



# CY 2026 Hospital OPPS/ASC Payment System Proposed Rule

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# Objectives

Participants will be able to:

- Locate the calendar year (CY) 2026 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System proposed rule in the *Federal Register*.
- Recall CMS' cross-program Request for Information (RFI).
- List the proposals for the Hospital OQR Program and REHQR Program included in the CY 2026 Hospital OPPS/ ASC Payment System proposed rule.
- State the timeline and methods for submitting public comments to CMS regarding the CY 2026 Hospital OPPS/ASC proposed rule.

# Guidance

- CMS will discuss the proposals for the Hospital OQR Program and REHQR Program in the CY 2026 Hospital OPPS/ASC Payment System proposed rule, published July 17, 2025.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages interested parties to refer to the proposed rule.

# Locating the Proposed Rule

The CY 2026 Hospital OPPS/ASC Payment System proposed rule can be found in the *Federal Register*.

<https://www.federalregister.gov/documents/2025/07/17/2025-13360/medicare-and-medicaid-programs-hospital-outpatient-prospective-payment-and-ambulatory-surgical>



# Cross-Program: RFI for Well-Being and Nutrition

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# RFI: Tools and Measures

CMS seeks input on well-being and nutrition measures for consideration in future rulemaking.

- **Well-being:** CMS seeks comment on tools and measures and constructs that assess the following:
  - Overall health, happiness, and satisfaction in life
  - Complementary and integrative health, skill building, and self-care

# RFI: Tools and Measures

CMS is also seeking comments on tools and measures assessing optimal nutrition and preventive care.

**Nutrition:** Assessments for nutritional status may include strategies, guidelines, and practices that promote healthy eating habits and access to nutrients to maintain health, growth, and overall well-being. Preventative care plays a vital role in supporting nutrition and preventing conditions that could hinder a person's health.

CMS will not be responding to specific comments. CMS intends to use input to inform future measure development efforts.



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# **Cross-Program: Proposed Measure Removals**

# Proposed Removal

- OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure
- Health Equity Measures
  - OP-43: Screening for Social Drivers of Health (SDOH)
  - OP-44: Screen Positive Rate for SDOH
  - OP-45: Hospitals: Hospital Commitment to Health Equity(HCHE)/ Facility Commitment to Health Equity (FCHE) for ASCs

**Removal Factor 8:** the costs associated with these measures outweigh the benefits of their continued use in CMS quality reporting programs.

# Proposed Removal: COVID -19 HCP

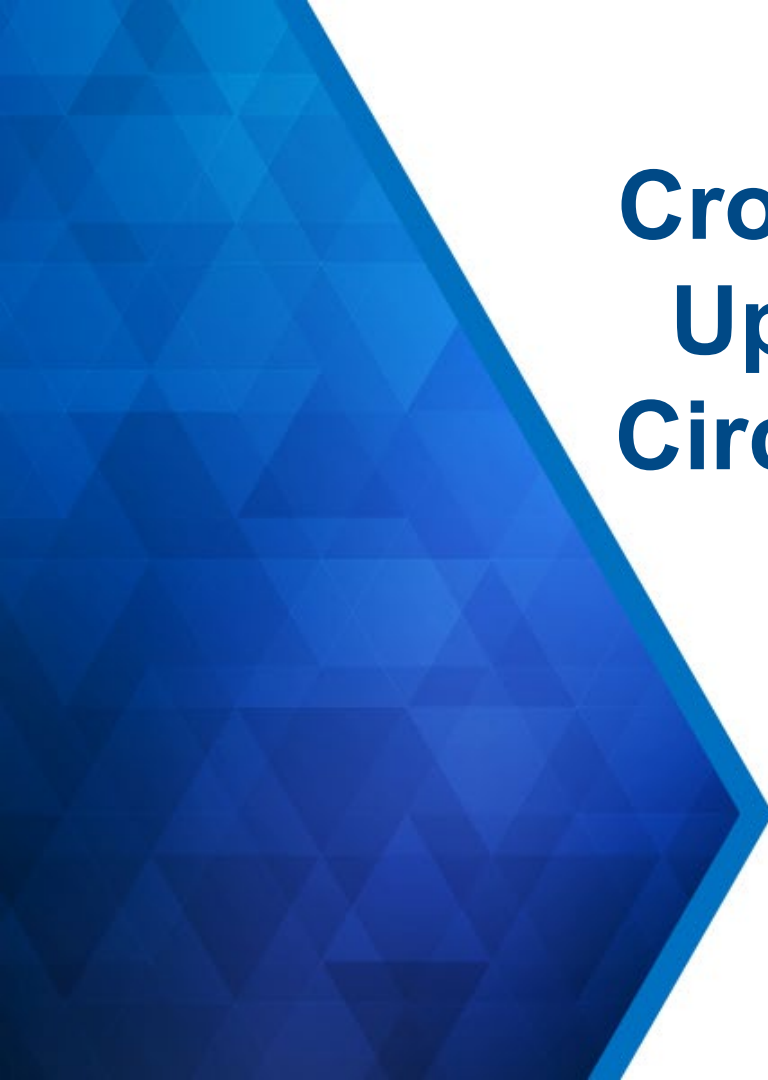
CMS is proposing the removal of the **COVID-19 Vaccination Coverage Among HCP measure** from Hospital OQR, REHQR, and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs **beginning with the CY 2024 Reporting Period/CY 2026 Payment Determination.**

