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To reduce the spread of COVID inside of hospitals, the Centers for Medicare and Medicaid Services (CMS) must implement financial incentives as part of CMS-1785-P.

The following measures should be implemented:

- 1) CMS should include COVID in its Hospital-Acquired Condition (HAC) Reduction Program and/or its Value-Based Purchasing Program, to create financial incentives for COVID prevention in inpatient care. **CMS should require hospitals to report and try to minimize hospital-onset COVID**, using layered protections, such as universal mask wearing, universal screening testing, and improved air quality to promote patient and staff safety and health equity.
- 2) **Hospitals should be required to report all hospital-onset COVID cases to CMS, the CDC and to post these numbers publicly.** Hospitals should also be required to specify how many days patients have been in the hospital when diagnosed with COVID.
- 3) **Hospital-onset COVID should be defined as infections diagnosed after 5+ days of admission.** The CDC currently defines hospital-onset COVID as only those cases diagnosed in people who are still in the hospital after 14 days of hospitalization. This vastly underestimates hospital-acquired COVID, particularly because with current variants, it only takes 2-3 days from COVID exposure to developing symptoms,^{1,2} and because the average hospital stay is only about 5.4 days.³

During the first three months of 2023, U.S. hospitals reported an average of 1231 patients per week that had caught COVID during their stay, with a high of 2287 patients with hospital-acquired COVID in the first week of January 2023 (using the current CDC 14-day definition).⁴ The UK has documented even higher rates,⁵ but the UK defines hospital-onset COVID as cases diagnosed after 7 days of hospitalization. The Biden administration never released data showing how prevalent COVID spread has been inside individual hospitals,⁶ and the CDC stopped requiring hospitals to report hospital-onset COVID in April 2023.⁷

COVID has been one of the top five major causes of death in the US since 2020,^{8,9} and many of those deaths were likely due to hospital-acquired COVID, which has a 5-10%



mortality rate.^{10,11} This is significantly higher than several of the other infections CMS includes in its HAC Reduction Program. Catheter-Associated Urinary Tract Infection has a mortality rate of 2.3%,¹² Surgical Site Infections for Abdominal Hysterectomy and Colon Procedures have a mortality rate of 3%,¹³ and Clostridium-difficile infection has a mortality rate of 7.9%.¹⁴ Thus, hospital-onset COVID is well worth preventing.

Nearly half of all US residents are concerned about COVID outbreaks.¹⁵ Preventing COVID in the hospital is an equity issue. People of color continue to suffer high rates of COVID deaths.¹⁶ Half of health workers go to work with COVID symptoms,¹⁷ amid huge health worker shortages. CMS needs to protect both patients and health workers.

Even when community transmission is low, healthcare settings are the most likely place where people getting care for COVID could encounter vulnerable patients who could be harmed by COVID. Covid outbreaks are already happening in hospitals that ditched masks.¹⁸ If your hospital roommate has COVID, you have a 4 in 10 chance of catching it from them.¹⁹ No one should go to the hospital for a heart attack, an elective surgery or to deliver a baby and catch COVID.

In spite of these facts, hospital administrators lobbied public health departments to end COVID protections in healthcare.²⁰ Vulnerable patients can still become severely ill or die from COVID. Anyone can get Long COVID, which disables over 4 million people in the United States.^{21,22} Hospitals should be protecting us from COVID when we are in their care. But hospitals are in a “crushing” financial crisis.²³ They lose money when they have to cancel procedures when patients test positive for COVID. We are concerned that hospitals are putting profits over patient safety.

Please protect vulnerable patients, prevent health worker shortages, and promote health equity by requiring hospitals to protect patients from hospital-acquired COVID.



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