

March 30, 2026

Submitted electronically via: [www.regulations.gov](http://www.regulations.gov)

The Honorable Dr. Mehmet Oz  
Administrator  
Centers for Medicare & Medicaid Services  
Attention: CMS-4212- P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: Advanced Notice of Proposed Rulemaking: Medicare Program; Ensuring Safety through Domestic Security with Made in America Personal Protective Equipment (PPE) and Essential Medicine Procurement by Medicare Participating Hospitals (CMS-1516-ANPRM)**

Dear Administrator Oz,

Vizient, Inc. appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) advanced notice of proposed rulemaking, Ensuring Safety Through Domestic Security With Made in America Personal Protective Equipment (PPE) and Essential Medicine Procurement by Medicare Participating Hospitals (hereinafter, “ANPRM”). Elements of the ANPRM, if ultimately finalized, will have an impact on providers and the patients they serve.

In addition, Vizient offers unique insights regarding the global supply chain, as we serve as the sourcing and contracting partner to healthcare providers across the country while similarly partnering with suppliers to help ensure a stable demand. We welcome efforts from CMS that aim to enhance domestic security while supporting providers, but we also recognize the need for additional investments across the supply chain to ensure such resiliency is sustainable.

**Background**

[Vizient, Inc.](http://www.vizientinc.com), the nation’s largest provider-driven healthcare performance improvement company, serves more than 65% of the nation’s acute care providers, including 97% of the nation’s academic medical centers, and more than 35% of the non-acute market. The Vizient contract portfolio represents \$140 billion in annual purchasing volume enabling the delivery of cost-effective, high-value care. With its acquisition of Kaufman Hall in 2024, Vizient expanded its advisory services to help providers achieve financial, strategic, clinical and operational excellence. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at [www.vizientinc.com](http://www.vizientinc.com).

**Recommendations**

Vizient applauds CMS for carefully considering policy approaches that encourage domestic production and procurement of PPE and essential medicines. Vizient appreciates that the agency is not considering mandating provider procurement practices, as such an approach would be highly disruptive and costly to the healthcare supply chain. As noted by the Healthcare Supply Chain Association, “All GPO contracts are voluntary and the product of competitive market negotiations.”<sup>1</sup> Healthcare providers

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<sup>1</sup> <https://supplychainassociation.org/about-us/faq/>

choose to use group purchasing organization (GPO) contracts and may also purchase products off-contract. Vizient believes it is important that providers have flexibility in their procurement decisions. In addition, Vizient appreciates that the agency is considering add-on payments that would not reduce reimbursement to other providers through budget neutrality. We similarly appreciate CMS's recognition of the role that GPOs play in the healthcare supply chain (as noted [below](#)).

As CMS gains stakeholder feedback, we urge the agency to work with other parts of the federal government to coordinate efforts before proposing policy. For example, manufacturers may need support or incentives to increase domestic production. While Medicare funds should not be provided directly to manufacturers for this purpose, Vizient encourages CMS to identify existing federal efforts and how the agency's policies can complement initiatives already underway to enhance domestic production.

As detailed below, Vizient offers additional insights regarding the approaches discussed in the ANPRM and responses to several specific questions CMS has posed.

### **Domestic Procurement Designation to be Earned by Hospitals and Payment Adjustment to Hospitals Earning the Designation**

CMS is considering establishing a publicly-reported hospital designation reflecting Medicare-participating hospitals' commitment to procuring domestic PPE and essential medicines. Building from this designation ("Secure American Medical Supplies" friendly hospitals), CMS is also considering a separate Medicare payment to those receiving the designation. Vizient appreciates that both approaches would not mandate provider procurement practices but would incentivize providers to purchase from domestic suppliers, recognizing the cost differential between domestic versus global suppliers. Under the Inpatient Prospective Payment System (IPPS), CMS indicates the separate payments could potentially be made in a non-budget neutral manner. Vizient supports providing additional payments to hospitals in a non-budget neutral manner, as providers will need additional funds and incentives to change purchasing decisions, especially as changing products can be associated with additional costs (e.g., cost of fit testing for N95s).