- If finalized as proposed, hospitals and ASCs that do not report COVID-19 HCP measure data monthly for the CY 2024 reporting period would **not** be penalized for CY 2026 payments due to this measure, and any measure data submitted would **not** be used for public reporting or payment purposes.

# Proposed Removal: Health Equity

CMS is proposing to remove the **HCHE/FCHE** and **both SDOH** measures from the Hospital OQR, REHQR, and ASCQR Programs beginning with the **CY 2025 Reporting Period/CY 2027 Payment or Program Determination**.

- If finalized as proposed, facilities that do not report HCHE/FCHE data for the CY 2025 reporting period by May 15, 2026, would **not** be penalized for CY 2027 payment determination, and any measure data submitted would **not** be used for public reporting or payment purposes.
- SDOH measures are voluntary for the CY 2025 reporting period and any measure data submitted would not be used for public reporting or payment purposes.



# **Cross-Program Proposed Updates: Extraordinary Circumstances Exception (ECE) Policy**

# Proposed Guidelines

Under current ECE regulations, CMS has granted exceptions to data submission deadlines and requirements in the event of extraordinary circumstance beyond the control of a facility (e.g. hurricane, tornado, earthquake, terrorist attack, or bombing).

- CMS is proposing to update current to specify ECE relief could take the form of an extension of time for a facility to comply with a reporting requirement, if appropriate.
  - ECE regulations for Hospital OQR, REHQR, and ASCQR regulations at 42 CFR 419.46(e); 419.95(g); 416.310(d), respectively.


# Proposed Guidelines

- A facility may request an ECE within 30-calendar days (instead of 90 days under the current policy) of the date the extraordinary circumstance occurred.
- CMS will notify the requestor in writing and will specify whether the facility is exempted from one or more reporting requirements or CMS has granted the facility an extension of time.
- CMS may grant an ECE to one or more facilities that have not requested an ECE if it is determined that there is a systemic problem or that an extraordinary circumstance has affected an entire region or locale.

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# Polling Question



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# **Hospital OQR Program: Proposed Changes to the Measure Set**

# Proposed to Adoption

CMS is proposing to adopt the Emergency Care Access & Timeliness electronic clinical quality measure (eCQM).

- Beginning with voluntary reporting for the CY 2027 reporting period, followed by mandatory reporting beginning with the CY 2028 reporting period/CY 2030 payment determination.
- Requiring data submission by May 15 in the calendar year preceding the applicable payment determination year.

