

June 3, 2024

Chiquita Brooks-LaSure  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-0057-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

**Submitted electronically via <http://www.regulations.gov>**

Re: CY 2025 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (CMS-1808-P)

Dear Administrator Brooks-LaSure:

On behalf of the Society of Gynecologic Oncology (SGO), thank you for the opportunity to provide these comments on the CY 2025 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (CMS-1808-P) proposed rule.

SGO is the premier medical specialty society for healthcare professionals trained in the comprehensive management of gynecologic cancers. Our more than 2,500 members include physicians, advanced practice providers, nurses, and patient advocates who collaborate with the Foundation for Women's Cancer to increase public awareness of gynecologic cancers and improve the care of those diagnosed with gynecologic cancers. Our primary mission focuses on supporting research, disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations dedicated to gynecologic cancers and related fields, all with the ultimate vision of eradicating gynecologic cancers.

### **Proposed Changes to Severity Levels Social Determinants of Health (SDOH) – Inadequate Housing/Housing Instability**

Building on last year's final policy to move certain SDOH diagnosis codes from a non-complication or comorbidity (NonCC) to a complication or comorbidity (CC), CMS has proposed to move seven inadequate housing and housing instability ICD-10-CM codes from a NonCC classification to a CC classification in this year's rule. Through this change, CMS will recognize housing instability and inadequate housing as an indicator of increased resource utilization in the acute inpatient hospital setting. The ICD-10-CM codes included in this proposal are Z59.10, Z59.11, Z59.12, and Z59.19 to describe inadequate housing, and Z59.811, Z59.812, and Z59.819 to describe housing instability.

The Society supports the changes as proposed as many members treat patients with varying types of living situations, including those with unstable and inadequate housing. We appreciate that the agency has recognized that additional resources are required in the inpatient setting for patients who have living situations that are inadequate and unstable. CMS is creating payment policy that ensures care provided to Medicare beneficiaries is fair and equitable, no matter the housing and living situation of the patient with this policy. We will continue to support the agency as it takes additional steps to create payment policy that allows certain SDOH to be reassigned to MS-DRGs that reflect that additional time, effort, and resources are needed to care for certain patient populations.

### **Separate IPPS Payment for Establishing and Maintaining Access to Essential Medicines**

SGO thanks CMS for reconsidering its proposal to establish and maintain a buffer stock of essential medicines to prevent and mitigate future drug shortages. Last year we faced one of the worst chemotherapy drug shortages in the country's history, with fifteen indispensable chemotherapy drugs in short supply simultaneously. Carboplatin and cisplatin, which are both generic, sterile injectable drugs and have been in shortage since mid-February 2023, are first-line therapies for ovarian, endometrial, and cervical cancers. Carboplatin serves as a backbone drug for most gynecologic cancer therapies. At the peak of the shortages, SGO estimated that over 500,000 patients were affected by chemotherapy drug shortages. Unfortunately, the shortages have continued into 2024, with many chemotherapy agents affected.

The causes of these chemotherapy and other drug shortages are multiple and complex, requiring a comprehensive approach to prevent future shortages. SGO believes that this proposal is one part of the solution. In our comments on the proposal included in the CY 2024 Hospital Outpatient Prospective Payment System (HOPPS), we recommended that CMS reconsider its buffer stock proposal to ensure that it did not limit access to essential medicines in community health settings and safety institutions. Therefore, we are pleased that CMS is proposing to start this program in small, independent hospitals, which are less able to maintain a consistent supply of essential medicines. SGO urges the agency to finalize this proposal to implement this program in these settings first before expanding to larger institutions.

CMS requested comment on whether a separate payment should be made for the IPPS share of the costs of establishing and maintaining access to a six-month buffer stock of oncology drugs or other types of drugs not on the ARMI list. We recommend that chemotherapies, particularly the generic, sterile injectable drugs, which form the backbone of most cancer treatments, be considered essential by the agency. They should be included in this program to ensure that inpatients who require them have consistent access.

Additionally, SGO recognizes that this proposal applies to drugs administered in the inpatient setting, not the outpatient and physician office settings where chemotherapies are currently administered. Therefore, we urge CMS to consider supporting similar buffer stock policies for those outpatient settings where chemotherapies are typically administered. Patients should not be forced to navigate chemotherapy supply disruptions of this magnitude, which create unnecessary stress and uncertainty as they are already navigating a cancer diagnosis and subsequent care plan.

Thank you for the opportunity to submit these comments. SGO welcomes the opportunity to work with CMS on the issues as outlined. Should you require further information, please contact Erika Miller, Partner, CRD Associates, [emiller@dc-crd.com](mailto:emiller@dc-crd.com).

Sincerely,



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