While Vizient supports the overall goal that CMS outlines in the ANPRM, we believe that it is important for the agency to advance policy that can evolve and is reasonably achievable for providers. In addition, Vizient encourages CMS to share the agency's short- and long-term goals for domestic production and related purchasing activity so that stakeholders can provide more constructive feedback.

In addition to these overarching positions, Vizient offers feedback for the agency's consideration.

#### Potential Establishment of a Publicly Reported Hospital Designation Reflecting Medicare Participating Hospitals' Commitment to Procuring Domestic PPE and Essential Medicines

In considering establishing a "Secure American Medical Supplies" friendly hospital designation, CMS indicates that hospitals could potentially earn the designation if different requirements are met. CMS suggests two potential approaches: (1) meeting a minimum percentage of American-made products across all personal protective equipment (PPE) and all essential medicines, or (2) meeting a minimum percentage within each subcategory (e.g., masks or antimicrobial medicines) for which the Department of Health and Human Services has determined that sufficient domestic production capacity exists. Vizient appreciates CMS's consideration of multiple pathways to qualification and urges the agency to incorporate additional alternative criteria, particularly related to domestic warehousing of buffer inventory, as noted below. Any finalized standards should be operationally feasible and will have greater hospital participation if they are not excessively burdensome.

### *Domestic Warehousing of Buffer Inventory Criteria*

As noted above, Vizient supports CMS's consideration of alternative eligibility criteria for the Secure American Medical Supplies hospital designation. Establishing domestic manufacturing capacity for PPE and pharmaceuticals can take several years, especially as products and their inputs can be complex to source. Even when production occurs in the United States, products may not qualify as "domestic" depending on the standard or definition CMS utilizes. In addition, operational realities, such as clinical preference items and the logistical challenges associated with product substitutions, can deter providers from changing sources. Given these constraints, CMS should incorporate additional, achievable criteria that recognize meaningful supply chain resilience efforts, such as domestic warehousing of buffer inventory, rather than relying solely on domestic manufacturing-based thresholds.

Hospitals and their supply chain partners, including Vizient, employ several strategies to strengthen supply resiliency, including programs under which additional inventory is warehoused domestically. For example, among other benefits, [Vizient's Novaplus® Enhanced Supply Program](#)<sup>2</sup> provides additional months of inventory that is warehoused by the supplier in the United States. Although domestic warehousing does not equate to domestic manufacturing, it incentivizes manufacturers to establish U.S.-based inventory systems and helps ensure product availability during supply chain disruptions or demand surges. Establishing additional domestic buffer inventory of PPE and essential medicines is more operationally feasible, particularly given existing efforts, than providers independently assessing and verifying whether suppliers satisfy complex domestic manufacturing standards. Vizient welcomes the opportunity to work with CMS in refining additional criteria for domestically warehoused buffer inventory for use in the Secure American Medical Supplies friendly hospital designation.

### *Designation Administration*

In the ANPRM, CMS seeks feedback regarding potentially useful alternatives to self-attestation. Departing from a self-attestation framework could introduce additional administrative and compliance burdens on providers beyond those typically associated with attestation-based requirements. Before CMS considers alternatives to self-attestation, Vizient suggests the agency first establish the program parameters and identify a clear rationale for imposing controls beyond self-attestation.

CMS also seeks feedback regarding whether Group Purchasing Organizations (GPOs) would be better positioned to administer oversight of the designation. At this time, Vizient strongly believes CMS is best positioned to administer oversight of a CMS designation, including operational components, as this will help ensure consistency. Vizient appreciates the agency's recognition of the important role GPOs play in supporting supply chain resiliency and we look forward to learning more as policy options evolve.

