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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; Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Federal Fiscal Year 2026 and Updates to the IRF Quality Reporting Program

Dear Secretary Kennedy,

The American Nurses Association (ANA) is pleased to submit the following comments in response to the above-captioned rule. ANA supports the Centers for Medicare & Medicaid Services' (CMS') goals for increasing access to care and creating a healthier public.

While we appreciate CMS' thoughtful proposals, ANA urges the agency to consider our comments on the following as it finalizes this rulemaking:

- vaccination coverage measures
- social determinants of health and health equity
- development of well-being, nutrition, and delirium quality measures

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 well-being 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 various direct care, care coordination, administrative, and leadership roles across the full spectrum of healthcare settings. RNs provide and coordinate patient care, educate patients and the public about health conditions, including essential self-care, and provide advice and emotional support to patients, their families, and caregivers.

Nurses are critical to a robust healthcare system. Nurses meet the needs of patients and provide quality care that leads to better health outcomes for all populations. Moreover, nurses are critical to coordinated care approaches for Medicare beneficiaries in all settings, including inpatient rehabilitation facilities (IRFs). Person-centered care coordination is a core professional standard for all RNs and is central to nurses' long-time practice of providing holistic and person-centered care.
We appreciate the agency's thoughtful consideration of our comments.

1. **CMS should remove the COVID-19 vaccination quality reporting measures from the IRF Quality Reporting Program (QRP).**

As part of the IRF QRP, the COVID-19 Vaccination Coverage among Healthcare Personnel measure (HCP COVID-19 measure) requires Medicare IRFs to report monthly COVID-19 vaccination data for healthcare personnel (HCP). In the above-captioned rule, CMS proposes to remove the HCP COVID-19 measure from the IRF QRP, citing that the costs outweigh the benefit of its continued use. While ANA believes that HCP should be vaccinated in line with the most current Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices recommendations,[1] we do not believe that public reporting of HCP COVID-19 vaccination rates is an appropriate tool to assess the quality of IRF's performance. ANA originally urged against the inclusion of the HCP COVID-19 measure for Medicare IRFs.[2] **As such, we support CMS' proposal to remove the HCP COVID-19 measure from the IRF QRP.**

The agency is right to remove the HCP COVID-19 measure from the IRF QRP, since the COVID-19 public health emergency (PHE) formally expired on May 11, 2023.[3] Once the COVID-19 PHE was over, CMS withdrew COVID-19 vaccine requirements for HCP, effective June 5, 2023.[4] IRF quality metrics and reimbursement should not be evaluated based on what percentage of HCP are vaccinated against a disease for which CMS no longer explicitly has a vaccination mandate. Due to the administrative burden, the financial costs, the end of the COVID-19 PHE, and the CMS' 2023 withdrawal of COVID-19 vaccination requirements, it is only right to remove the HCP COVID-19 measure from the IRF QRP at this time. **ANA urges CMS to finalize its proposal to remove the HCP COVID-19 measure.**

Additionally, CMS proposes removing the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID-19 Vaccine) measure from the IRF QRP. Patients typically go through multiple levels of care before being admitted into an IRF. Although ANA recognizes the public health and educational importance of collecting and reporting patient/resident COVID-19

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[1] American Nurses Association. (2018, June 13). Immunizations—ANA Position Statement. ANA. https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/immunizations/

[2] American Nurses Association. (2021, June 4). Re: Medicare Program; Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Federal Fiscal Year 2022 and Updates to the IRF Quality Reporting Program [CMS-1748-P]. https://www.nursingworld.org/globalassets/docs/ana/comment-letters/anacomments_irfpps_final-2021-06-04.pdf

[3] Assistant Secretary for Public Affairs (ASPA). (2023, December 15). COVID-19 Public Health Emergency [Page]. US Department of Health and Human Services. https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html

[4] Centers for Medicare & Medicaid Services. (2023, June 5). Medicare and Medicaid Programs; Policy and Regulatory Changes to the Omnibus COVID-19 Health Care Staff Vaccination Requirements; Additional Policy and Regulatory Changes to the Requirements for Long-Term Care (LTC) Facilities and Intermediate Care Facilities for Individuals With Intellectual Disabilities (ICFs-IID) To Provide COVID-19 Vaccine Education and Offer Vaccinations to Residents, Clients, and Staff; Policy and Regulatory Changes to the Long Term Care Facility COVID-19 Testing Requirements. Federal Register. https://www.federalregister.gov/documents/2023/06/05/2023-11449/medicare-and-medicaid-programs-policy-and-regulatory-changes-to-the-omnibus-covid-19-health-care

vaccination data, we do not believe that the IRF is the appropriate care setting to capture patient/resident COVID-19 vaccination data. **Therefore, CMS should finalize its proposal to remove the Patient/Resident COVID-19 Vaccine measure from the IRF QRP.**

2. **CMS must retain the Standardized Patient Assessment Data Elements under the Social Determinants of Health category.**

CMS is proposing to eliminate four key Social Determinants of Health (SDOH) Standardized Patient Assessment Data Elements in the FY2028 IRF QRP—one for Living Situation (R0310), one for Utilities (R0330), and two for Food (R0320A and R0320B). CMS cites administrative burden and cost concerns as reasons for this decision. However, the removal of these measures would represent a significant step backward in national efforts to improve health outcomes by addressing non-medical factors that contribute to patient well-being. **ANA urges CMS to reconsider this proposal and maintain its commitment to providing patient centered care by retaining SDOH measures in the IRF QRP.**

Addressing the social needs of patients is not a burden, it is essential to deliver high-quality, ethical, and cost-effective care, especially in rehabilitation settings as patients are typically transitioning back to the community after a major surgery, stroke, or injury. If a patient's basic needs are not met, they are less able to engage in therapy or follow a recovery plan. Recognizing a patient's SDOH allows health care providers to take a more holistic approach to discharge planning to allow for more successful transitions.