# Measure Overview

The Emergency Care Access & Timeliness eCQM calculates the proportion of four outcome metrics that quantify access to and timeliness of care in an emergency department (ED) setting against specified thresholds:

- Patient wait time – 1 hour
- Patient left the ED without being evaluated
- Patient boarding time in the ED (as defined by a Decision to Admit (order) to ED departure for admitted patients) – 4 hours
- Patient ED Length of Stay (LOS) which is the time from ED arrival to ED physical departure, as defined by the ED departure timestamp – 8 hours

# Measure Calculation

- **Denominator:** All ED encounters associated with patients of all ages and for all payers during a 12-month period of performance
  - Patients can have multiple encounters during the period of performance, and each encounter is eligible.
- **Numerator:** Any ED encounter in the denominator where the patient:
  - Waited longer than 1 hour after arrival to the ED to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination;
  - Left the ED without being evaluated;
  - Boarded in the ED for longer than 4 hours;
  - Had an ED LOS of longer than 8 hours.

# Measure Calculation

- An encounter is considered part of the numerator if it includes any of the four events, events not being mutually exclusive and each contributing only once to the numerator.
- Exclusions include:
  - ED encounters with ED observation stays are excluded from components 3 and 4, but they are included in the denominator.
  - Patients who have a “decision to admit” after an ED observation stay remain excluded from criteria (3) calculations.

# Measure Score

- The score is calculated at the ED level as the proportion of ED encounters where any one of the four outcomes occurred.
- Results are stratified into four groups:
  - Two by age (18 years and older, and under 18 years)
  - Two by mental health diagnoses (with and without)
- Guidance can be found on the Electronic Clinical Quality Improvement [\(eCQI\) Resource Center website](#).

# Proposed Removals

CMS is proposing to remove the (1) Median Time ED Arrival to ED Departure for Discharged ED Patients (Median Time for Discharged ED Patients) and (2) Left Without Being Seen measures.

- Beginning with the CY 2028 reporting period/CY 2030 payment determination, if the Emergency Care Access & Timeliness eCQM is finalized as proposed.
- Reducing burden – these chart-abstracted measures require manual intervention to retrieve data from clinical documentation
  - The Emergency Care Access & Timeliness eCQM allows for automated extraction of patient-level data directly from EHR.
  - One digital quality measure instead of two chart-abstracted measures.

# Proposed Removals

- Median Time for Discharged ED Patients and Left Without Being Seen are proposed for removal under Factor 4: a more broadly applicable measure (across settings, populations, or conditions) exists for the same topic.
  - The numerator components of the Emergency Care Access & Timeliness eCQM overlaps with the patient population and measure specifications of the Median Time for Discharged ED Patients and the Left Without Being Seen measures.
  - The measure includes additional metrics such as boarding time in the ED and time from arrival to placement in a treatment room, which are not currently captured by any measures.



# Proposed Modification

CMS is proposing to modify the Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Excessive Radiation eCQM) from mandatory reporting to voluntary reporting to:

- Begin with the CY 2027 reporting period
- Address concerns of complex interface and financial burdens
- Allow CMS additional time to monitor implementation progress

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# Polling Question



# REHQR Program: Proposed Changes to the Measure Set

**Anita J. Bhatia, PhD, MPH**

*Program Lead*

REHQR Program, CMS

# Proposed Adoption

CMS is proposing to adopt the Emergency Care Access & Timeliness eCQM for **optional** reporting in lieu of the Median Time for Discharged ED Patients measure.

- Beginning with the CY 2027 reporting period/CY 2029 program determination.
- Requiring annual data submission by May 15 in the year prior to the affected program determination.
  - Data are displayed as soon as feasible on CMS websites (Compare Tool on [Medicare.gov](https://www.medicare.gov)) after a 30-day preview period.

# Proposed Adoption

- Hospitals have a choice of reporting for the Emergency Care Access & Timeliness eCQM **or** the existing Median Time for Discharged ED Patients measure.
  - Introduces eCQM reporting to the REHQR Program without imposing a mandatory reporting requirement.
  - REHs can evaluate existing EHR infrastructure and gain experience using eCQMs with a flexible timeline.
- If the measure is finalized, CMS will closely monitor the effect of this measure and revise thresholds as appropriate.

# Form, Manner, and Timing

- CMS is proposing to update program policies for introducing eCQMs by establishing eCQM data submission and reporting requirements.
- The technical specifications for the eCQMs would be contained in the CMS Annual Update available on the [eCQI Resource Center website](#).

# Form, Manner, and Timing

CMS is proposing to align and codify the Hospital OQR Program eCQM policy for the REHQR Program.

