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Congress of the United States House of Representatives Mashington, DC 20515–3601

June 16, 2023

The Honorable Xavier Becerra Secretary Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20215 The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services Department of Health and Human Service 200 Independence Avenue, SW Washington, DC 20515

Mr. Jonathan B. Perlin, MD, PHD President and CEO The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181

Dear Secretary Becerra, Administrator Brooks-LaSure, and Mr. Perlin,

We write today with concerns about how the Centers for Medicare & Medicaid Services (CMS) handles recommendations from The Joint Commission (TJC) when evaluating hospitals with respect to participation in the Medicare Program. Termination from Medicare is a serious and rare penalty, often resulting in the closure of terminated facilities. It is critical that this process protects the health and safety of the patients seeking care at CMS-approved facilities and does not reflect political or religious bias.

According to CMS's Framework for Health Equity, "[e]ach person CMS serves should receive ... care that is responsive to their ... cultural health beliefs and practice, traditions, and other communication needs."¹ However, it has been brought to our attention that religiously affiliated hospitals have been threatened with loss of Medicare accreditation for the display of religious items. One such hospital, in Oklahoma, was threatened with termination from the Medicare Program after fifteen years of participation for displaying a lit sanctuary candle in the hospital's chapel.

The right to religious liberty is fundamental to a well-functioning representative democracy and one of our nation's founding principles. In times of grief and hardship, many Americans turn to their faith for spiritual and emotional healing. The ability to practice one's faith is a critical part of life, including the healing process, which is one reason why religiously affiliated hospitals provide patients and their families with space to pray and observe their faith.

¹ https://www.cms.gov/files/document/cms-framework-health-equity-2022.pdf

Further, the government should protect, rather than erect barriers to, the right for religiously affiliated hospitals to live out and operate in accordance with their sincerely held religious beliefs. Such beliefs are often the motivation behind providing health care services to the communities around the country that they serve. It is important that CMS policies do not contain qualifications that would harm or limit the equal participation of religiously affiliated hospitals due to their faith or standards that would put the hospital in the position of choosing between their faith and continuing to operate.

Unfortunately, such threats to religious health care organizations echo the rise in discrimination against faith-based organizations across the country. We are concerned that the current TJC survey process and the CMS review and appeal processes do not include proper safeguards to fairly and appropriately evaluate religiously affiliated hospitals and faith-based health care organizations. We want to ensure these processes protect the health and safety of patients and their religious exercise, as well as the sincerely-held beliefs of hospitals and providers. As such, please provide the requested information below no later than June 30, 2023.

- 1. Since January 20, 2021, how many times has CMS notified a health care organization affiliated with a religious institution that it was at risk of termination from the Medicare program based on recommendations from TJC?
- 2. Since January 20, 2021, has CMS rejected appeals from any health care organizations affiliated with religious institutions related to religious exercise, including practices and activities, such as lit candles?
- 3. Since January 20, 2021, what policies have changed at CMS regarding the evaluation of health care organizations affiliated with religious institutions? Has there been any change in policy that adversely impacted, or threatened to adversely impact, the long-standing accreditation of any religiously affiliated hospital due to religious activities that CMS previously accommodated?
- 4. Describe CMS' internal process for considering appeals of enforcement remedies that are imposed due to recommendations by TJC? Specifically, does CMS consider its obligations to protect, rather than limit, the religious practices of faith-based hospitals and religious health care organizations after reviewing TJC recommendations? In providing this response, please indicate key decision makers within CMS, either at CMS headquarters or regional offices, at each step of the decision-making process.
- 5. Going forward, how will CMS and TJC work together to ensure that health care facilities affiliated with religious organizations do not face an undue hardship or discrimination through this surveying process?

Thank you for your assistance in this important matter, if you have any questions please contact <u>kirby.tidmore@mail.house.gov</u>

Sincerely,

Kevin Hern Member of Congress

James Lankford United States Senator

Josh Brecheen Member of Congress

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Stephanie Bice Member of Congress

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Daniel Webster Member of Congress

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Glenn Grothman Member of Congress

v Scott

Austin Scott Member of Congress

Gary Palmer Member of Congress

Tall syre Millio

Markwayne Mullin United States Senator

JD Vance United States Senator

Michael S. Lee United States Senator

Jene Dai

Steve Daines United States Senator

Rick Scott United States Senator

Marco Rubio United States Senator

Rick W. Allen Member of Congress

Brian Babin Member of Congress

Jeff Duncan Member of Congress

Chris Smith ^f Member of Congress

Jake LaTurner Member of Congress

Bill Huizenga Member of Congress

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Katie Boyd Britt United States Senator

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Mike Kelly Member of Congress

Ronny L. Jackson, M.D. Member of Congress