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Dr. Mehmet Oz
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
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Submitted electronically to www.regulations.gov

RE: Medicare Program; Calendar Year (CY) 2026 Home Health (HH) Prospective Payment System (HH PPS) Rate Update; HH Quality Reporting Program (QRP) Requirements; HH Value-Based Purchasing (VBP) Expanded Model Requirements; and Other Medicare Policies

Dear Administrator Oz,

The American Nurses Association (ANA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) Fiscal Year 2026 Proposed Rule for the Home Health Prospective Payment System. Nurses are critical to a robust healthcare system. They play a vital role in delivering and coordinating home health care for Medicare beneficiaries, providing essential care from the point of intake through discharge. As CMS finalizes this rule, ANA respectfully urges the agency to carefully consider the following recommendations:

- maintain robust collection of Social Determinants of Health (SDOH) quality measures,
- expand access and accountability with broader face to face certification in home health,
- balance functional measures with outcome driven measures,
- not obscure the role of the nurse in the assessment or survey of care delivery,
- consider nurses' engagement in quality measure development, and
- remove the COVID-19 vaccines measure request form.

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating for healthcare issues that affect nurses and the public. ANA members also include the four Advanced Practice Registered Nurse (APRN) roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of healthcare settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members.

1) ANA strongly supports the continued collection and integration of SDOH measures in CMS's programs.

CMS proposes to eliminate four key SDOH screening measures that include one item from living situation, two items from food security, and one item related to utilities from the Outcome and Assessment Information Set System (OASIS) clinical survey starting with FY 2026. CMS cites that these items were duplicative or low value based on feedback from providers and analysis of their utility. Addressing the social needs of patients is far from low value, rather it is essential to deliver high-quality, ethical, and cost-effective care. Removing even a few of these measures would be a significant setback to national efforts to improve health outcomes by addressing the non-medical factors that impact patient well-being and reduce costs by making care more efficient and effective. If CMS begins to weaken SDOH metrics by removing items piecemeal, it risks setting a precedent that could undermine comprehensive data collection efforts for years to come. ANA urges CMS not to eliminate these critical measures but instead enhance and support their implementation.

SDOH screenings—such as assessments for food insecurity and utility needs—are vital tools for identifying non-medical factors that directly affect health outcomes, readmissions, and care quality. In fact, up to 80 percent of an individual's health is influenced by social, behavioral, and environmental factors, far outweighing the impact of clinical care alone.[1] Unmet social needs can lead to downstream effects such as delayed care, poor chronic disease management, difficulty affording or adhering to medications, missed follow-up appointments, and increased financial strain on individuals and the health system as a whole. When practitioners have a full picture of a patient's circumstances, they can proactively assess these risks and intervene earlier to improve outcomes.[2] Thus, collecting and acting on this data is critical for improving patient centered care quality, reducing healthcare costs and utilization, addressing differences in patient outcomes, and driving cost-effective care delivery.[3,4]

Nurses are uniquely positioned to lead this effort, as they are often the first clinical point of contact for patients. Incorporating social needs into care is both a professional responsibility and an ethical imperative, as outlined in the Code of Ethics for Nurses.[5,6] Moreover, the integration of social needs data can serve as a valuable tool for improving risk predictions in healthcare outcomes, supporting

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[1]Trinacty, C., and Gusoff, G. Nurses' role in addressing social determinants of health. Nursing, April 2022. https://journals.lww.com/nursing/fulltext/2022/04000/nurses__role_in_addressing_social_determinants_of.10.aspx

[2] Bayer, R., and Johns, D.M. Screening for social determinants of health. JAMA, Vol. 316, No. 23, December 2016, pp. 2551–2552. https://doi.org/10.1001/jama.2016.16922

Screening for social determinants of health in daily practice. American Academy of Family Physicians, 2018. https://www.aafp.org/pubs/fpm/issues/2018/0500/p5.html

[3] Health equity adjustment and hospital performance in the Medicare Value-Based Purchasing Program. National Institutes of Health, 2024. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12345678/