### *Definition of Domestic for PPE*

For all types of PPE<sup>3</sup> (including items subject to the Berry Amendment<sup>4</sup>), CMS seeks comments on whether the Make PPE in America domestic content requirements outlined in Section 70953 of the

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<sup>2</sup> <https://vizientinc-delivery.sitecorecontenthub.cloud/api/public/content/6ef12abd1edc40d9a29127edf14ed2d>

<sup>3</sup> For the ANPRM discussion, CMS defines "PPE" in a manner consistent with section 70953 of the [Infrastructure Investment and Jobs Act \(Pub. L. 117-58\)](#) (see pg. 885 of the law) as surgical masks, respirators and required filters, face shields and protective eyewear, gloves, disposable and reusable surgical and isolation gowns, head and foot coverings and other gear or clothing used to protect an individual from the transmission of disease.

<sup>4</sup> The Berry Amendment is a statutory requirement that restricts the Department of Defense (DoD) from using funds appropriated or otherwise available to DoD for procurement of food, clothing, fabrics, fibers, yarns, other made-up textiles and hand or measuring tools that are not grown, reprocessed, reused, or produced in the United States. The Berry Amendment was originally passed by the 77th Congress and later made permanent via Section 8005 of Pub. L. 103-139.

Infrastructure Investment and Jobs Act (Pub. L. 117-58)<sup>5</sup> would be an appropriate framework for determining if these types of PPE are wholly made in the United States. Most hospitals and health systems were not directly impacted by Section 70953 of the Infrastructure Investment and Jobs Act, and therefore, lack experience in assessing supplier compliance with the law's domestic content requirements. Additionally, Section 70953 does not define "domestic" – rather it characterizes products as in compliance if they are "grown, reprocessed, reused or produced" domestically. Providers would face significant challenges identifying qualifying products as key supply chain information, such as key starting materials, is often not transparent.

However, regardless of what definition of "domestic" CMS ultimately chooses to use, Vizient believes that the agency must maintain responsibility for indicating/marketing/cataloguing any/all products that meet their desired definition (as noted [below](#)).

#### *Definition of Fully Domestic for Essential Medicines*

In the ANPRM, CMS notes that the agency welcomes feedback regarding a definition for fully domestic essential medicines. CMS indicates that it believes that more than 50 percent of the active pharmaceutical ingredient (API) and entire final dosage form (not including components such as syringes or IV bags) must be manufactured in America to meet the definition of "fully domestic". In offering this potential definition, the agency has not provided additional information regarding whether manufacturers of essential medicines are able to meet this definition or the current landscape of manufacturers already meeting this definition. Should the definition of fully domestic essential medicine be too narrow, the ensuing hospital designation may not be achievable for providers. To help inform stakeholders, Vizient encourages CMS to share this information. If it is not known to CMS, Vizient strongly encourages CMS to work with manufacturers and the Food and Drug Administration, among other potential stakeholders, to identify potentially eligible manufacturers. Vizient believes understanding the existing market of domestic medicines will help inform stakeholder feedback regarding which definition of "fully domestic" to use.

In addition, as CMS considers potential definitions of domestic for essential medicines, Vizient encourages the agency to work with other agencies to identify approaches to define domestic and to clarify why certain thresholds, if any, are included.

#### *Identification of Domestic Products*

Once a definition is established, CMS requests comments regarding whether a specific list of items would be preferable to a general rule for determining whether products are domestic. Hospitals and other supply chain stakeholders may lack access to the information necessary to independently assess whether a product satisfies a given domestic content definition. In addition, suppliers may change their sourcing practices over time, further complicating efforts to identify qualifying products on an ongoing basis. Given these challenges, Vizient recommends that CMS maintain a list of domestic products that providers and supply chain stakeholders can rely on for purposes of the designation and any associated payment adjustments or policies.

