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June 10, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Docket #CMS-1833-P: Medicare and Medicaid Programs: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026, proposed rule

Dear Dr. Oz:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare and Medicaid Services (CMS) for the opportunity to provide input to the FY 2026 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) proposed rule. APIC is a nonprofit, multidisciplinary organization representing 15,000 infection preventionists (IPs) whose mission is to create a safer world through the prevention of infection.

Technical Update to CDC's National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) Measures

CMS has proposed calculating the current Centers for Disease Control and Prevention (CDC)'s NHSN HAI measures for use in the Hospital Value-Based Purchasing (VBP) and the Hospital-Acquired Condition Reduction Program (HACRP) program using the current (2015) referent periods until the FY 2029 program year (for VBP) and FY 2028 (for HACRP). APIC supports this strategy since it allows for accurate measurement between baseline and performance periods without readjusting data to align with the NHSN's new 2022 baseline period.

APIC recommendation: APIC appreciates CMS coordination with CDC to transition to updated standard population data used to calculate the standardized infection ratio (SIR) for the NHSN HAI measures as part of routine measure maintenance, using a timeline that will allow for accurate comparisons needed for payment determination under the two programs.

Proposal to Codify the Extraordinary Circumstances Exception (ECE) Policy for the Value-Based Purchasing (VBP), Hospital Inpatient Quality Reporting (IQR), HAC Reduction, and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs



In the FY 2017 IPPS/LTCH final rule, CMS revised the Extraordinary Circumstances Exception (ECE) policy to extend the ECE request deadline from 30 days to 90 days, noting that it may be difficult for hospitals to fully evaluate the impact and provide CMS with a comprehensive account of the event within 30 calendar days. The request deadline extension also allowed hospitals to prioritize patient care over the paperwork required to submit the ECE request in the wake of natural disasters such as tornados, hurricanes, floods, or fires to avoid penalties under the Hospital Inpatient Quality Report (IQR) program when recovering from such extraordinary circumstances.

The FY 2026 rule proposes to reverse CMS's earlier extension of the request deadline but also clarifies that CMS retains the authority to determine whether to grant an exemption from reporting requirements or an extension of the reporting deadline. The proposed rule does not provide a justification for reducing the ECE request deadline after the earlier rule extended it, but the proposed reduction would seem to contradict CMS's earlier determination that the 90-day request deadline would allow hospitals to provide CMS with a more complete assessment of its situation to help CMS make a better informed decision about whether an exemption or extension is more appropriate in each situation.

APIC Recommendations:

- We recommend CMS include additional details on how the determination of an exception versus an extension will be made. This transparency will allow hospitals to better prepare for response times and required resources based on whether they are likely to receive an exemption or an extension.
- We also recommend that CMS review past ECE submissions to assess the feasibility for hospitals to meet a 30-day response deadline and disclose its justification for the readjustment.

Hospital Inpatient Quality Reporting (IQR) Program

Proposed Removal of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure Beginning with the CY 2024 Reporting Period/FY 2026 Payment Determination

APIC supports the proposed removal to the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure from the IQR program. When the vaccines were first made available there was value in closely tracking the uptake of vaccinations, and reporting added value. The value at that time outweighed the burden it imposed on those responsible for entering the data.

More recently, the value of reporting COVID-19 vaccination rates has decreased. CMS's withdrawal of the COVID-19 Health Care Staff Vaccination Requirements, the ending of the Public Health Emergency, and changing definitions of "fully vaccinated," make it difficult to capture the data and detracts from their utility. Resources currently allocated to this task could be better utilized in other areas that directly contribute to the safety and protection of our workforce.

APIC continues to support COVID-19 vaccination among healthcare personnel (HCP) in all healthcare settings as the most effective infection prevention tool to protect staff, patients, and visitors against severe illness, hospitalization, and death. APIC also continues to strongly promote the importance of vaccination in preventing infections and protecting public health. Recent reductions in vaccination rates¹



have contributed to a resurgence of vaccine-preventable diseases in the United States such as measles and pertussis, posing a new and real threat to public health.

APIC Recommendations:

- APIC supports removal of the COVID-19 Vaccination Coverage Among HCP measure from the IQR Program.
- APIC strongly supports vaccination of HCP in all healthcare settings against COVID-19 and all vaccine-preventable diseases.
- APIC strongly supports vaccination of all demographic groups against vaccine-preventable diseases according to pre-2025 recommendations from the Centers for Disease Control and Prevention and Food and Drug Administration.

Proposed Removal of the Hospital Commitment to Health Equity (HCHE) Measure Beginning with the CY 2024 Reporting Period/FY 2026 Payment Determination

APIC recognizes the importance of addressing disparities in healthcare in order to improve the quality of care and reduce HAIs. According to the recently-released report by APIC's Health Equity Committee and the APIC Center for Research, Practice and Innovation, [*The Impact of Health Disparities and Inequities on Healthcare-Associated Infections: a Call to Action*](#), "Adopting a health equity lens to address disparities in healthcare-associated infection (HAI) outcomes can enhance the effectiveness and inclusivity of prevention strategies. By identifying and addressing these infections' social and structural drivers, healthcare systems can implement more comprehensive strategies to reduce healthcare-associated infections (HAIs) and improve patient outcomes." The [Deloitte Health Equity Institute](#) estimated the cost of health inequities at \$320 billion annually, including increased healthcare spending and lost productivity,² far outweighing CMS's estimated burden of implementing the HCHE measure. While data collection always adds some burden, meaningful and actionable health data is needed to drive quality improvements to eliminate health disparities.

APIC Recommendation: APIC opposes removal of the HCHE measure from the Hospital IQR Program.

