June 10, 2025

Dr. Mehmet Oz
Administrator, Centers for Medicare & Medicaid Services

Chris Klomp
Deputy Administrator and Director, Center for Medicare
U.S. Department of Health and Human Services
Baltimore, MD 21244-1850
(Submitted electronically to regulations.gov)

RE: CMS-1833-P: 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 2026 Rates; Requirements for Quality Programs; and Other Policy Changes

Dear Administrator Oz and Deputy Administrator Klomp:

On behalf of Children's HealthWatch, we write to express strong opposition to the Centers for Medicare & Medicaid Services' (CMS) proposal to remove both the *Screening for Social Drivers of Health* and *Screen Positive Rate for Social Drivers of Health* measures from quality reporting programs, beginning with the CY 2024 reporting period/FY 2026 payment determination. This proposed elimination represents a significant step backward in addressing the social factors that drive health outcomes and health care costs and fundamentally undermines efforts to advance health equity in Medicare

Children's HealthWatch seeks to achieve health equity for young children and their families by advancing research to transform policy. Our work begins with research through interviewing caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Since 1998, we have interviewed over 80,000 caregivers of children under four years of age and analyzed the data to determine the impact of Health-Related Social Needs (individual-level adverse Social Drivers of Health) and public policies designed to address those social risk factors on the health and development of young children and the well-being of their families.

Specifically, our research focuses on the following: nutrition, housing, health care, child care, and utilities. Our research – in addition to that of others – shows that lack of access to basic needs is associated with poor child health, poor parental physical and mental health, higher child hospitalization rates, and learning and behavioral/emotional impairments.

Child and adult health consequences are often compounded, as they are frequently experienced simultaneously, as a result of limited income and resources. As an organization committed to addressing Health-Related Social Needs through evidence-based healthcare interventions, we urge CMS to reconsider this proposal and maintain these critical measures that are essential for identifying and addressing Health-Related Social Needs, particularly food insecurity, among Medicare beneficiaries.

The Critical Importance of Social Drivers of Health (SDOH) Screening in Healthcare

SDOH—including access to food, stable housing, transportation, and economic security—account for an estimated 40-70 percent of a person's total health outcomes.[1] Retaining the *Screening for Social Drivers of Health* and *Screen Positive Rate for Social Drivers of Health* measures would be beneficial because they would both elevate the importance of these issues for health at the federal level and shed much-needed light on social risk factors in a standardized way that allows for accurate comparison of data across settings and communities, allowing for assessment of progress.[2] Without these measures, Medicare will lose critical visibility into the social risk factors affecting beneficiaries, undermining efforts to address between-group differences in health and achieve goals of making all populations healthy.

The Established Evidence Base Supporting SDOH Screening

Many hospitals have already developed functional and beneficial screening workflows and community partnerships. Rather than abandoning this progress, CMS should build upon existing efforts and provide guidance for efficient implementation. The proposed elimination contradicts the substantial evidence demonstrating both the need for and effectiveness of systematic SDOH screening in healthcare settings. Thousands of clinicians—particularly in underserved communities—are undertaking the hard work of SDOH navigation and referral. These measures recognize and incentivize these efforts to drive better quality care that serves all populations well.[2]

Further, there is a fundamental contradiction in removing SDOH screening measures from inpatient quality reporting. Hospitals devote considerable resources (both monetary and time) and clinical expertise to stabilizing patients' health conditions during inpatient stays. Eliminating systematic screening for SDOH ignores how unaddressed social risk factors will directly undermine these investments. When patients are discharged without identifying their underlying social needs (i.e., food insecurity), the healthcare team’s efforts put forth during the patient’s acute care are jeopardized by preventable readmissions. This approach represents both poor health policy and fiscally irresponsible healthcare management.

Conclusion

We strongly urge CMS to withdraw the proposal to eliminate the SDOH screening measures from the Hospital Inpatient Quality Reporting (IQR) Program. The proposed elimination of SDOH screening measures represents a significant retreat from evidence-based approaches to addressing health disparities and social risk factors among Medicare beneficiaries.

By developing partnerships with healthcare teams, social service organizations that are well-equipped to ameliorate Health-Related Social Needs can best ensure patients are screened with dignity and

sensitivity, systems are developed to connect all patients to basic needs resources, and advocate for the policy improvements needed to address them.

The solution to implementation challenges is not elimination but improvement. We urge CMS to maintain these critical measures while providing the support and resources needed for successful implementation. The health and well-being of Medicare beneficiaries—particularly the most vulnerable—depends on systematic identification and addressing of Health-Related Social Needs that drive health outcomes.

Submitted by:
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References:

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2. Children's HealthWatch Comments on MAP Measures Under Consideration, 2022. https://childrenshealthwatch.org/wp-content/uploads/Childrens-HealthWatch-Comments-Currently-selected-2022-MAP-Measures-Under-Consideration-MUC.pdf