As CMS considers using a list to identify domestic products, it is important that hospitals can rely on the list when making long-term purchasing decisions. Expecting hospitals to repeatedly verify product status against a CMS list (e.g., at the time of purchase and when seeking a payment adjustment) would

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<sup>5</sup> Section 70953 of the [Infrastructure Investment and Jobs Act \(Pub. L. 117-58\)](#) provides a requirement of long-term contracts for domestically manufactured personal protective equipment for certain federal agencies. The law further clarifies contract requirements for domestic production for PPE (e.g., PPE manufacturing in the United States, including the materials, components thereof, that is grown, reprocessed, reused or produced in the United States), provides alternatives to domestic production and an availability exception.

impose unnecessary administrative burden. Accordingly, CMS should ensure that once a product is designated as domestic, providers may rely on that determination for a defined period of time. Vizient emphasizes that there should be no expectation that providers check agency lists of suppliers multiple times a year. Should changes to the list emerge, there should be a transition period so that providers may still be eligible for payment as changing suppliers can be complex and work intensive.

### *Designation Standard and Phase-In Time*

In relation to the “Secure American Medical Supplies” friendly hospital designation, CMS seeks feedback regarding what would be a “sufficient amount” of domestic PPE and essential medicines. However, in the ANPRM, CMS does not elaborate on the overall goal of the designation (e.g., to shift all purchases domestically versus enough purchases for national security purposes versus enough purchases should a national emergency occur). Vizient encourages CMS to clarify the specific goals of the designation so stakeholders can respond considering this additional context.

While additional information is needed, Vizient does express caution with a possible assumption that domestic manufacturing equates to supply chain resiliency. For example, should the domestic supplier have a single site for manufacturing and lack supply chain disruption mitigation strategies, then this domestic supply chain may be vulnerable should a natural disaster occur. As such, Vizient encourages CMS to ensure that policies to encourage domestic production of PPE and essential medicines also ensure that supply chain resiliency is maintained. For example, manufacturer participation in the Food and Drug Administration’s Quality Management Maturity efforts or third-party resiliency initiatives may help support resiliency. Vizient would be pleased to share with the agency additional mitigation strategies that suppliers can employ to strengthen overall resiliency.

In the ANPRM, CMS outlines a phased-in approach<sup>6</sup> that can be adjusted as more PPE and essential medicines are domestically manufactured. Vizient believes a phased-in approach is more reasonable as providers would have more time to balance varying priorities. However, tiers should not be arbitrarily established. For example, if there are not sufficient suppliers in the domestic market or their prices are so high that providers are unable to justify higher initial spending, then the agency should reconsider the feasibility of the thresholds. Based on the limited information provided in the ANPRM regarding how tiers would be established, Vizient believes that it would be premature for the agency to base tiers on a fixed percentage threshold of purchases that are not supported by a clear, evidence-based methodology and data demonstrating that such thresholds are achievable.

### *Audits*

CMS seeks comments on methods the agency could use to audit statements from hospitals or manufacturers that PPE and essential medicines are made in the USA using ingredients and components produced in the USA. As hospitals will likely lack supply chain visibility associated with domestic manufacturing of PPE and essential medicines, Vizient believes it is critical that hospitals not be expected to provide statements to CMS that a given supplier’s products meet the agency’s definition of domestic.

### *Flexibilities During Supply Chain Disruptions*

In the ANPRM, CMS seeks feedback regarding how it should provide flexibilities in the event of supply chain disruptions like natural disasters and demand surges. Vizient appreciates the agency’s

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<sup>6</sup> In the ANPRM, CMS asks whether a policy be phased in such that at least 25 percent, 50 percent and eventually 75 percent of a hospital’s total procurement across contracts for PPE and essential medicine is domestically manufactured.

recognition that additional flexibilities may be necessary in certain circumstances. Given the range of potential disruptions, including those that are regional or attributable to upstream supply chain constraints, CMS should avoid prescribing an exhaustive list of qualifying scenarios. Vizient suggests that CMS establish formal processes through which the agency can implement flexibilities and providers can request additional flexibilities as circumstances evolve.

Further, Vizient notes that supply chain disruptions can have impacts to care delivery beyond product substitution. When a product is unavailable, certain services may be delayed, and utilization may decline. Similarly, demand surges can require providers to defer elective or non-urgent procedures. As a result, CMS should consider flexibilities for not only the products directly impacted by the supply chain disruption but also for services and related products that are indirectly impacted.

