

Increased CMS reimbursements for new antibiotics represents progress in attention to AMR

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The Centers for Medicare and Medicaid Services Inpatient Prospective Payment System rule for the coming fiscal year will raise reimbursements for novel antibiotics, a meaningful step in confronting the threat of infections resistant to older medicines. At the same time, the rule does not require or support antibiotic stewardship in healthcare settings, also an essential measure to protect the effectiveness of existing infection-fighting medicines.

Responsive to concerns raised by the Infectious Diseases Society of America and other organizations, and increasing both the severity level designation for antimicrobial resistance in Medicare coding and the payment levels for new technologies, the rule aims to allow the use of newer and higher-priced [antibiotics](#) when necessary. While these changes can open access to effective medicines to treat infections resistant to first-line drugs, how effective the rule will be in practice on its own remains uncertain.

While hospital antibiotic stewardship programs have been demonstrated to improve patient outcomes, reduce [health care costs](#) and reduce inappropriate antibiotic use that drives the development of antibiotic resistance, the rule does not address needs to support and incentivize those programs. In a [Health Affairs blog post](#) Friday, however, CMS Administrator Seema Verma acknowledges that need, writing that the agency "is currently reviewing approaches for implementing guidelines

for hospital-based Antibiotic Stewardship Programs via the regulations that govern hospitals' Conditions of Participation in Medicare." Verma also expresses openness on the part of CMS to additional reimbursement reforms and notes that the agency's recent actions lays groundwork for continuing policy responses to antimicrobial resistance. IDSA agrees, and will continue to urge additional action.

While the new rule may improve access to [novel antibiotics](#) and remove one of many disincentives to developing them, the policy on its own also is unlikely to lead to sufficient returns on investments in new antibiotic research and development. Additional support and investments on a federal level that reflects the value of new antibiotics to individual and [public health](#), and to the practice of modern medicine remain essential to combating antibiotic resistance.

Provided by Infectious Diseases Society of America

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