



## **Do No Harm**

**MAY 5, 2023**

**RE: RFI: “Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024”; RIN 0938-AV02**

Dear Centers for Medicare and Medicaid Services:

I am writing on behalf of the organization Do No Harm, which is composed of medical professionals dedicated to keeping divisive and unscientific identity politics out of the practice of medicine. I am responding to your Request for Information regarding your proposal to modify the Quality Reporting Program (QRP) as it pertains to skilled nursing facilities.

For centuries, medical professionals have worked to modify patients' behavior to improve their health outcomes, which is a core component of their practice. However, the current "health equity" movement disregards patient behavior and accountability for their health, instead favoring increased scrutiny of medical professionals. Health equity ideology presupposes that systemic bias in the healthcare system, or even bigotry on the part of medical providers, is responsible for differences in outcomes among demographic minority groups.

This dangerous and divisive ideology threatens to undo centuries of healthcare best practices in favor of a politically convenient narrative of oppression. America's healthcare providers, hospitals, labs, waiting rooms, X-Ray machines, and scalpels are not racist, sexist, or homophobic. People of different demographic backgrounds often have different genetic predispositions, cultural traditions, beliefs that affect health, are exposed to different environmental factors, and have different exercise habits, among other things.

Diagnosing a population-wide health problem and then prescribing treatments for the medical provider and healthcare system as a whole, rather than the population or the patient, is an unproven strategy. This strategy puts our healthcare system in a negative and dangerous mindset. For example, on pages 124-125 of your proposed rule, you celebrate the fact that Black and Hispanic children are seeing greater and faster health care measure improvements than White children are. While improvements in health measures among any group are certainly worth celebrating, is it wise or healthy to habituate ourselves to valuing health metric improvement in

relative, rather than absolute, terms? Such thinking leads us to a policy of allocating resources accordingly, which means cheering on one group at the expense of another.

Rules like the one you propose, which promote "health equity," are equivalent to staring into the abyss and uncritically jumping in. Throughout the history of medicine, in times and places where people were truly oppressed and dehumanized due to their immutable characteristics and beliefs, doctors were colorblind to their patients. But today, you are asking us to view treatments through the lens of race every time and always. You are asking us to prioritize one race over another. For these reasons, "health equity" is a massively regressive approach to healthcare.

It is time to step back from the brink of disaster and return to the bedrock principles of medical practice: putting science over ideology, assessing information objectively, and above all, *doing no harm* to our most vulnerable patients.

Sincerely,

**Dr. Stanley Goldfarb**  
Chairman, Do No Harm