



September 12, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: CMS-1834-P, CY 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency

Dear Administrator Oz,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we appreciate the opportunity to provide comments on the calendar year (CY) 2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems proposed rule.

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders seeking to make a material improvement in the health of individuals and communities by advancing the adoption of effective policies and programs to address upstream drivers of health, such as food insecurity, housing instability, interpersonal safety, and transportation insecurity. NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to support health. Our website lists all the NASDOH [members](#).

Cross-Program Proposals for the Hospital Outpatient Quality Reporting (OQR), Rural Emergency Hospital Quality Reporting (REHQR), and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs

CMS proposes to remove the Hospital Commitment to Health Equity (HCHE) measure from the Hospital OQR and the ASCQR Program measure sets beginning with the CY 2025 reporting period/CY 2027 payment or program determination, and to remove the Screening for Social Drivers of Health (SDOH-1) and Screen Positive Rate for Social Drivers of Health (SDOH-2) from the Hospital OQR, REHQR, and ASCQR Program measure sets beginning with the CY 2025 reporting period.

NASDOH supported the inclusion of both SDOH measures in the Hospital OQR program, the ASCQR program, the REHQR program, and the ASCQR program in the OPPS rule for FY2025. Social drivers of health account for the vast majority of health outcomes, including cost. For this reason, it is critical that continued movement towards value-driven care recognizes the importance of addressing upstream drivers. Screening for and addressing upstream drivers is also aligned with CMS's focus on chronic disease prevention and management. Identification, within the clinical environment, of factors that relate to health risk is an essential first step toward fulfilling unmet needs and improving health by linking people with the social care and health systems. Quality measures are an important tool for advancing the use of these screenings and connecting people to services that support improved health outcomes.

The SDOH measures consider patient needs across five domains impacting health outcomes—food insecurity, housing instability, transportation needs, utility needs, and interpersonal safety. Particularly, the measures encourage more providers to consistently screen for health-related social needs across the five domains to gain a clearer picture of the individual’s needs and highlight where further assessment may be needed, as well as the scope of services that are needed to improve care and health outcomes. In recent years, these quality measures have supported an increase in screenings among providers, and in turn, they invested time and resources to adopt data system changes as well as updated policies and procedures to implement these screenings. As a result, the structural costs associated with performing these screenings have already been incurred and the maintenance costs of continuing these screenings should be minimal.

While many hospitals reported a commitment to establishing and developing processes to systematically address social needs as part of clinical care prior to the SDOH screening quality measures, much of the hospital activity in this space, including screening for social needs, was ad hoc, such as occasional screening for one social need and which only targeted some of the population.¹ In 2017, only 24.4% of hospitals reported screening for all five social needs.² The inclusion of the SDOH screening measures in the hospital OQR program advances broader screening that can help providers and others identify and address upstream drivers that can directly impact health and prevention of illness.

In addition to supporting the screening measures, NASDOH has consistently encouraged CMS to consider how to address identified needs. Responding to identified needs requires a process for assessing internal capacity of a health care provider to address certain needs that are within the providers scope of practice and expertise, understanding the resources available in a given community, and determining the appropriate path forward whether that involves augmenting internal capacity, referring patients outside of the health care system, or a combination of the two.³ Particularly, meaningful partnerships with community-based organizations (CBOs) and the social services sectors – through mechanisms such as community care hubs, regional hubs, and accountable communities for health – are needed to improve outcomes for patients. Funding to support and scale the services provided by these CBOs is equally critical to addressing identified upstream drivers.

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. Should you have any questions or wish to discuss our comments further, please contact Laura Pence at Laura.Pence@LeavittPartners.com.

Sincerely,

Laura Pence

Laura Pence
Advisor to NASDOH

¹ [us-lshc-addressing-social-determinants-of-health.pdf](#)

² [Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals | Health Policy | JAMA Network Open | JAMA Network](#)

³ Freeman GA. “Health Plan Addresses Social Issues With Data.” HealthLeaders, May 30, 2018.