Research has shown 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.[5] 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. When practitioners have a full picture of a patient's circumstances, they can proactively assess these risks and intervene earlier to improve outcomes.[6] Thus, collecting and acting on this data is critical for improving person-centered care quality, reducing health care costs and utilization, addressing differences in patient outcomes, and driving cost-effective care delivery.[7] Research shows that more than one-third of Medicare and Medicaid beneficiaries have at least one social need.[8] Integrating SDOH assessments into care delivery improves outcomes and offers a compelling return on investment, both clinically and financially.[9]

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[5] Tiase, V., Crookston, C. D., Schoenbaum, A., & Valu, M. (2022). Nurses' role in addressing social determinants of health. Nursing2025, 52(4), 32. https://doi.org/10.1097/01.NURSE.0000823284.16666.96
[6] Magoon, V. (2022). Screening for Social Determinants of Health in Daily Practice. Family Practice Management, 29(2), 6–11. www.aafp.org/pubs/fpm/issues/2022/0300/p6.html.
[7] Sandhu, S., Liu, M., & Wadhera, R. (2022). Hospitals and Health Equity—Translating Measurement into Action. New England Journal of Medicine, 387(26). https://doi.org/10.1056/NEJMp2211648
[8] Counsell, S. R., Callahan, C. M., Tu, W., Stump, T. E., & Arling, G. W. (2009). Cost Analysis of the Geriatric Resources for Assessment and Care of Elders Care Management Intervention. Journal of the American Geriatrics Society, 57(8), 1420–1426. https://doi.org/10.1111/j.1532-5415.2009.02383.x
[9] Nikpay, S., Zhang, Z., & Karaca-Mandic, P. (2024). Return on investments in social determinants of health interventions: What is the evidence? Health Affairs Scholar, 2(9). https://doi.org/10.1093/haschl/qxae114

Nurses are often the primary staff conducting SDOH screenings as part of the IRF admission and assessment process, making nurses uniquely positioned to incorporate this critical information into care planning. In fact, integrating social needs into patient care is a professional and ethical obligation for nurses, reflected in the Code of Ethics for Nurses.[10]

While ANA supports the Administration's focus on clinical outcomes, achieving truly person-centered care requires hospitals to collect key data—particularly around SDOH—that fundamentally shape those outcomes. **Therefore, ANA encourages CMS to retain these four SDOH Standardized Patient Assessment Data Elements and further requests CMS to incentivize ways IRFs can integrate SDOH measures that center around the practitioners who are on the frontline of care delivery and assessment.**

3. **CMS must involve nurses in the development of the well-being, nutrition, and delirium measures for any quality reporting program.**

CMS is seeking input for quality measure concepts of well-being, nutrition, and delirium for patients within the IRF setting. **ANA supports the inclusion of quality measures related to well-being, nutrition, and delirium, in addition to, and not supplanting, capturing SDOH measures.**

We urge CMS to work closely with nurses to ensure that the collection of sociodemographic data is balanced with the provision of person-centered care, as the agency determines which measures and processes will be utilized to collect non-medical risk factors. CMS cites well-being as a comprehensive approach to disease prevention and health promotion, as it integrates mental and physical health. Well-being is difficult to conceptualize and measure, since it is the subjective sum of many personal and social domains. Any inclusion of well-being as a quality measure should integrate empirically validated data for different populations and should not supplant existing SDOH measures. Assessing nutritional status has long been a core component of nursing practice, as it plays a vital role in delivering person-centered care and improving health outcomes. ANA supports the use of valid and reliable tools to evaluate nutritional status. Finally, since frontline nurses are in direct contact with patients 24 hours per day and seven days a week, nurses need to drive delirium prevention. ANA supports tools to assess delirium, with the understanding that the best prevention protocol simply consists of high-level nursing care.[11]

The inclusion of well-being, nutrition, or delirium as quality measures should integrate empirically validated tools. Nurses are ready and able to lead efforts that integrate well-being, nutrition, and delirium data into innovative care models. **Increasing nurses' involvement in data collection and decision-making related to new quality measures will help ensure that healthcare delivery remains effective, efficient, and centered on the whole patient.** As CMS determines which measures and processes will be used to collect non-medical risk factors, we urge the agency to work closely with nurses to ensure that the collection of sociodemographic data is balanced with the delivery of person-centered care.

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[10] American Nurses Association. (2025). 2025 Code of Ethics for Nurses. ANA. https://codeofethics.ana.org/home

[11] American Nurses Association. (2016, October 27). Prevention best practices: Delirium prevention strategies [PDF]. https://www.nursingworld.org/globalassets/practiceandpolicy/innovation--evidence/prevention-best-practices-wg10272016.pdf

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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Chief Nursing Officer

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