

July 10, 2025

CDC Desk Officer
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Re: Agency Forms Undergoing Paperwork Reduction Act Review [Docket No. 30Day-25-0666]

Submitted via <https://www.reginfo.gov/public/do/PRAMain>

To Whom It May Concern,

Thank you for the opportunity to comment on data collection for nursing homes in accordance with the Paperwork Reduction Act (PRA). As the nation's largest association representing long term and post-acute care facilities, the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) looks forward to a continued partnership with the Centers for Disease Control and Prevention (CDC) to collect meaningful data to help protect residents and staff. Our members provide essential care to millions of individuals in more than 15,000 nursing homes, assisted living communities, and centers for individuals with intellectual and developmental disabilities. AHCA/NCAL aims to improve lives by delivering solutions for quality care.

During the COVID-19 pandemic, The National Health Safety Network (NHSN) helped providers, public health officials, and the public track cases, vaccination status, and other key information. Now more than two years after the pandemic ended, we must consider which reporting measures are essential. **While we support transparency and understand the need for timely data, AHCA/NCAL recommends discontinuing the data collection and reporting requirements for annual influenza vaccination coverage for health care personnel outlined within this PRA review as it is not necessary, does not have practical utility, and has higher burden and costs than the agency had estimated.**

In the PRA notice, the CDC notes several key areas they are seeking comments for in relation to information collection via NHSN, including 57.214 Annual Healthcare Personnel Influenza Vaccination Summary for which AHCA/NCAL provides the following comments and recommendations.

- 1) AHCA/NCAL believes the ongoing collection of information for the annual influenza vaccination coverage among healthcare personnel is not necessary for**

the proper performance of the functions of the agency, and it does not have practical utility.

Under the Skilled Nursing Facility Quality Reporting Program (SNF QRP), nursing homes are [required](#) to submit data to NHSN for influenza vaccination coverage among healthcare personnel. Per the [FY 2023 SNF PPS final rule](#), this information is used to generate a process measure, as opposed to an outcome measure. Additionally, the rule noted that this measure supports the “Preventive Care” Meaningful Measure area and the “Promote Effective Prevention and Treatment of Chronic Disease” healthcare priority, but influenza is an acute respiratory illness, not a chronic disease, and therefore is not necessary or relevant to the SNF QRP priorities.

This measure not only requires nursing homes to collect data on their staff, but also contracted staff (e.g., nursing agency staff), volunteers, students, and licensed independent contractors regardless of clinical responsibilities or resident contact. Much of this is beyond the nursing home’s reasonable ability to collect and maintain.

Additionally, while the CDC recommends an annual influenza vaccine for everyone six months and older, there is no federal mandate for healthcare personnel (HCP) to receive a vaccine, nor is there a federal regulatory requirement for nursing homes to provide to all persons covered in the measure. For those states that have requirements for reporting, a voluntary option of using NHSN or other reporting method could be available to them.

2) AHCA/NCAL believes the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used, is underestimated and incomplete.

The time to gather and report the data to NHSN is impacted by facility size (i.e., total healthcare personnel), adding greater time required to report for facilities with more residents and staff. Related to administrative burden, facilities report they spend anywhere from 2-8 hours per week on NHSN reporting. Additional administrative time is required to gain login clearance to the system and work with the multi-factor login requirements.

It is evident that the time burden reported in the [Agency Forms Undergoing Paperwork Reduction Act Review for the CDC](#) significantly underreports the time and costs facilities need to report, which includes both gathering data and inputting the data, and reporting per the requirements.

Additionally, the NHSN operating system is flawed with errors, which results in additional unnecessary time spent completing administrative tasks and taking time away from resident care. Delays in getting NHSN logins persist, and the email-only Help Desk causes further delays due to back-and-forth messages that could be resolved faster with a phone Help Desk or online chat system.

3) AHCA/NCAL believes the information collection times and resulting costs are not accurately assessed and are understated.

In many nursing homes, gathering and reporting data is done by the Infection Preventionist, the Director of Nursing, or the Nursing Home Administrator along with many members of the interdisciplinary team. The agency's time estimates for data collection as outlined in the rule were estimated at an annualized burden of 55-120 minutes per year. Facilities doing this reporting advise the actual average annual time for data collection, and reporting for this requirement ranges from 13 to 86 hours per year. Thus, the agency has not properly assessed the time and costs required and has grossly underestimated the burden on providers.

4) AHCA/NCAL recommends that the SNF QRP should be reset back to its original intentions as stipulated in the IMPACT Act and consideration should be given to SNF providers struggling to achieve digital maturity to minimize the burden of the collection of information on those who are to respond.

As stated above, nursing homes are [required](#) to submit data to NHSN for influenza vaccination coverage among healthcare personnel as part of the SNF QRP. This is emblematic of a larger issue with the SNF QRP. The IMPACT Act of 2014 established quality reporting programs for various post-acute care settings, including SNFs. AHCA/NCAL was supportive of the legislation, as it intended to improve patient coordination through standardized patient data and data on measures that were key quality drivers. However, since its implementation, the vision of the IMPACT Act to focus on meaningful outcomes measures has been lost and instead, CMS has expanded the QRP to include process reporting measures that do not improve care. The influenza vaccination coverage among healthcare personnel is such a process a measure; and therefore, should be removed.

Additionally, the opportunities for streamlining reporting due to technological advancements are exciting and encouraging; yet federal agencies must ensure the infrastructure exists to unlock its potential. In the [FY 2026 SNF Prospective Payment System \(PPS\) proposed rule](#) CMS stated the Agency is committed to improving healthcare quality through measurement, transparency, and public reporting of quality data, and to enhancing healthcare data exchange by promoting

the adoption of interoperable health information technology (IT) that enables information exchange using Fast Healthcare Interoperability Resources® (FHIR®) standards.

However, there has been a historical lack of federal incentives and interoperability implementation support for SNFs—especially from the HITECH Act and its subsequent incentive programs that were directed at hospitals and primary care providers. As a result, most SNF and other long term and post-acute care providers do not have the digital maturity necessary to transition quickly to digital quality measures (dQM). Consideration should be given to foster and reward improvements in digital maturity and not penalize providers that are working towards adding capabilities.

We believe that the SNF QRP program needs to return to its roots as envisioned by the IMPACT Act provisions. The SNF QRP should focus on those measures that are meaningful to residents, least burdensome, focus on outcomes and not processes, and measures that are scientifically valid to facilitate improvements in care and better assure unbiased comparisons between providers. Such measures should be scalable to the size of the provider and adequate transition time consideration as well as reasonable measure exclusions should be given to providers struggling to achieve digital maturity and are unable to transmit dQM due to factors beyond their control. In other words, CMS should consider fair and reasonable approaches to overcome the current digital divide status within the SNF sector and to identify approaches to incentivize greater adoption of interoperable technologies, including FHIR application programming interfaces (APIs).

In conclusion, skilled nursing providers are committed to ongoing education and outreach to residents and staff about the importance of vaccines against respiratory viruses, including influenza. However, requiring that facilities report the vaccination status of staff does not have a direct link to improve resident outcomes, creating unnecessary additional administrative tasks and costs. We appreciate the Administration's focus on unleashing prosperity through deregulation as well as reducing paperwork for healthcare providers and your consideration of these comments. Please feel free to reach out to me at hharmon@ahca.org with any questions or for more information.

Sincerely,

Holly Harmon

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