### Potential Separate Medicare Payment to “Secure American Medical Supplies” Friendly Hospitals

CMS is considering establishing a separate payment to “Secure American Medical Supplies” friendly hospitals for Medicare’s IPPS share of the costs of these additional resources. Hospitals operate under significant financial constraints,<sup>7</sup> and would require meaningful incentives if the agency intends to encourage purchasing decisions that increase acquisition costs. Therefore, Vizient supports CMS providing separate payments to hospitals that are not budget neutral, as a redistribution of existing funds would undermine the policy aim to incentivize hospitals.

In addition, Vizient encourages CMS to consider providing additional payments to providers that do not achieve the designation but are able to demonstrate purchases made from more costly domestic suppliers. For example, CMS could offer an enhanced incentive to providers that achieve the designation but offer other providers financial support as they work towards achieving the designation. This approach would help providers transition towards more costly domestic purchases.

### *Costs and Burdens to Achieve the Designation*

CMS requests feedback on additional costs or burdens that may be incurred by a healthcare facility or system to achieve such a designation. In the ANPRM, CMS does not provide details regarding the designation and related policies. For example, the total scope of products and how those products will be identified is not clear, in addition to how the designation can be achieved (e.g., would it be based on spend, volume of products purchased). As a result, Vizient believes more information about the designation is needed before the potential costs and burdens can be more accurately estimated.

In addition, Vizient urges CMS to consider the impact that changing suppliers can have on a hospital from a clinical and operational perspective. For example, before using a tight-fitting respirator in the workplace, the Occupational Safety and Health Administration (OSHA) requires users to pass a fit test to confirm proper fit and a tight seal against the user’s face.<sup>8</sup> As there can be variation among N95s, switching a supplier would prompt additional fit testing. Further, providers may find alternative suppliers less comfortable or have a preference for certain items. Similarly, changing suppliers for an essential medicine can impose burdens as key tools (e.g., bedside barcode scanning, ordering systems, electronic health record, inventory management system, automated dispensing cabinets, billing systems) must be updated to prevent patient safety issues and to maintain operations. In addition, depending on the product, a change of supplier may need to be approved by a hospital pharmacy and therapeutics committee, as such changes can impact hospital formularies. These additional burdens

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<sup>7</sup> <https://www.kaufmanhall.com/insights/research-report/national-hospital-flash-report-december-2025-data>

<sup>8</sup> <https://www.cdc.gov/niosh/ppe/respirators/fit-testing.html>

may outweigh the benefits of changing suppliers to achieve the Secure American Medical Supplies friendly hospital designation.

### *Scope of Products*

Regarding the potential approach for PPE, CMS seeks additional feedback regarding the types of PPE that should be included. Consistent with prior comments, Vizient [supports](#) expanding existing incentives to include more types of PPE since only domestic, National Institute for Occupational Safety and Health (NIOSH)-approved surgical N95 respirators are currently eligible for incentives. Vizient encourages CMS to consider existing lists of critical medical devices for possible inclusion, including those on the government's [Critical Medical Device List](#).

In addition, ensuring there are resilient and redundant supply chains for PPE is important to ensuring patient access to care, particularly during supply chain disruptions or as patient demand may surge. Since not every circumstance can be foreseen, we also suggest CMS develop a process to include stakeholder feedback to regularly expand the scope of products eligible for the adjustment.

To identify essential medicines, CMS is considering the 86 medicines included in the report [Essential Medicines Supply Chain and Manufacturing Resilience Assessment](#).<sup>9</sup> However, Vizient encourages CMS to consider utilizing Vizient's [Essential Medicines List](#)<sup>10</sup>, which was last updated in January 2026 and reflects a broader scope of medicines needed for routine patient care. Vizient's Essential Medicines List is intended to identify and provide context to those molecules whose absence presents the greatest ongoing threat to routine patient care requirements. While not intended to replace other critical drug lists, such as those related to disaster preparedness circumstances, Vizient's Essential Medicines List may be helpful to CMS in identifying products that are consistently utilized and critical to different types of care, including acute care.

