



October 3, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
Office for Civil Rights; and Centers for Medicare and Medicaid Services
Attention: 1557 NPRM (RIN 0945-AA17)
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, DC 20201
Submitted electronically via <http://www.regulations.gov>

RE: 0945-AA17 – Nondiscrimination in Health Programs and Activities Proposed Rule

Dear Secretary Becerra:

The National PACE Association (NPA) is a national organization representing 148 operating Programs of All-Inclusive Care for the Elderly (PACE) organizations in 32 states. PACE organizations (POs) serve among the most vulnerable of Medicare and Medicaid populations— medically complex older adults over age 55 who are state certified as requiring a nursing home level of care. The objective of PACE is to safely maintain the independence of older adults and people with disabilities in their homes and communities for as long as possible. POs currently serve over 62,000 patients, known as participants, nationwide. On behalf of our membership, NPA appreciates the opportunity to respond to the Department of Health and Human Services' (HHS) proposed rule on Section 1557 of the Affordable Care Act (ACA) (Section 1557), titled, "Nondiscrimination in Health Programs and Activities."

NPA commends the Biden Administration's efforts to advance health equity and notes that the spirit of these anti-discrimination protections is consistent with NPA's broader mission and that of the PACE program. Therefore, NPA supports HHS' proposed rule, "Nondiscrimination in Health Programs and Activities," without modifications.

The PACE model of care has consistently demonstrated the ability to provide high quality, cost-effective care to older adults and those living with disabilities at home and in the community in lieu of a nursing home placement. Our members provide those requiring nursing facility level of care a true alternative to institutional placement through PACE enrollment. POs stand ready to provide care to more people wishing to live at home, even as they face increasingly complex medical care and long-term service and support needs.

The following is offered as an example of the work NPA has undertaken towards meeting CMS' goal of advancing health equity, and appreciates your consideration of the following comments:

NPA is committed to upholding and implementing the fundamental principles of diversity, equity, and inclusion (DEI), recognizing that efforts to fully realize these principles create enormous opportunities to

increase the satisfaction and fulfillment of PACE staff, and the experience and quality of care for PACE participants. Recognizing that each PACE participant and staff person offers a unique set of ideas, beliefs and skills shaped by their heritage, background, and culture, NPA considers DEI critical to the success of PACE and essential to the empowerment, collaboration and innovation needed to maintain PACE as a leader in the healthcare industry.

In support of these fundamental principles, NPA launched an internal advisory group to assist in fostering an environment of diversity and inclusion within PACE, at all levels. This NPA staff-driven advisory group subsequently evolved to become the NPA the Council on Diversity, Equity and Inclusion (Council), which held its inaugural meeting in March 2021. The Council is comprised of a diverse group of NPA staff, NPA member PACE organization representatives, and a NPA Board liaison. The Council's initial meetings served to find consensus on guiding values and to gain a deeper understanding of the NPA Board's perspective on the matter.

By establishing the Council, NPA acknowledges that a true commitment to the principles of DEI demands action. To that end, one of the primary objectives of the Council is to actively foster within NPA and its member organizations environments that recognize and value varying experiences and perspectives and the importance of such environments to achieving satisfaction and fulfillment among PACE staff, and the highest quality of care for PACE participants.

The Council serves as a catalyst for change and advocates for DEI with a specific focus on four overarching priorities:

- Education and Awareness
- Leadership Development
- Workforce Development
- Analyses and Evaluation

The Council has initiated activities in support of these priorities. The following are examples of those activities.

Education and Awareness:

- Developed Council on DEI welcome message to kick-off NPA annual conference;
- Facilitated roundtable and networking sessions during the annual conference to provide an opportunity for attendees to hear from a panel of PACE organizations efforts underway focused on DEI;
- Collaboration on NPA website redesign efforts to ensure inclusive web design, identification of strategies and solutions for inclusive and culturally sensitive interpretation; and
- Advancement of communication and language assistance efforts within PACE to improve the quality of services provided to all individuals

Leadership Development:

- Development of PACE leadership to gain support and ability for DEI to drive change throughout PACE and to promote a more diverse, inclusive, and equitable workplace

Analyses and Evaluation:

- Convene a DEI Learning Collaborative to deepen learnings and foster solidarity among those in PACE committed to promoting diversity, equity, and inclusion within their organizations

Throughout their history, PACE organizations have demonstrated their ability and fundamental commitment to serve medically complex older adults and those with disabilities in a culturally appropriate manner reflecting their communities. In 1971 the first PACE program, On Lok in San Francisco, was established because existing care models could not serve the older Asian and Pacific Islander American community well in their Chinatown North Beach neighborhood homes. Today, there are 148 PACE organizations located in rural areas, inner cities and the Cherokee Nation Reservation, among others, with some partnering with Federally Qualified Health Centers, empowering a diverse range of participants to remain independent for as long as possible while living in their homes and communities.

NPA thanks you in advance for considering our comments. Should you need additional information or for dialogue, please contact Charles Fontenot, Senior Director of Health Plan Management and Reimbursement Policy, at charlesf@npaonline.org or (703) 535-1558.

Sincerely,

A handwritten signature in cursive script that reads "R. Peter Fitzgerald".

R. Peter Fitzgerald
Executive Vice President, Policy and Strategy