



September 8, 2022

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: CMS-1772-P, CY 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule

Dear Administrator Brooks-LaSure,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we thank you for the opportunity to provide comments on the Calendar Year (CY) 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System proposed rule. NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining efforts to address social determinants of health (SDOH).

NASDOH continues to be extremely appreciative of CMS's commitment to ensuring that social risks and needs are being identified and considered for Medicare enrollees across its programs and appropriately documented and accounted for given the impact they can have on individual's health overall. Similarly, we support CMS efforts to develop a comprehensive approach to measure and analyze disparities across its programs and policies.

[CMS requested comment on the application of Overarching Principles for Measuring Healthcare Quality Disparities Across CMS Quality Programs to the Hospital OQR and Rural Emergency Hospital Quality Reporting Programs.](#)

We applaud CMS's commitment to achieving equity in health care outcomes for Medicare beneficiaries by supporting providers' quality improvement programs and pursuing standardized and parsimonious mechanisms across CMS's quality reporting programs. NASDOH agrees that advancing health equity will require efforts across and beyond the healthcare system, and aligning efforts is essential. Quality measures can be effective tools for provider quality improvement activity and accountability.

NASDOH submitted detailed comments on the Overarching Principles for Measuring Healthcare Quality Disparities Across CMS Quality Programs RFI in the FY 2023 IPPS/LTCH PPS proposed rule, which can be found [here](#).

CMS requested comments on potential future quality measures for health equity in rural and rural emergency settings and notes the Hospital Commitment to Health Equity measure as well as a potential future measure for health equity that could be an attestation-based structural measure of a disparities impact statement (DIS) or organizational pledge that outlines how infrastructure supports the delivery of care that is equitable for all patients.

NASDOH applauds CMS for pursuing opportunities to address healthcare disparities and advance equity. We agree with the assertion that hospital leadership plays an essential role in promoting hospital quality and safety, improved experience of care, and better patient outcomes, and assessing organizational commitment to health equity and accessibility can be an important component of a health equity strategy.

NASDOH agrees with CMS that a structural measure is an important first step toward health equity in hospitals and catalyzing important work to improve preventable health disparities. We also strongly encourage CMS to consider whether hospitals are making the needed investments in workforce training, leadership development, and other related areas essential to improve equity and health outcomes. NASDOH led the development of the recent “[Raising the Bar](#)” project, which outlined principles and actions for addressing equity in healthcare organizations and institutions. For your reference, we made [four key recommendations](#) for actions regarding institutional leadership, governance, and support of the workforce. It is essential that we quickly move beyond assessing structures to assessing action taken and impact to ensure that our efforts are achieving the health equity and disparities reduction goals to which CMS is committed.

NASDOH appreciates the opportunity to comment on these important proposals. For more information on NASDOH and our members, please visit our website at [www.nasdoh.org](http://www.nasdoh.org) or contact Sara Singleton at [Sara.Singleton@leavittpartners.com](mailto:Sara.Singleton@leavittpartners.com).

Sincerely,

*Sara Singleton*

Sara Singleton  
Principal, Leavitt Partners and Advisor to NASDOH