



1400 Crystal Drive, Suite 900
Arlington, VA 22202
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
apic.org

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-1829-P: Medicare Program: FY 2026 Inpatient Rehabilitation Facility Prospective Payment System updates, 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 Inpatient Rehabilitation Facility (IRF) prospective payment system update. 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. Our comments focus primarily on proposed revisions to the IRF Quality Reporting Program (IRF QRP).

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

For the reasons we noted in our comments on proposed removal of the COVID-19 HCP vaccination measure above, the COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date measure no longer provides value. Therefore, we support the proposal to remove this measure.

APIC Recommendation: Although APIC continues to support COVID-19 vaccination, we agree with the proposal to remove the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure from the IRF QRP.

Proposal to Remove Four Standardized Patient Assessment Data Elements Beginning with the FY 2028 IRF QRP

APIC recognizes the importance of addressing healthcare quality disparities. Social determinants 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. Using data on race, ethnicity, and other SDOH will help find evidence based, measurable solutions to address healthcare disparities and provide equitable care to all sectors of our population. Addressing SDOH will lead to progress toward health equity.² The collection of standardized SDOH data serves as an important first step to improve equity in health outcomes,³ including healthcare-associated infections (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](#), accurate and comprehensive data is necessary to assist in identifying disparities and develop targeted interventions which will improve resident/patient outcomes across healthcare settings.

APIC Recommendations: APIC opposes the proposal to remove the four standardized patient assessment data elements under the SDOH category in the IRF QRP.

Advancing 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 CDC's National Healthcare Safety Network (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 that reads "McLay".

Carol McLay, DrPH, 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 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>.

³ 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> .