- Beginning with the CY 2027 reporting period/CY 2029 program determination.
- Adding a new paragraph: Requirements for submission of eCQMs under the REHQR Program.

# Proposed eCQM Alignment

The proposed alignment would require:

- REHs to utilize technology certified to Office of the National Coordinator for Health Information Technology's (ONC's) health information technology (IT) certification criteria.
- The health IT used for eCQM reporting by REHs must be certified to all eCQMs available to report under the REHQR Program.
- REHs use the most recent version of the eCQM electronic measure specifications for the applicable reporting period available on the [eCQI Resource Center website](#).

Details on the eCQM policy can be found in the [CY 2025 OPPTS/ASC final rule](#) with comment period (pages 94418–94420).



# Proposed File Format

CMS is proposing to align the file format requirements currently applied in the Hospital Inpatient Quality Reporting, OQR, and Medicare Promoting Interoperability Programs.

Under this alignment, REHs:

- Must submit eCQM data via the Quality Reporting Document Architecture (QRDA) Category I file format.
- May use third parties to submit QRDA Category I files.
- May either use abstraction or pull data from non-certified sources and then report in QRDA Category I file format.

# Proposed File Format

QRDA Category I files should reflect data for one patient per file per quarter with five key elements:

1. CMS Certification Number
2. CMS Program Name
3. Electronic Health Record (EHR) Patient Identification (ID)
4. Reporting period specified in the Reporting Parameters Section
5. EHR Submitter ID

# Proposed File Format

- **Zero Denominator Declarations:** If an REH does not have patients to meet denominator criteria, the REH will submit a zero.
- **Case Threshold Exception:** If an REH has 5 or fewer outpatient encounters per quarter or 20 or fewer per year, the REH would be exempt from reporting on that eCQM.
  - The exemption would not have to be used; REHs could report those individual cases if they choose.

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# Polling Question

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# Commenting

**Karen VanBourgondien, RN, BSN**  
Outpatient Quality Reporting Support Team

# Comment Period

- Comments must be received or postmarked no later than September 15, 2025.
- CMS encourages electronic submission of comments.
  - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Comment responses will be included in the final rule.

# Accessing the Rule

From the [Federal Register](#), select the green **Submit A Public Comment** box.

**Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency**

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/17/2025

This document has a comment period that ends in 56 days. (09/15/2025)

**SUBMIT A PUBLIC COMMENT**

9 comments received. [View posted comments](#)

**PUBLISHED DOCUMENT: 2025-13360 (90 FR 33476)**

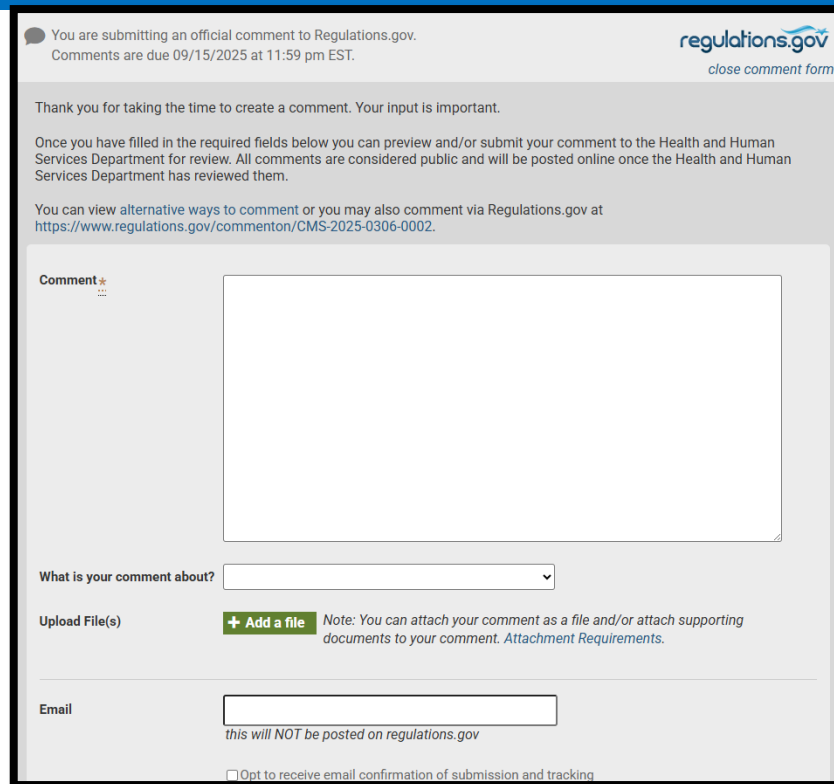
**DOCUMENT HEADINGS**

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of the Secretary  
42 CFR Parts 410, 412, 413, 415, 416, and 419  
45 CFR Part 180  
[CMS-1834-P]  
RIN 0938-AV51

