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September 15, 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-1834-P: Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; and Overall Hospital Quality Star Ratings, 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 CY 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems update 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.

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

APIC supports the proposed removal to the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure from the Hospital Outpatient Quality Reporting (OQR) and Ambulatory Surgical Center Quality Reporting (ASCQR) programs. 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 OQR and ASCQR Programs.
- 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 from the Hospital OQR and Rural Emergency Hospital Quality Reporting (REHQR) Programs and the Facility Commitment to Health Equity (FCHE) Measure Beginning with the CY 2025 Reporting Period/CY 2027 Payment Determination

APIC recognizes the importance of addressing disparities in healthcare 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 OQR and REHQR Programs, and removal of the FCHE measure from the ASCQR Program.

Proposed Removal of Two Social Drivers of Health (SDOH) Measures Beginning with the CY 2025 Reporting Period

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 (<https://psnet.ahrq.gov/perspective/equity-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 Screening for Social Drivers of Health measure and the Screen Positive Rate for Social Drivers of Health measure from the Hospital OQR, REHQR and ASCQR Programs.

Proposal to Update and Codify the Extraordinary Circumstances Exception (ECE) Policy for the Hospital OQR, REHQR, and ASCQR Programs

In FY 2017, 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 healthcare facilities 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 facilities 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 quality reporting programs when recovering from such extraordinary circumstances.

The CY 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 facilities 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 facilities 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 facilities to meet a 30-day response deadline and disclose its justification for the readjustment.

Modification to Hospital Quality Star Rating Program

In 2019, APIC provided comments on the effort to update the Hospital Quality Star Rating System. One concern at the time was the use of a composite score could be misleading and a recommendation that nationally defined and risk adjusted healthcare-associated infections (HAI) measures should stand alone and not be grouped with other non-HAI elements.

The current proposal to ensure that hospitals do not get a 5-star rating if they score in the lowest quartile of the Safety of Care domain illustrates the complexities of the rating system. While APIC appreciates that there is an effort to ensure a focus on the Safety of Care measure group, the proposed solution of a blanket reduction of one star or a cap of four stars on the lowest quartile of hospitals does not address the underlying problem that a composite score is unable to accurately depict all domains in a meaningful way. For example, hospitals serving vulnerable populations—such as safety-net hospitals and rural facilities—often face challenges that are not fully captured in current metrics. CMS should refine risk adjustment methodologies to avoid penalizing institutions that care for sicker or socioeconomically disadvantaged patients. We also continue to advocate for separating the HAI data and allowing it to stand alone.

APIC recognizes the difficulty of developing a measure rating system that reflects a true measure of quality. However, we encourage CMS to refrain from projecting data that is more likely to confuse than assist the public, possibly creates fear for a patient that may not understand the data limitations, and provides no direction for improvement strategies, nor recognizes the intense improvement efforts that exist in our organizations today. Cohesive, meaningful, streamlined measurement programs and approaches must be developed, and we must avoid the use of intense technicality that prohibits understanding of methodology.

APIC commends and encourages CMS to continue to solicit feedback from hospitals, clinicians, patient advocacy groups, and data scientists to ensure the system evolves in a way that reflects real-world care delivery.

APIC Recommendations:

- APIC does not support the proposed solution of a blanket reduction of one star or a cap of four stars on the lowest quartile of hospitals. While APIC appreciates the effort to focus on the Safety of Care measure group, the proposal does not address the underlying problem in a way that would improve patient safety.
- APIC encourages CMS to refine risk adjustment methodologies to avoid penalizing institutions that care for sicker or socioeconomically disadvantaged patients.



- APIC continues to recommend that HAI measures should stand alone and not be grouped with other non-HAI elements.

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".

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 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>.