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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-1827-P: Medicare Program: Prospective Payment System for Skilled Nursing Facilities, 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 Skilled Nursing Facilities (SNF) Prospective Payment System updates 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.

***Proposal to Remove Four Standardized Patient Assessment Data Elements Beginning with the FY 2027 SNF Quality Reporting Program (SNF 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.<sup>1</sup> The collection of standardized SDOH data serves as an important first step to improve equity in health outcomes,<sup>2</sup> 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. 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 proposal to remove four standardized patient assessment data elements under the SDOH category from the SNF QRP.

***Proposed Removal of the Health Equity Adjustment From the SNF Value-Based Purchasing (VBP) Program Scoring Methodology***

The Health Equity Adjustment would incentivize SNFs to prioritize achieving health equity, improve care received by all beneficiaries, and reduce disparities in health outcomes. APIC recognizes the importance of health equity in improving healthcare outcomes in all SNF residents.

APIC Recommendation: APIC opposes the proposal to remove the Health Equity Adjustment in the SNF VBP Program.

***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.

***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 doesn't seem to create a burden.

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

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

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<sup>1</sup> 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>.

<sup>2</sup> 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>.