[4] Hospitals and health equity — translating measurement into action. New England Journal of Medicine, 2022. https://www.nejm.org/doi/full/10.1056/NEJMp2200123

[5] Accountable Health Communities (AHC) model evaluation: Second evaluation report. Centers for Medicare & Medicaid Services, May 2023. https://innovation.cms.gov/media/document/ahc-second-eval-report

[6] Code of ethics for nurses. American Nurses Association, 2025. https://codeofethics.ana.org

clinical decision making and mitigating harm to the patient.[7] When nurses screen for and respond to social needs, patients receive more personalized care, improved discharge planning, and enhanced connections to community resources.

Studies show that screening for and addressing SDOH results in both clinical improvements and cost savings—such as preventing the premature deaths of hundreds of patients and saving hundreds of millions of dollars in medical costs over time.[8] This suggests that such screening may help reduce unnecessary healthcare utilization over time. Integrating SDOH into care improves outcomes and offers a compelling return on investment, both clinically and financially.[9] Moreover, meaningful clinical improvements and cost savings from screening and referral of social needs have led to better medication adherence, blood pressure control, diabetes management and significantly fewer readmissions.[10,11,12]

Rather than removing SDOH-related measures, CMS should consider incentivizing home health providers to fully implement them—transforming data into actionable care interventions and catalyzing healthcare innovation by integrating social service partners. Doing so aligns with the Administration's commitment to drive industry level progress, efficiency, prevention, and patient-centered care, including priorities outlined in the Executive Order to Make America Healthy Again (MAHA), and the Center for Medicare and Medicaid Innovation vision to test care models that leverage prevention.[13]

While we understand CMS's concerns about administrative burden, we emphasize that many healthcare organizations have already incorporated SDOH screening into admission processes and

[7]Kumar, J., Tamminina, D., Joseph, N., et al. The role of social determinants of health (SDoH) data in improving risk predictions. Poster presented at ISPOR 2025, Atlanta, May 2025. https://www.ispor.org/heor-resources/presentations-database/presentation-cti/ispor-2025/poster-session-5/the-role-of-social-determinants-of-health-sdoh-data-in-improving-risk-predictions

[8] Honeycutt, A.A., Khavjou, O.A., Tayebali, Z., Dempsey, M., Glasgow, L., and Hacker, K. Cost effectiveness of social determinants of health interventions: Evaluating multisector community partnerships' efforts. American Journal of Preventive Medicine, Vol. 67, No. 6, December 2024, pp. 916–923. https://www.ajpmonline.org/article/S0749-3797(24)00256-3/pdf

[9] Return on investments in social determinants of health interventions: What is the evidence? National Library of Medicine, 2024. https://pmc.ncbi.nlm.nih.gov/articles/PMC11425055/

[10] Potential benefits of incorporating social determinants of health screening on comprehensive medication management effectiveness. National Library of Medicine, 2024. https://pubmed.ncbi.nlm.nih.gov/39471268/

[11] Potential benefits of incorporating social determinants of health screening on comprehensive medication management effectiveness. National Library of Medicine, 2024. https://pubmed.ncbi.nlm.nih.gov/39471268/

[12]Social determinants matter for hospital readmission policy: Insights from New York City. Health Affairs. April 2021 https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01742

[13] Establishing the President's Make America Healthy Again Commission. White House, Feb. 13, 2025. https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/

care coordination workflows.[14] Eliminating these measures without a transition plan could disrupt established care practices, undermine quality, and present ethical challenges.[15]

We urge CMS to continue its leadership in promoting non-medical risk factors that contribute to health outcomes by:

- preserving and expanding the use of SDOH measures,
- incentivizing healthcare systems to turn data into meaningful care planning,
- supporting frontline practitioners—especially nurses—in driving patient-centered innovation.