Proposed Removal of Two Social Drivers of Health (SDOH) Measures Beginning with the CY 2024 Reporting Period/FY 2026 Payment Determination

Social drivers of health (SDOH), the nonmedical factors that influence health outcomes, have been shown to have a greater influence on health than either genetic factors or access to healthcare services. Addressing SDOH will lead to progress toward health equity.³ The collection of SDOH data serves as an important first step to improve equity in patient safety.⁴ Standardized SDOH data will assist in recognizing areas of need and enhance efforts to improve resident/patient outcomes across healthcare settings. We acknowledge the feedback and considerations regarding the collection of the Health Equity measures; however, we believe that these measures provide valuable insights that are crucial for hospital leadership in driving quality improvements and addressing health disparities. Despite the focus on clinical outcome measures, the structural data collected through these measures offer significant benefits that support our overarching goals in health equity. Therefore, we do not agree with the removal of these measures, as their continued implementation is essential for maintaining a comprehensive approach to improving health outcomes and ensuring equitable care.



APIC Recommendation: APIC opposes the removal of the two SDOH measures from the Hospital IQR Program.

PPS-Exempt Cancer Hospital Quality Reporting Program (PCH QRP)

Proposed Removal of the Hospital Commitment to Health Equity (HCHE) Measure and Proposed Removal of Two Social Drivers of Health Measures

Please see our comments above under the Hospital IQR section.

APIC Recommendations:

- APIC opposes removal of the HCHE measure in the PCH QRP.
- APIC opposes the removal of the two SDOH measures from the PCH QRP.

Proposal to Publicly Report PCHQR Data on Both the Provider Data Catalog and Compare Tool Website or Successor Websites

APIC supports data transparency and public display of healthcare-associated infection and healthcare personnel vaccination metrics in an accurate and easy-to-understand format. Making PCHQR data available through the CMS Care Compare website enhances the consumer ability to view and interpret data, as Care Compare features notes on how to interpret the information being viewed. Currently, PCHQR data for CLABSI, CAUTI, *C. diff* and MRSA infections and healthcare personnel vaccination measures are publicly available via the CMS data catalog. The data catalog does not necessarily provide context or interpretation on PCHQR data and is not geared towards consumers. APIC emphasizes that PCHQR data should only be compared between hospitals in the PCHQR program, and no other CMS reporting programs, to ensure data validity and accurate comparisons. APIC also recommends that stakeholders be re-engaged prior to the public display of PCHQR data using the updated 2022 NHSN rebaseline.

APIC Recommendation: APIC supports the proposal to make PCHQR data available on both the CMS Care Compare website and the Provider Data Catalog.

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

Proposed Modifications of Reporting Requirements for COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date Measure Beginning with the FY 2028 LTCH QRP

APIC Recommendations:

- APIC supports the proposal to modify the reporting requirements for the Patient/Resident COVID-19 Vaccine measure in the LTCH QRP to exclude patients who have expired in the LTCH beginning with the FY 2028 LTCH QRP.
- APIC supports the proposal to remove the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure from future LTCH Continuity



Assessment Record and Evaluation (CARE) Data Set (LDCS) forms that LTCHs use for expired patients.

Proposed Revision of the Final Data Submission Deadline Period from 4.5 Months to 45 Days – Request for Information

Timely reporting of quality and other performance measures allows healthcare consumers to make educated decisions about where to receive care. Moving from a 4.5 month reporting period to a 45 day after the quarter ends reporting period will reduce the time from reporting to public display. Based on the analysis performed by CMS, 97.5 percent of facilities reporting submitted the data within 45 days, so the shortened reporting period does not seem to create a burden.

APIC Recommendations: APIC supports shortening the data submission deadline to 45 days after the quarter ends.

Toward Digital Quality Measurement in CMS Quality Programs – Request for Information

APIC supports identifying a reliable platform for reporting digital quality measures (dQMs) that increases the value of the data being captured and efficiency and ease of reporting, with the likelihood to improve patient outcomes. It is important that the proposed platform, The Health Level Seven® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®), can be implemented by all Electronic Medical Records (EMRs) and that the cost to implement the transition to FHIR, including infrastructure, labor, and training at reporting facilities and NHSN, is taken into consideration. APIC recommends that there is monetary support allocated for upgrading the NHSN platform for FHIR compatibility and continuous maintenance to assure quick and reliable communication between EMRs and NHSN. NHSN's FHIR capabilities will have to include HAI data and antimicrobial use and resistance data, in addition to dQMs. APIC encourages CMS and CDC to liaise with EMR vendors to assess their capability of expanding dQMs to include NHSN metrics.

APIC appreciates the opportunity to provide recommendations relating to infection prevention and control provisions in the proposed rule. We look forward to continuing to work with CMS to prevent healthcare-associated infections in healthcare facilities.

Sincerely,

A handwritten signature in black ink, appearing to read "McLay", with a stylized flourish at the end.

Carol McLay, Dr.PH, MPH, RN, CIC, FAPIC, FSHEA
2025 APIC President

¹ U.S. Centers for Disease Control and Prevention: Vaccination coverage and exemptions among US Kindergartners, October 2024. Available at <https://www.cdc.gov/schoolvaxview/data/index.html>.

² Bhatt J, Gerhardt W, et.al. U.S. health care can't afford health inequities, Deloitte Insights, Issue 31, June 22, 2022. Available at <https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html> . Accessed 6/10/2025.

³ U.S. Centers for Disease Control and Prevention: Social Determinants of Health, January 2024. Available at <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>.

⁴ Thomas A, Lee M, Mossburg S. Equity in Patient Safety. PSNet [internet]. Rockville (MD): Agency for Healthcare Research and Quality, US Department of Health and Human Services. 2024. Available at <https://psnet.ahrq.gov/perspective/equity-patient-safety>