

May 28, 2024

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue SW  
Washington, DC 20201

Submitted electronically to [www.regulations.gov](http://www.regulations.gov)

**Re: Medicare Program; FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements**

Dear Secretary Becerra:

The American Nurses Association (ANA) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) Fiscal Year 2025 proposed rule for hospice payment. Our comments address proposals aimed at improving equity in Medicare's hospice program. In addition, ANA urges CMS to include additional time for nurse training, when calculating the cost burden for assessments with the new assessment tool, Hospice Outcomes and Patient Evaluation (HOPE).

**1. Finalize proposed provisions to reduce health inequities while addressing gaps in quality for all Medicare hospice beneficiaries.**

ANA firmly supports the continued integration of health equity initiatives throughout CMS programs, and those tailored to improve health equity and experience for hospice patients. Delivering equitable care has long been an ethical imperative for the nursing profession. Nurses embrace diversity and engage in equity-focused care, while working to remove unconscious biases to effectively promote meaningful patient-centered outcomes. Ultimately, nurses are key in designing, directing, and delivering care that appropriately meets the needs of patients, improves access to needed care, promotes positive outcomes, and reduces disparities. Hospice nurses, in addition to providing quality care, often serve as advocates for their patients and families, and are best positioned to identify inequities that present barriers to desired outcomes. When supported in their work, nurses are equipped to utilize this information to fashion appropriate interventions to alleviate the impact of health-related social needs.

ANA appreciates the agency's focus on equity through this rulemaking as the agency examines the possible inclusion of screening for social determinants of health (SDOH) and revisions in the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey of patient experience. We believe collecting SDOH data and revised CAHPS data, as proposed, would encourage improvements at the provider level, and could potentially inform future programs and policies to address inequities in hospice care.

We note that nurses, appropriately, would be the likely staff to collect and document this information for individual patients. As nurses coordinate care and coach their patients, they are best positioned to identify the most common socioeconomic and sociodemographic barriers their patients face. Nurses are

key partners in CMS' effort to ensure that quality measures truly capture the needs of all patients and provide the highest quality care for the best value.

While ANA supports seeking approaches to quantify disparities faced by patients, we urge the agency to balance any reporting requirements so as not to create an undue administrative burden on clinicians—especially nurses. An overly burdensome reporting approach may impact the critical relationship between the nurse and patient by interfering in the ability of the nurse to truly ascertain the needs and challenges faced by their patients. Quantifying health care disparities and barriers faced by patients is extremely nuanced due to the sensitive nature of this issue, especially in hospice care. Patients might be hesitant to fully disclose their individual situations if they feel disconnected from the nurse tasked with collecting data. Any reporting requirements must preserve the ability of the nurse to use a patient- and family-centered approach that allows for natural interactions to better reveal a patient's circumstances. As such, we urge CMS to work closely with nurses to ensure that collecting sociodemographic data is balanced with the provision of whole person care as the agency determines which measures and processes will be utilized to address health care disparities and advance health equity.

We continue to call on CMS to seek out and incorporate nurses' clinical expertise and compassion as they work to advance health equity, as recommended in the Institute of Medicine's Future of Nursing 2020-2030 report, *Charting a Path to Achieve Health Equity*.<sup>1</sup> Some of the recommendations in the report call on government agencies and other stakeholders to take action that allow nurses to comprehensively address social determinants of health across care settings, allow nurses to practice to the top of their license, support the mental well-being of nurses and ensure a robust and diverse workforce ready for future challenges, and implement payment strategies that support addressing patients' social needs and health equity challenges. The report also specifically calls on CMS, with other federal agencies, to convene nurses and other key stakeholders to work together to identify research areas and other evidence-based approaches that examine the impact of nursing services on patients' health and nurses' well-being. CMS should look to this work as the agency continues its focus on advancing health equity through policies and programs.

## **2. Recognize Nurse Training Time in HOPE Implementation Efforts**

ANA acknowledges the reporting shift from the Hospice Item Set (HIS) to assessments with the new HOPE assessment tool. We appreciate the efforts to determine the amount of time for nursing staff to complete the three HOPE timepoints and utilize this data to determine the annual time and cost burden. However, the calculations do not recognize the additional time required for nurse training as HOPE is implemented in CY2025. We request that you include this in an updated formula when calculating the cost burden in your final rule.

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 on health care issues that affect nurses and the public. ANA members also include the four 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

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<sup>1</sup> National Academy of Medicine. The Future of Nursing 2020-2030. <https://nam.edu/publications/the-future-of-nursing-2020-2030/>

coordination, and administration leadership roles, across the full spectrum of health care 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.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with HHS. Please contact Tim Nanof, Vice President, Policy and Government Affairs, at (301) 628-5166 or [Tim.Nanof@ana.org](mailto:Tim.Nanof@ana.org), with any questions.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN  
Chief Nursing Officer/EVP

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