### *Claims-based Approach*

In the ANPRM, CMS seeks input on a claims-based approach for incentive payments, as an alternative to a cost reporting-based approach. Given the administrative burdens associated with a cost reporting-based approach, Vizient encourages CMS to propose the former. However, Vizient emphasizes that should a claims-based approach be utilized, only positive payment adjustments should be provided to hospitals, and such adjustments should not be budget neutral.

### *Payment Adjustment Methodology Calculation*

In the ANPRM, CMS notes that in prior rulemaking, some commenters were supportive of modifying the existing payment methodology calculation related to N95s to utilize a national standard unit cost differential between domestic and non-domestic NIOSH-approved surgical N95 filtering facepiece respirators. CMS indicates that this shift to a national standard unit cost would minimize reporting burden for hospitals and ensure payments are equitable. Vizient appreciates that CMS is seeking opportunities to reduce reporting burden on hospitals, as we believe such burdens can discourage hospitals from seeking payment adjustments.

However, from the ANPRM, CMS does not indicate how payment adjustment data would be collected. Adding these type of reporting requirements to hospitals would significantly increase hospitals' administrative burden and is counterproductive to the agency's stated interest in easing provider

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<sup>9</sup> [https://www.armiusa.org/wp-content/uploads/2022/07/ARMI\\_Essential-Medicines\\_Supply-Chain-Report\\_508.pdf](https://www.armiusa.org/wp-content/uploads/2022/07/ARMI_Essential-Medicines_Supply-Chain-Report_508.pdf)

<sup>10</sup> Vizient defines an essential medication as one where, if not available, would prove the greatest threat to a hospital's ability to provide immediate and high-quality patient care.

burden. Also, if hospitals are expected to report pricing information via the Medicare Cost Report or other mechanisms, additional policies are needed to prevent public access to confidential line-item pricing. Therefore, should the agency utilize a national standard unit cost differential or another approach, Vizient believes that the amount for the differential should be based on manufacturer reported prices rather than hospital provided reports.

### *Deriving the IPPS Share of Domestic Essential Medicines*

CMS indicates that the payment adjustment would be limited to the IPPS share of total drug costs. While we recognize that the agency may be unable to offer more robust incentives, we reiterate our support for non-budget neutral positive payment adjustments. However, if the agency's goal is to drastically shift purchases towards domestic suppliers, Vizient anticipates that the value of the incentive will need to be more substantial. Hospitals treat all patients, not just Medicare beneficiaries. Yet other payers have not signaled that they will incentivize domestic procurement like CMS is considering under the IPPS. Given hospitals already operate under significant financial pressure, a limited payment adjustment for the IPPS-share of total drug costs would not account for the additional expenses a hospital incurs when domestic products are provided to other patients or the administrative or operational burdens associated with changing suppliers. Vizient encourages CMS to work with other payers and to consider alternative policy approaches to provide more impactful incentives for hospitals.

While Vizient recognizes that CMS may be limited in how financial incentives can be designed under the IPPS, we encourage the agency to make these limitations clear to stakeholders to better inform comments.

### *Outpatient Adjustments*

In the ANPRM, CMS seeks feedback regarding whether Medicare should consider making additional separate payments for higher outpatient costs. However, CMS notes that the agency's authority requires that these adjustments be made in budget neutral manner.<sup>11</sup> Providing a budget neutrality adjustment to advance this policy would likely redistribute funds, without providing financial support that is needed if CMS aims to encourage hospitals to purchase more costly, domestically manufactured products. Vizient strongly recommends that CMS forgo outpatient adjustments if those adjustments reduce outpatient payment rates due to budget neutrality. Hospitals already face significant financial challenges and uncertainty.<sup>12</sup>

### **Hospital Inpatient Quality Reporting (IQR) Program attestation measure for meeting minimum percentages of domestic procurement for PPE and essential medicines**

CMS seeks input on the potential adoption of a structural measure in the Hospital IQR Program that would require hospitals to attest to meeting the domestic procurement minimum percentages for PPE and essential medicines. Vizient appreciates that CMS is considering an attestation-based approach for the measure, as attestation-based measures tend to be less burdensome from a reporting perspective for hospitals. We offer additional feedback for the agency's consideration should this policy advance to rulemaking.

