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Dr. Mehmet Oz
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically to http://www.regulations.gov

Re: Medicare Program; FY 2027 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Program Requirements (CMS-1851-P)

Dear Administrator Oz,

The American Nurses Association (ANA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule updating FY 2027 Hospice Proposed Rule (CMS-1851-P). ANA welcomes CMS's Requests for Information (RFIs) addressing community based and palliative care services, workforce considerations, and emerging issues affecting hospice and serious illness care. From a nursing perspective, the RFIs highlight critical gaps in payment policy, billing clarity, health information infrastructure, and workforce sustainability that must be addressed to ensure equitable access to high-quality hospice and community-based palliative care. ANA's comments focus primarily on these RFIs.

ANA represents the interests of more than 5 million registered nurses (RNs) through its constituent and state nurses' associations, organizational affiliates, and individual members. ANA advances the nursing profession by championing nurses, fostering rigorous standards of nursing practice, promoting safe and ethical work environments, supporting nurses' health and wellness, and advocating health care issues that affect both nurses and their patients. ANA's membership includes registered nurses and Advanced Practice Registered Nurses (APRNs)—nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs)—who practice across the care continuum, including in skilled nursing, hospice, and long-term care settings.

Nursing is a profession grounded in critical thinking, scientific rigor, and evidence-based practice. Nurses are central to the delivery of high-quality care across many settings and serve in essential direct care, care coordination, research, and administrative leadership roles. Nurses form the backbone of the American health care system, providing and coordinating care, educating patients and the public, and offering counsel and emotional support to patients and their families. As the

most trusted profession, nurses play a critical role in influencing health outcomes.[1] **Accordingly, ANA urges CMS to ensure that policies finalized in this rule support a sustainable nursing workforce, advance meaningful quality improvement, and fully reflect nursing contributions.**

Palliative care is patient and family-centered care, involving the support of an inter-professional team of nurses, physicians, social workers, and other practitioners who provide care for people with serious illnesses. Overall, ANA supports CMS's goals of improving quality, advancing transparency, and better aligning post-acute care across settings. However, payment and quality policies must not unintentionally undermine these goals by exacerbating nursing workforce shortages across settings. As the healthcare needs of the nation evolve and grow in complexity, **ANA encourages CMS to expand opportunities to train and strengthen the growing palliative care workforce though existing programs and activities and fairly reimburse palliative care nursing.**

1. **CMS Must Clarify Caregiver Training Services (CTS) Billing Requirements.**

ANA appreciates the opportunity to use this comment period to highlight a regulatory and billing issue not directly addressed in the proposed rule, specifically related to the CTS billing code introduced in 2024 in the Medicare Physician Fee Schedule (PFS), establishing a formal reimbursement pathway for providers who deliver CTS as part of care for Medicare beneficiaries. ANA supports CMS's efforts to advance the use and impact of Medicare CTS and urges the agency to focus on clarifying requirements, expanding access, and creating incentives that reflect real-world care delivery.

Providers continue to report confusion regarding CTS billing and documentation requirements, including who may bill, what documentation is required, and when CTS codes should be used instead of other Medicare services such as Chronic Care Management or condition specific codes. This uncertainty discourages uptake and creates compliance concerns, particularly in nurse-led and community-based settings. **ANA urges CMS to issue clear sub-regulatory guidance outlining provider eligibility, documentation expectations, and appropriate use of CTS in team-based care.**

As is typical of newly introduced codes, the uptake of CTS codes has been slow to date despite their inherent value and potential impact. ANA is also concerned that recent changes to time-based billing requirements—requiring delivery of the full billed time—have created operational challenges and, in some cases, discouraged providers from using CTS due to fear of denials.[2]

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[1] Brenan, M. (2026, January 12). Nurses continue to lead in honesty and ethics ratings. Gallup. https://news.gallup.com/poll/700736/nurses-continue-lead-honesty-ethics-ratings.aspx

[2] Cuozzo, J., Choula, R., Cromer, T., & Greer, A. (2026, April 29). *Exploring utilization and advancing impact of caregiver training services* (AARP Spotlight). AARP Public Policy Institute. https://doi.org/10.26419/ppi.00407.001

Additional clarification and technical assistance may be needed to ensure these requirements do not unintentionally limit access to caregiver training.