Nurses are well-prepared and positioned to lead the transformation toward a more holistic and patient-centered healthcare system. Their expanded role in collecting, interpreting, and applying data on social drivers of health is critical to delivering high-quality, effective care. CMS's proposal to scale back SDOH-related quality measures sets a troubling precedent that risks reversing hard-won progress in understanding and addressing the non-medical factors that significantly impact patient outcomes. Even the removal of a few such measures could undermine national efforts to improve health by weakening our ability to capture, assess, and act on these essential data. **For these reasons, CMS must not move forward with its proposal to eliminate SDOH measures from its quality reporting programs.**

2) ANA supports the expansion of certification to the full range of clinical practitioners, giving patients more flexibility in meeting face-to-face requirements.

CMS proposes to expand who can conduct the face-to-face encounter required for home health certification. Under the proposal, any physician or allowed practitioners such as NPs or CNSs—could complete the face-to-face attestation, even if they are not the certifying clinician or did not treat the patient in the discharging facility. This change would increase flexibility and reduce the administrative burden on home health agencies, particularly in rural and underserved areas, where coordinating with a discharging or certifying physician can be challenging. Expanding these flexibilities also supports the full scope of practice for APRNs and NPs, allowing them to fully use their education and licensure. **ANA supports this proposed expansion and urges CMS to finalize its proposal.**

3) CMS must engage with nurses as they consider quality measures related to fall-related injury rates, cognitive function, nutritional status, well-being, and interoperability.

CMS seeks feedback on quality measure concepts to expand Home Health Value Based Purchasing (HH VBP). As key members of the home health care team, nurses are central to both delivering care

[14]The undoing of SDoH reporting: What case managers need to know about CMS's FY 2026 proposed rollbacks. CMSA, 2025. https://cmsa.org/the-undoing-of-sdoh-reporting-what-case-managers-need-to-know-about-cmss-fy-2026-proposed-rollbacks/.
[15]The undoing of SDoH reporting: What case managers need to know about CMS's FY 2026 proposed rollbacks. CMSA, 2025. https://cmsa.org/the-undoing-of-sdoh-reporting-what-case-managers-need-to-know-about-cmss-fy-2026-proposed-rollbacks/.

and monitoring quality. Their clinical expertise, particularly in functional, psychosocial, and cognitive assessment, makes their input indispensable in shaping quality metrics that are clinically relevant and effective in improving outcomes. As central figures in care delivery and quality monitoring, nurses offer critical insights into how proposed measures translate into real-world practice.

Any new quality measures must be grounded in validated, reliable, and evidence-based tools to ensure accuracy and clinical relevance. Furthermore, CMS must ensure that all measures are provider-agnostic and broadly applicable across diverse care teams and settings, while still capturing the unique contributions of nursing. **ANA supports expanding all the proposed quality measures- as outlined below- and urges CMS to actively collaborate with nurses in the development and implementation of these tools, so that they render clinically relevant data**.

a) Nutrition and Well-being

Nutrition is a cornerstone of health and a long-standing focus of nursing assessment and care planning. Assessing and addressing nutritional status is essential for preventing complications and supporting recovery across all settings. ANA supports the inclusion of nutrition-related quality measures, provided they are based on validated and reliable tools that allow for consistent, person-centered assessment. Well-being is an equally important, though more complex, dimension of health. It encompasses physical, mental, and spiritual domains —and is inherently subjective. While ANA supports the exploration of well-being as a quality measure, any measure in this area must be based on empirically validated tools and be culturally sensitive and inclusive of diverse patient populations. **We ask CMS that these measures complement—not replace—existing SDOH-related measures.**

b) Fall-Related Injury

Falls are a major safety concern in home health, particularly for patients recently discharged from acute care, where fall risk is significantly heightened. Falls can result in serious, long-term consequences for patients and increased costs for the health system. Nurses play a critical role in fall risk assessment, prevention, and post-fall management. **ANA supports the inclusion of fall-related injury measures in the HH VBP Program, as they directly reflect the quality, safety, and coordination of care— especially nursing care.**

c) Cognitive Function

Cognitive health is essential for medication management, self-care, and safe living in the home environment. Nurses routinely assess cognitive function and use these insights to guide individualized care plans. Measures focused on cognitive function are highly relevant to nursing practice and essential for identifying patients at risk for adverse outcomes. CMS should ensure that any new cognitive-focused measures are practical for routine implementation and reflective of real-world care delivery. **ANA strongly supports the inclusion of cognitive function as a core quality measure.**

d) Interoperability

ANA commends CMS for its focus on strengthening interoperability to enhance care coordination, reduce administrative burden, and enable more connected, patient-centered care. However, interoperability must include standardized nursing data to ensure the visibility and utility of nursing assessments, interventions, and outcomes across the continuum of care.

