue. Whether state lawmakers take the steps to fill the gap is a test of our state's genuine commitment to public health.

**We urge you to be equal to this important challenge, in which the passage of SB 102 is one important step. We look forward to working with you to meet it.**

Sincerely,

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Nancy Oliver  
*Lost father to C. diff*  
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## NOTES

1 U.S. Census Bureau, 2010: “Population Aged 65 and Over Residing in a Nursing Home by Region and State: 1980 to 2010”: <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

2 Pennsylvania Patient Safety Authority, May 2010: “Clostridium Difficile Infections in Nursing Homes”: [http://patientsafety.pa.gov/ADVISORIES/Pages/2010sup1\\_10.aspx](http://patientsafety.pa.gov/ADVISORIES/Pages/2010sup1_10.aspx)

3 Centers for Disease Control and Prevention, April 2013: “Antibiotic Resistance Threats in the United States”: <https://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf>

4 *New England Journal of Medicine*, Feb. 2015: “Burden of Clostridium difficile Infection in the U.S.”: <http://www.nejm.org/doi/full/10.1056/NEJMoa1408913>

5 Ohio Administrative Code: <http://codes.ohio.gov/oac/3701-14-04>

6 Centers for Disease Control and Prevention, May 2010: “Multi-hospital outbreak of Clostridium difficile Infection, Cleveland, Ohio”: [https://wwwnc.cdc.gov/eid/article/16/5/07-1606\\_article](https://wwwnc.cdc.gov/eid/article/16/5/07-1606_article)

7 *Health Services Research*, June 2017: “Impact of State Reporting Laws,” pp. 1079-98: <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12530/abstract>