PDF  
Document Details  
Document Dates  
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The screenshot shows the Regulations.gov comment submission interface. At the top, a status bar indicates the user is submitting an official comment, with a deadline of 09/15/2025 at 11:59 pm EST. The Regulations.gov logo and a 'close comment form' link are in the top right. The main content area includes a thank-you message, instructions on how comments are reviewed, and a link to alternative commenting methods. The form itself consists of a large 'Comment' text area, a dropdown menu for 'What is your comment about?', an 'Upload File(s)' section with an '+ Add a file' button and a note about attachments, an 'Email' input field with a note that it won't be posted, and a checkbox for email confirmation.


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
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Comment 

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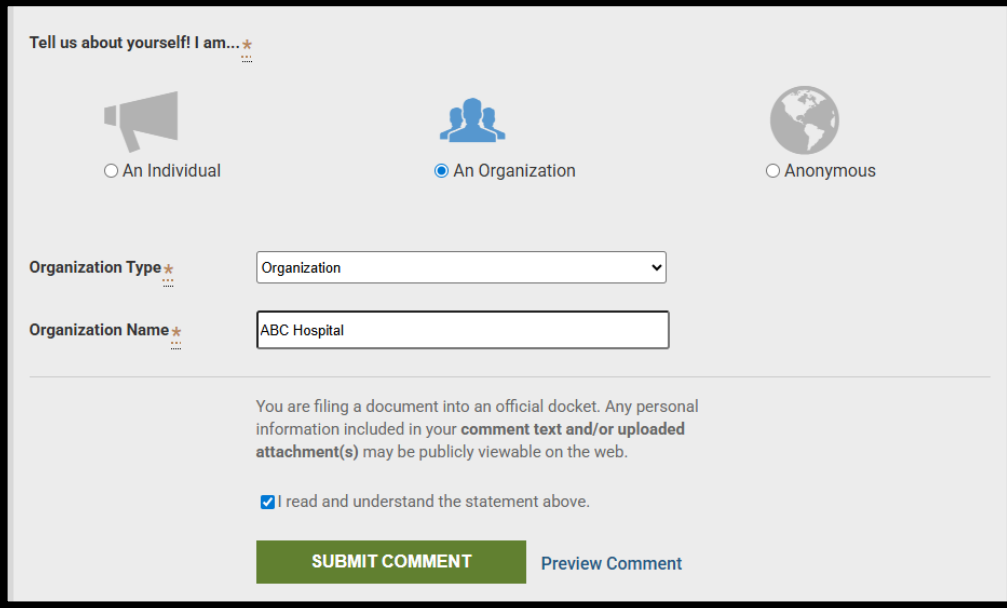
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- Select an option under “Tell us about yourself!”.
- Select the box: “I read and understand the statement above.”
- Select the **Submit Comment** box.



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☐ An Individual ☒ An Organization ☐ Anonymous

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You are filing a document into an official docket. Any personal information included in your **comment text** and/or **uploaded attachment(s)** may be publicly viewable on the web.

☒ I read and understand the statement above.