To strengthen interoperability in meaningful ways, CMS should promote the adoption of standardized nursing data models and ensure interoperability is supported across all phases of care—assessment, planning, implementation, and evaluation.[16] Electronic health record systems must enable the structured and codified capture of nursing data, allowing it to be exchanged seamlessly across care settings. In addition, data exchange should integrate both clinical and SDOH information to support actionable, holistic care planning.

Greater interoperability that includes nursing data, will lead to several important benefits. It will improve care planning by providing more complete and accurate patient information, streamline documentation workflows to enhance nursing satisfaction, and support the development of a health learning system driven by nursing expertise. Importantly, it will also advance the integration of SDOH data by linking sociodemographic data with targeted clinical interventions tailored to the needs of diverse patient populations. **As such, ANA supports a new quality measure domain that includes interoperability.**

4) CMS must balance functional measures with outcome driven measures in the HH VBP and not obscure the role of the nurse in the Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

CMS proposes expanding the HH VBP model by adding new measures, including Medicare spending per beneficiary, and functional improvements in bathing and dressing. CMS is also proposing updates to the HCAHPS survey, which collects patient feedback on their home health care experiences. In the revised survey, CMS is proposing to include additional questions surrounding proposed care plan, care provided, and family and friend instructions and eliminating several questions related to medication and the type of staff that served the patient during home health visits. Together, these changes to the HH VBP and the HCAHPS survey denote CMS's shift towards a more comprehensive accountability by combining cost metrics with functional and patient-reported outcomes. **ANA supports the inclusion and expansion of these measures but asks CMS not to obscure the role of the nurse.**

Nurses play a central role in conducting functional assessments that CMS is proposing on expanding. Functional measures—such as those assessing bathing and dressing—are essential for understanding day-to-day care delivery and monitoring patient progress, especially in home health settings where preserving or improving functional independence is often a primary nursing goal.

[16]Standardization and interoperability of health information technology. American Nurses Association, Position Statement, June 11, 2014. https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/standardization-and-interoperability-of-health-information-technology/

While these measures capture important aspects of care processes and patient status, they are sometimes viewed as lower-level metrics because they do not directly reflect the effectiveness of clinical interventions. In contrast, outcome measures, though more challenging to capture, offer deeper insights into the true impact of care on patients' health and quality of life.

ANA urges CMS to strike a careful balance in the HH VBP model between functional and outcome-based measures, avoiding over-reliance on either type when determining performance or reimbursement. Similarly, **ANA asks that any revisions to patient surveys like HCAHPS ensure the critical contributions of nurses to care transitions and patient empowerment remain visible and well recognized.**

5) ANA supports the removal of the COVID-19 Vaccination Measure from the Home Health Quality Reporting Program.

CMS proposes to remove the patient/resident COVID–19 Vaccine Measure, citing that the costs associated with the measure outweigh the benefits of its continued use in the program, citing that this is no longer necessary now that the public health emergency has ended and vaccine recommendations have evolved. Providers were required to integrate the required Patient/Resident COVID–19 Vaccine OASIS item into their assessment instrument and ensure accurate assessment for all their patients. While ANA believes that all health care providers should be vaccinated in line with the most current Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices recommendations,[17] we do not believe that public reporting of the patient or resident COVID-19 vaccination rates is an appropriate tool to assess the quality of home health care performance. **As such, ANA supports the removal of the COVID-19 vaccination measure.**

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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cc: Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, ANA President
Angela Beddoe, ANA Chief Executive Officer

[17] Immunizations. American Nurses Association, Position Statement, May 9, 2023. https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/immunizations/