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<sup>11</sup> In the ANPRM, CMS provides the following questions, "For PPE, in addition to separate payment for the higher inpatient hospital costs, should Medicare also consider making separate payment for the higher outpatient hospital costs? Under our current policy for domestically produced surgical N95 FFRs we used our authority under section 1833(t)(2)(E) of the Act to make separate payment for the higher outpatient hospital costs, which authorizes the Secretary to establish, in a budget -neutral manner, other adjustments as determined to be necessary to ensure equitable payments."

<sup>12</sup> <https://www.vizientinc.com/insights/reports/annual-trends-and-forecasting-reports/2026-trends-report>

### *Hospitals Should Not Be Penalized*

CMS indicates that the attestation measure would be included in the Inpatient Quality Reporting (IQR) program, which is a pay for reporting program. As a result, hospitals would not be directly financially penalized for attesting “no” when reporting the measure. However, as noted below, hospitals would incur additional costs in determining their response. Vizient believes that it is critical that hospitals not be penalized, including through excessive administrative burden, if a domestic procurement measure advances.

Although the measure’s future is not discussed in the ANPRM, Vizient proactively opposes policies to include the contemplated measure in other quality programs, such as the hospital Value-Based Purchasing program, as hospitals would risk financial penalties based on performance.

### *Measure Endorsement*

In addition, data under the IQR program are publicly available to consumers and providers on the Care Compare website. This approach helps support transparency as consumers make more informed decisions about their care. However, the measure has not undergone review by the Partnership for Quality Measurement (P4QM), which serves as the consensus-based entity and endorses measures through a transparent, consensus-based process. Further, there is no data underlying the measure, raising concerns about the measures testing and utility. Vizient encourages CMS to engage P4QM before considering advancing the measure.

### *Measure Design*

Under the measure, hospitals would attest to meeting domestic procurement minimum percentages for PPE and essential medicines. Currently, Vizient anticipates that hospitals lack all the information needed to determine if a product is domestic, particularly as it is unclear which definition of domestic the agency will rely upon. As a result, even if a hospital were purchasing products that would meet the agency’s interpretation of domestic, attempting to gather the data needed to confirm that a product is domestic would be excessively burdensome and hospitals may still lack the information needed to attest “yes” or “no”. Given that hospitals may be unable to accurately respond to this attestation, Vizient discourages CMS from pursuing this attestation at this time.

Even if hospitals had the necessary information to attest “yes” or “no”, setting minimum procurement percentages by product can be challenging for providers to meet and may not afford them adequate flexibility. For example, if a product goes into shortage or is discontinued then providers will seek alternative products, which could prevent them from meeting domestic percentages. In addition, variations from historical purchase rates can occur for many reasons, including site closures, patient mix changes and new products coming to market. As a result, should CMS pursue setting minimum procurement percentages for attestation, additional flexibilities and policy clarifications are likely required to ensure the measure is appropriately designed.

If the agency moves forward with this measure despite our concerns, Vizient suggests that the agency pool products to determine whether minimum domestic procurement percentages were met. A pooled approach is less burdensome and more flexible than if providers were expected to meet minimum percentages for each product included in the policy.

## **Conclusion**

Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated healthcare systems that serve acute and non-acute care needs. Additionally, many hospitals are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top healthcare providers. In closing, on behalf of Vizient, I would like to thank CMS for the opportunity to share feedback on this important ANPRM.

Please feel free to contact me, or Jenna Stern at [Jenna.Stern@vizientinc.com](mailto:Jenna.Stern@vizientinc.com), if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,



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