ANA commends CMS for permanently allowing CTS to be furnished via telehealth beginning in 2026. Telehealth-enabled CTS has significant potential to expand access, particularly for caregivers in rural, underserved, and home-based settings, and aligns well with nursing-led education and support models.

Finally, ANA supports CMS's consideration of incentives to encourage CTS adoption, including the development of performance-based quality measures tied to CTS utilization. Incentives may promote broader uptake, enable evaluation of outcomes, and accelerate integration of standardized caregiver training into routine care.

ANA encourages CMS to publish clear guidance on when and how to apply certain billing codes, particularly in cases involving caregiver support.

2. **Request for Information (RFI)**

In this proposed rule, CMS seeks feedback on enhancing community palliative care services under current Medicare benefits; the development of a hospice-specific wage index using Bureau of Labor Statics data; and information regarding the overlap between hospice and assisted suicide or "medical aid in dying."

a. **CMS Should Establish Nurse-Inclusive Community Palliative Care Services.**

CMS's request for stakeholder input on enhancing community palliative care services under existing Medicare benefits appropriately recognizes a growing population of patients with serious illness whose needs may not yet meet hospice eligibility criteria, but require skilled, ongoing nursing care.

RNs and APRNs play central roles in symptom management, care coordination, advanced care planning, patient and caregiver education, psychosocial assessment, and continuity of care across settings. National palliative care standards explicitly identify nursing as foundational to high-quality interdisciplinary palliative care across all eight domains of practice.[3,4]

However, variability in access to trained palliative nurses—particularly in rural, underserved, home-based, and community settings—has implications for access, continuity of care, and patient

[3] National Coalition for Hospice and Palliative Care. (n.d.). *Clinical practice guidelines*. https://www.nationalcoalitionhpc.org/clinical-practice-guidelines/
[4] National Coalition for Hospice and Palliative Care. (2018). *Clinical practice guidelines for quality palliative care* (4th ed.). https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2019/03/NCP-Guidelines-8-domains.pdf

outcomes. Workforce shortages, inconsistent reimbursement, and non-reimbursable nursing services undermines program sustainability and limits access to evidence-based care for serious illness. **ANA urges CMS to adopt a clear, nurse-inclusive policy framework for community palliative care that supports scope-consistent nursing practice, interdisciplinary collaboration, and sustainable models of care delivery.**

b. CMS Should Promote Interdisciplinary Payment Approaches that Reflect Team-Based Care.

CMS seeks input on interdisciplinary alterative payment approaches capable of financing the full interdisciplinary team. Community palliative care is inherently interdisciplinary; however, current Medicare payment policy limits direct billing to physicians and APRNs. As a result, essential services provided by RNs and other core members of the palliative care team—are frequently uncompensated or indirectly subsidized.

This structure disincentivizes team-based care and places disproportionate financial pressure on nurse-led and community-based programs. **ANA encourages CMS to consider population-based or entity-level payment approaches, such as, condition-based demonstrations like the Guiding an Improved Dementia Experience (GUIDE) Model, that permit flexible allocation of resources across interdisciplinary roles and reflect real-world care delivery and looks forward to working with Congress to reimburse RNs directly.**

c. CMS Should Clarify Billing Pathways for Palliative and Serious Illness Care.

CMS is interested in understanding how community providers bill for palliative services. Because Medicare does not recognize palliative care as a distinct billable service, providers must rely on a variety of codes and benefit categories. We appreciate CMS's recognition of this billing issue.

Access to palliative care nationwide remains significantly limited, particularly for hard-to-reach populations. The sustainability and expansion of palliative care depends on elevating the visibility and leadership of nurses within care delivery models and aligning payment and system design with team based, patient-centered care, enabling nurses to help achieve equitable, high-quality palliative care access across settings.[5,6]

[5] Rosa, W. E., et al.(2021). American Academy of Nursing Expert Panel consensus statement on nursing's roles in ensuring universal palliative care access. *Nursing Outlook, 69(6), 961–968.* *https://doi.org/10.1016/j.outlook.2021.06.011*

[6] Bickford, C. J., & Francis, R. (2017, May 10). *Calling for all nurses to lead and transform palliative care*. American Nurse Journal. https://www.myamericannurse.com/calling-nurses-lead-transform-palliative-care/

ANA is concerned by persistent confusion among providers regarding who may bill for palliative-related services, and which serious illness and advanced care planning (ACP) codes apply under Medicare. This confusion is well documented and contributes to underutilization of ACP billing and inconsistent access to serious illness care.