**SUBMIT COMMENT** [Preview Comment](#)

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# **Appendix: Proposed Program Measure Sets**

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# **Hospital OQR Program Proposed Measure Set**

# Clinical Chart-Abstracted Measures

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-18:</b> Median Time from ED Arrival to ED Departure for Discharged ED Patients  <b>OP-23:</b> Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	Q1 2025 Jan 1–Mar 31, 2025	Aug 1, 2025	Jan 1—Dec 31, 2027
	Q2 2025 Apr 1–Jun 30, 2025	Nov 3, 2025	
	Q3 2025 Jul 1–Sept 30, 2025	Feb 2, 2026	
	Q4 2025 Oct 1–Dec 31, 2025	May 1, 2026	

**OP-18 is proposed for removal for CY 2028 reporting period for the CY 2030 payment determination if the Emergency Care Access & Timeliness eCQM is finalized as proposed.**

# Web-Based Measures: HQR

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-22:</b> Left Without Being Seen	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1—Dec 31, 2027
<b>OP-29:</b> Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients			
<b>OP-31:</b> Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)			

**OP-22 is proposed for removal for CY 2028 reporting period for the CY 2030 payment determination if the Emergency Care Access & Timeliness eCQM is finalized as proposed.**

# Health Equity Measures: HQR

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-43:</b> Screening for Social Drivers of Health (voluntary)	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1—Dec 31, 2027
<b>OP-44:</b> Screen Positive Rate for Social Drivers of Health (voluntary)			
<b>OP-45:</b> Hospital Commitment to Health Equity			

**These measures are proposed for removal for CY 2025 reporting period for the CY 2027 payment determination.**

# Web-Based Measures: NHSN

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-38:</b> COVID-19 Vaccination Coverage Among HCP	Q1 2025 Jan 1–Mar 31, 2025	Aug 15, 2025	Jan 1—Dec 31, 2027
	Q2 2025 Apr 1–Jun 30, 2025	Nov 17, 2025	
	Q3 2025 Jul 1–Sept 30, 2025	Feb 16, 2026	
	Q4 2025 Oct 1–Dec 31, 2025	May 15, 2026	

**OP-38 is proposed for removal for CY 2024 reporting period for the CY 2026 payment determination.**

# Claims-Based Measures

## CY 2025 Reporting Period/CY 2027 Payment Determination

Imaging Measures	Calculated Encounter Dates	Payment Determination
OP-10: Abdomen CT – Use of Contrast Material	Jul 1, 2024 –Jun 30, 2025	Jan 1—Dec 31, 2027
OP-39: Breast Cancer Screening Recall Rates		
Outcome Measures	Calculated Encounter Dates	Payment Determination
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2023 –Dec 31, 2025	Jan 1—Dec 31, 2027
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Jan 1–Dec 31, 2025	
OP-36: Hospital Visits after Hospital Outpatient Surgery		

**No proposed changes to claims-based measures.**



# PRO-PM Measures

## CY 2025 Voluntary Reporting Period

Measure	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Submission Deadline	Post Procedure Data Collection	Post-Procedure Submission Deadline	Payment Determination
<b>OP-42:</b> THA/TKA PRO-PM	Jan 1– Dec 31, 2025	Oct 3, 2024– Dec 31, 2025	May 15, 2026	Oct 28, 2025 –Mar 1, 2027	May 17, 2027	Jan 1—Dec 31, 2027

## CY 2026 Voluntary Reporting Period Begins with Mandatory Reporting the Following Year

Measure	Reporting Period	Submission Deadline
Information Transfer PRO-PM	Jan 1—Dec 31, 2026	May 15, 2027

# OAS CAHPS

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-37a:</b> About Facilities and Staff	<b>Q1:</b> Jan 1—Mar 31, 2025	Jul 9, 2025	Jan 1—Dec1, 2027
<b>OP-37b:</b> Communication About Procedure	<b>Q2:</b> Apr 1—Jun 30, 2025	Oct 8, 2025	
<b>OP-37c:</b> Preparation for Discharge and Recovery	<b>Q3:</b> Jul 1—Sep 30, 2025	Jan 14, 2026	
<b>OP-37d:</b> Overall Rating of Facility	<b>Q4:</b> Oct 1—Dec 31, 2025	Apr 8, 2026	
<b>OP-37e:</b> Recommendation of Facility			

OAS CAHPS=Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-40: ST Elevation Myocardial Infarction (STEMI)</b>  Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults ( <b>voluntary</b> )	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1—Dec 31, 2027

## CY 2027 Voluntary Reporting Period Begins with Mandatory Reporting the Following Year

Measure	Reporting Period	Submission Deadline
Emergency Care Access & Timeliness ( <b>voluntary</b> )	Jan 1–Dec 31, 2027	May 15, 2028

