June 10, 2024

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1808-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

RE: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements (CMS-1808-P)

To Whom It May Concern:

On behalf of the National Association of County and City Health Officials, thank you for the opportunity to comment on the proposed rule, Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes.

The National Association of County and City Health Officials (NACCHO) is the voice of the over 3,300 local health departments across the country. Every day, local health departments are visible in the community working to keep their region safe and healthy through essential services like screening and treatment for chronic and communicable diseases; maternal and child health services; environmental health services; epidemiology; routine immunizations; primary prevention care; food service regulation, inspection, or licensing; and emergency preparedness and response. Currently, the United States spends $4.3 trillion on health, but only 4.4 percent of that money goes toward public health and prevention initiatives.¹ Federal investments in local public health are increasingly critical as our nation’s life expectancy rates work to recover from recent declines and health care costs are rising.

Key to the work of local health departments is the partnership between public health and the health care system, particularly around data surveillance and critical service delivery. As such, NACCHO offers the following comments on the identified portions of the proposed rule.

**Extending the modified form of COVID-19 and influenza reporting requirements to include data for RSV and reduce the frequency of reporting for hospitals and CAHs**

As noted in the proposed rule, patients benefit from strong integration between public health and health care systems, particularly when data are available to direct collaborative actions that protect patient and

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¹ [Trends in health care spending | Healthcare costs in the US | AMA (ama-assn.org)]
public health and safety. Data from health care providers remain the key driver to identify and respond to public health threats. NACCHO supports the provision in the proposed rule extending the modified form of COVID-19 and influenza reporting requirements to include RSV and reducing the frequency of the reporting requirements outside a declared national public health emergency.

Continuing to collect information on confirmed infections, hospital and bed capacity, as well as demographic information provides actionable data for local health departments to monitor for early signs of outbreaks and deploy resources in a timely and effective manner. Furthermore, we encourage CMS to include race/ethnicity data as part of the requirements for ongoing reporting. These additional data elements are critical to identifying health inequities, and without them, public health experts cannot focus interventions or treatments at populations who may be at greatest risk. NACCHO encourages CMS to consider how resource allocation, particularly in historically underserved and low-income communities, may result in incomplete and inaccurate data due to reporting challenges. We encourage CMS to work with health care providers to develop reporting requirements that provide public health agencies with the most accurate and timely data possible to ensure public health responses can address health inequities.

Finally, NACCHO urges CMS to maintain the proposal to continue respiratory illness reporting through the coming Fall season and beyond so local health departments can plan activities needed in their communities.

### Maintaining Immunization Registry Reporting under the Public Health and Clinical Data Exchange Measure through the Medicare Promoting Interoperability Program for Calendar Year (CY) 2025

NACCHO supports maintaining the Immunization Registry Reporting under the Public Health and Clinical Data Exchange Measure. Encouraging eligible hospitals to engage with public health agencies to submit immunization data through this incentive results in more accurate immunization forecasts and histories from the public health immunization data system. This incentive also helps to encourage electronic health record networks which will lead to improved care coordination and improve infection prevention and control.

Every delay or missing data point impacts local health departments’ ability to do their job quickly and effectively. While the sophistication of local health department data systems varies, public health data systems are antiquated, with too many still relying on faxes and manual entry. The proposed rule noted that in 2020, the Centers for Disease Control and Prevention (CDC) launched the Data Modernization Initiative, which seeks to answer the need for a longer-term, whole-of-public health strategy that prioritizes collaboration and continuous improvement and recognizes that modernization is not a one-time event. NACCHO was glad to see that investment in 2020 and continues to support and advocate for data modernization efforts, but these funds were granted to state health departments and five large cities; to date, the funds have largely not reached the local health department level. Local health departments, particularly in lower capacity jurisdictions such as rural and historically underserved areas, need additional investment to participate in modernized data systems.

While this significant investment during the pandemic to improve data connections was critical to the COVID-19 response, additional investment in public health data modernization, particularly at the local
level, is needed to maintain these important connections and ensure the nation is prepared for the next public health emergency. These investments would ensure that all local health departments have the tools they need to collaborate with hospitals in their communities.

Maintaining this provision is also important for emergency preparedness. As noted in the proposed rule, maintaining a flow of data during non-emergency times is also vital to emergency preparedness and response efforts, as the efforts to ensure a strong, usable system done to support day-to-day activities allows for smoother and faster ramp up in emergency situations.

**Maintaining the modified measure on COVID-19 vaccine patient measure in the Long-Term Care Hospital Quality Reporting Program (LTCH QRP)**

NACCHO supports maintaining the COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date measure in the LTCH QRP. The severity and outcomes of COVID-19 are largely dependent on a person’s age. Maintaining reporting requirements for long-term care facilities allows individuals and families to make informed choices about their long-term care or congregate care needs. As noted throughout the proposed rule, maintaining reporting requirements and interoperable systems between providers and public health authorities allows for quicker response to novel pathogens when they emerge. Residents in long-term care facilities are often more vulnerable to emerging outbreaks and maintaining reporting requirements may protect them in the future as COVID-19 evolves.

NACCHO appreciates the opportunity to comment on this proposed rule and is pleased to see efforts to improve systems beyond a public health emergency that would provide a foundation for response-ready hospitals and the broader public health system. We urge CMS to consider the role local health departments play in addressing both the day-to-day health of their community as well as any public health emergency and in monitoring for emerging outbreaks. We also encourage CMS to ensure that efforts to improve interoperability consider ways to support local health department capacity. If you have any questions about this response, please contact Adriane Casalotti, Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,

Lori Tremmel Freeman, MBA
Chief Executive Officer

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2 Why does COVID-19 disproportionately affect older people? - PMC (nih.gov)