The National Quality Forum (NQF) has endorsed ACP as a core quality measure (NQF #0326), underscoring its importance in patient-centered care for individuals with advanced illness.[7] Nevertheless, providers—particularly those in nurse-led or community-based settings—often lack clear guidance on appropriate billing pathways.

ANA recommends that CMS issue sub-regulatory guidance, such as Medicare Learning Network bulletins or technical assistance documents, clarifying provider eligibility, appropriate code use, and team-based workflows for serious illness and palliative care services.

d. CMS Must Align Documentation Requirements to Support Interdisciplinary Palliative Care.

Many electronic medical record systems are not designed to support interdisciplinary or longitudinal palliative care documentation, limiting the ability to capture symptom burden, care goal discussions, caregiver education, and coordination activities.

The National Coalition for Hospice and Palliative Care's Clinical Practice Guidelines identify structured interdisciplinary assessment and documentation as essential elements of quality palliative care.[8] Failure to align policy expectations with health IT capacity risks penalizing providers—particularly small, rural, or APRN-led practices—for infrastructure constraints beyond their control.

ANA encourages CMS to work with the Office of the National Coordinator for Health Information Technology (ONC) and stakeholders to promote standardized, interoperable palliative care documentation elements and to ensure future models account for existing EMR limitations.

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[8] Centers for Medicare & Medicaid Services. (2020). *Quality ID #47 (NQF 0326): Advance care plan* (MIPS clinical quality measure specification). https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_047_MIPSCQM.pdf

e. **CMS Should Align Hospice Payment Policy with Nursing Workforce Needs and include Nursing Input.**

CMS's request for information on developing a hospice-specific wage index distinct from hospital-based indices has significant implications for the hospice nursing workforce. Hospice nurses practice primarily in community-based settings that require high levels of autonomy, travel, emotional labor, and complex care coordination—factors not well captured by hospital-based wage data.

Adequate and equitable compensation is directly tied to nurse recruitment, retention, and workforce stability. Nursing workforce instability is associated with burnout, turnover, and diminished continuity and quality of care at the end of life. **ANA supports CMS's exploration of a hospice-specific wage index that better reflects hospice labor markets and supports safe staffing; any index must include input from nurses.**

f. **CMS Should Incorporate Nursing Ethics, Scope of Practice, and Workforce Consideration into Hospice Care and Medical Aid in Dying (MAID).**

CMS seeks input on the overlap between hospice care and medical aid in dying (MAID), raising important considerations for nursing practice in states where MAID is legal. Nurses are often the clinicians that patients and families rely on for information, symptom management, and emotional support, even when nurses are not participants in MAID.

Professional nursing literature recognizes the ethical complexity, moral distress, and psychological burden that can arise in end-of-life contexts involving MAID. **CMS policy should not assume nurse participation in MAID and must respect professional ethics, state laws, employer policies, and conscientious objection.**[9]

3. **Additional consideration: CMS Should Enhance Serious Illness Payment Polices to Support Comprehensive, Nursing-Delivered Care.**

ANA appreciates the opportunity to use this comment period to highlight a regulatory and billing issue not directly addressed in the proposed rule, specifically related to additional billing codes for nursing delivered care.

ANA supports CMS's exploration of additional serious illness codes aligned with the eight domains of palliative care practice outlined in national clinical guidelines.[10] CMS should also

[9] American Nurses Association. (2025). Code of ethics for nurses with interpretive statements (2nd ed.). American Nurses Association. https://www.nursingworld.org/coe
[10] National Coalition for Hospice and Palliative Care. (n.d.). *Clinical practice guidelines*. https://www.nationalcoalitionhpc.org/clinical-practice-guidelines/

consider reimbursement mechanisms for caregiver education and support services, which are evidence-based, nursing-intensive, and central to quality outcomes.

ANA appreciates CMS's attention to community palliative care and workforce considerations through the RFIs in this proposed rule. Nurses are essential to delivering high-quality, hospice and palliative care. CMS policy can strengthen access and outcomes by addressing payment barriers, billing clarity, health IT infrastructure, workforce stability, and ethical practice considerations in a nurse-inclusive manner.

ANA appreciates the opportunity to have this discussion and looks forward to continued engagement with CMS on shared priorities. Please contact Tim Nanof, ANA's Executive Vice President, Policy & Government Affairs at (301) 628-5166 or tim.nanof@ana.org with any questions.

Sincerely,

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