

August 13, 2025

Jeffrey M. Zirger  
Information Collection Review Office  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS H21-8  
Atlanta, Georgia 30329

**Re: Agency Forms Undergoing Paperwork Reduction Act Review [60Day-25-1317;  
Docket No. CDC-2025-0023]**

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

Dear Mr. Zirger,

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 National Healthcare Safety Network (NHSN) Respiratory data (including Form No. 57.218 and 57.219) 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.**

Long term care facilities, our nation's public health response, and the nature of COVID-19 have come a long way since the pandemic ended more than two years ago. This weekly NHSN reporting is no longer necessary, as the data is already captured through other reporting processes. It also does not have practical utility as well as creates additional administrative tasks and costs on providers—much higher than the agency has estimated. To help put patients over paperwork, which is a specific goal of the Trump Administration, it is time to discontinue this weekly reporting.

Below are more detailed comments specific to the Centers for Disease Control and Prevention request for comments.

**1. AHCA/NCAL believes the ongoing collection of information for NHSN respiratory data, including respiratory pathogen and vaccination is not necessary for the proper performance of the functions of the agency, does not have practical utility and is duplicative with MDS reporting.**

The COVID-19 Public Health Emergency (PHE) ended in May 2023, and since then, our nation's public health response has advanced even further. COVID-19 cases among nursing home residents remains at record lows, and vaccines and treatments have helped significantly reduce the risks to our population. Meanwhile, CDC has modernized how it tracks COVID-19 through wastewater monitoring.

At the same time, relevant COVID-19 reporting has been incorporated into other systems and programs. For example, the resident COVID-19 vaccine data element was added to the Minimum Data Set (MDS) beginning October 1, 2024, as required under the Skilled Nursing Facility Quality Reporting Program (SNF QRP). Overall, there is more value in reporting this information via the MDS versus NHSN because the MDS is a comprehensive assessment that directly informs the care of the resident as well as resident population needs across the facility.

Additionally, many respiratory illnesses are reported to state or local public health departments, resulting in duplication of data, causing additional administrative tasks for facilities without added benefit. CDC could seek this state and local data versus requiring facilities to duplicate reporting, which takes additional time and resources that would be better directed toward patient care.

There is not a substantial benefit to continuing the weekly NHSN reporting on respiratory illnesses, and AHCA/NCAL recommends that all mandatory NHSN reporting for nursing homes end.

**2. AHCA/NCAL believes the agency has underestimated the burden of the proposed collection of information, including the validity of the methodology and assumptions used.**

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. Facilities report that they spend anywhere from 30 minutes to eight 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 adequately assessed and are understated.**

In many nursing homes, gathering and reporting weekly NHSN 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 notice were estimated at an annualized burden of 20 – 45 minutes per year. Facilities doing this reporting advise the actual average annual time for data collection, and reporting for this requirement ranges from 30 minutes to 8 hours per week. This increases the amount of time for reporting, and therefore the labor costs for providers. Thus, the agency has not properly assessed the time required and has grossly underestimated the burden on providers.

**4. AHCA/NCAL recommends that additional federal resources, support, and flexibilities be directed toward long term and post-acute care providers to further their digital maturity in order to advance technological collection techniques.**

Due to the historical lack of federal incentives and interoperability implementation support from the HITECH Act and subsequent incentive programs that were directed at hospitals and primary care providers, most SNF and other long term and post-acute 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 also need to focus on those measures that are meaningful to residents, focus on outcomes and not processes, and are scientifically valid to facilitate improvements in care. Additionally, policymakers need to better assure unbiased comparisons between providers and such measures should be scalable to the size of the provider. Adequate transition time consideration should be given for providers needing to overcome significant gaps in digital maturity as well as reasonable measure exclusions for providers unable to transmit dQM due to factors beyond their control. In other words, federal agencies need to 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 FIHR application programming interfaces (APIs).

In conclusion, the health and safety of our nation's long-term care residents is our utmost priority. Skilled nursing providers are committed to preventing, monitoring, treating, and reporting COVID-19 and other respiratory virus illnesses among their residents and staff. However, we are no longer in the throes of a pandemic. When weekly NHSN reporting was mandated, nursing homes and other long-term care facilities were in desperate need of resources and support to help save the lives of our vulnerable population who were uniquely targeted by this virus. We have come a long way since then, and NHSN reporting is no longer being used to help identify where to direct aid. We have other reporting systems in place, and the threat of COVID-19 has greatly diminished.

It is time to streamline public health reporting among federal, state, and local agencies, not continue to put additional administrative tasks on providers. We appreciate the Administration's focus on unleashing prosperity through deregulation and reducing paperwork for healthcare providers and your consideration of these comments. Please feel free to reach out to me at [hharmon@ahca.org](mailto:hharmon@ahca.org) with any questions or for more information.

Sincerely,

*Holly Harmon*

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AHCA/NCAL