**The Excessive Radiation measure is proposed to remain as indefinite voluntary reporting**

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# **REHQR Program Proposed Measure Set**

## **CY 2027 Reporting Period/CY 2029 Program Determination Optional Reporting Begins**

<b>Measure</b>	<b>Reporting Period</b>	<b>Submission Deadline</b>	<b>Program Determination</b>
Emergency Care Access & Timeliness eCQM	Jan 1—Dec 31, 2027	May 15, 2028	Jan 1—Dec 31, 2029

# Chart-Abstracted Measure

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-18:</b> Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q1 2025 Jan 1–Mar 31, 2025	Aug 1, 2025	Jan 1—Dec 31, 2027
	Q2 2025 Apr 1–Jun 30, 2025	Nov 3, 2025	
	Q3 2025 Jul 1–Sept 30, 2025	Feb 2, 2026	
	Q4 2025 Oct 1–Dec 31, 2025	May 1, 2026	

# Claims-Based Measures

## CY 2025 Reporting Period/CY 2027 Payment Determination

Imaging Measures	Calculated Encounter Dates	Program Determination
<b>OP-10:</b> Abdomen CT – Use of Contrast Material	Jan 1—Dec 31, 2025	Jan 1—Dec 31, 2027
Outcome Measures	Calculated Encounter Dates	Payment Determination
<b>OP-32:</b> Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2024 –Dec 31, 2026	Jan 1—Dec 31, 2027
<b>OP-36:</b> Hospital Visits after Hospital Outpatient Surgery	Jan 1, 2024–Dec 31, 2025	

**No proposed changes to claims-based measures.**

# Health Equity Measures

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-43:</b> Screening for Social Drivers of Health (voluntary)	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1—Dec 31, 2027
<b>OP-44:</b> Screen Positive Rate for Social Drivers of Health (voluntary)			
<b>OP-45:</b> Hospital Commitment to Health Equity			

**These measures are proposed for removal for CY 2025 reporting period for the CY 2027 program determination.**



# Resources

## **Outpatient Quality Reporting Support Team**

- Phone: 866.800.8756
- Ask a question via [QualityNet Question and Answer Tool](#)

## **Center for Clinical Standards and Quality Service Center**

- Phone: 866.288.8912
- Email: [qnetsupport@cms.gov](mailto:qnetsupport@cms.gov)

## **OAS CAHPS**

- Phone: 866.590.7468
- Email: [oascahps@rti.org](mailto:oascahps@rti.org)

# Survey

Please [click here](#) to complete a short survey.

# Acronyms

<b>ASC</b>	ambulatory surgical center	<b>LOS</b>	length of stay
<b>ASCQR</b>	Ambulatory Surgical Center Quality Reporting	<b>MRI</b>	Magnetic Resonance Imaging
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>OAS CAHPS</b>	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
<b>CT</b>	Computed Tomography	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>CY</b>	calendar year	<b>OPPS</b>	Outpatient Perspective Payment System
<b>ECE</b>	Extraordinary Circumstances Exception	<b>OQR</b>	Outpatient Quality Reporting
<b>eCQI</b>	Electronic Clinical Quality Improvement	<b>PRO-PM</b>	Patient Reported Outcome-Based Performance Measure
<b>eCQM</b>	electronic clinical quality measure	<b>QRDA</b>	Quality Reporting Document Architecture
<b>ED</b>	emergency department	<b>REH</b>	Rural Emergency Hospital
<b>EHR</b>	electronic health record	<b>REHQR</b>	Rural Emergency Hospital Quality Reporting
<b>FCHE</b>	Facility Commitment to Health Equity	<b>RFI</b>	Request for Information
<b>HCHE</b>	Hospital Commitment to Health Equity	<b>SDOH</b>	Social Drivers of Health
<b>HCP</b>	healthcare personnel	<b>STEMI</b>	Segment Elevation Myocardial Infarction
<b>IT</b>	information technology	<b>THA/TKA</b>	Total Hip Arthroplasty/Total Knee Arthroplasty

# Continuing Education Approval

This program has been approved for one credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify approval for any other state, license, or certification, please check with your licensing or certification board.

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