



8403 Colesville Road, Suite 500  
Silver Spring, MD 20910  
+1 (301) 628.5000  
[ana.org](http://ana.org)

January 29, 2026

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

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

**RE: Medicare and Medicaid Programs; Repeal of Minimum Staffing Standards for Long-Term Care Facilities [CMS-3442-IFC]**

Dear Administrator Oz,

The American Nurses Association (ANA) strongly urges the Centers for Medicare & Medicaid Services (CMS) to fully exercise its regulatory authority and responsibility to ensure safe and adequate staffing in long-term care (LTC) facilities. We recognize that CMS is rescinding this rule partly due to the moratorium that was included in the *One Big Beautiful Bill Act of 2025*<sup>1</sup>, however congressional action should not result in the rule being rescinded in its entirety. ANA strongly supported CMS's May 2025 final rule establishing minimum nurse staffing requirements for nursing homes as a foundational and long-overdue policy to improve care quality, save lives, stabilize the LTC workforce, and ensure accountability for the use of federal dollars. For these reasons, ANA strongly opposes CMS's decision to rescind significant portions of the LTC minimum nurse staffing rule. Absent these requirements, ANA is deeply concerned that nurses in LTC settings will continue to face unsafe staffing conditions that undermine their ability to deliver high-quality, resident-centered care and jeopardize resident safety.

ANA is the premier organization representing the interests of the nation's over 5 million Registered Nurses (RN) 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

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<sup>1</sup> Public Law 119-21, An act to provide for reconciliation pursuant to title II of H. Con. Res. 14, July 4, 2025.

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.

**As detailed below, ANA strongly opposes eliminating the minimum staffing standard for the LTC rule and insists that, at a minimum, the 24 hour a day, 7 days a week (24/7) RN requirement be preserved, to ensure resident safety and quality of care.**

**1. CMS must not rescind the LTC minimum nurse staffing rule.**

ANA is deeply concerned by CMS's intention to rescind the minimum staffing standards for LTC facilities. The original regulation reflected CMS's recognition that adequate staffing is essential to resident safety and high-quality care<sup>2</sup>, and it signaled a meaningful commitment to strengthening oversight in LTC settings. As the nation's aging population grows and LTC nurses continue to face difficult work environments, ensuring safe, consistent staffing levels across facilities is more critical than ever. Stabilizing the nursing workforce—particularly in LTC settings, where heavy workloads, burnout, and retention challenges are widespread—is fundamental to maintaining access to care and improving resident outcomes. CMS was right to establish minimum staffing standards for nurses, and preserving those requirements remains vital to protecting residents and supporting the workforce that cares for them.

CMS has the statutory authority and responsibility to operationalize staffing standards through its oversight authority, using consistent surveyor guidance and penalties for chronic noncompliance. Through its Conditions of Participation, survey and certification authority, quality reporting, enforcement mechanisms, and data transparency tools, CMS already establishes the conditions under which LTC facilities may participate in Medicare and Medicaid.

Critiques of the original regulation expressed concern over CMS's authority to implement staffing requirements. ANA holds that CMS in fact has that authority and responsibility. Having an RN on site 24/7, was therefore not an expansion of CMS authority, but a necessary and appropriate exercise of existing oversight powers to protect resident safety and support the nursing workforce. CMS can and should prioritize oversight of facilities that fail to make progress toward maintaining adequate RN coverage, including the presence of an RN on site 24/7, which is essential to clinical decision-making, supervision of care delivery, and timely response to resident condition changes.

In LTC settings—where residents have complex, chronic, and often unstable conditions—the presence of skilled nursing is not optional; it is the core of what makes these facilities “skilled.” All too often in LTC facilities, nurses are viewed as a cost to be minimized rather than as professional human capital whose expertise makes the entire system function, framing completely misaligned

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<sup>2</sup> Medicare and Medicaid Programs; Minimum Staffing Standards for Long- Term Care Facilities and Medicaid Institutional Payment Transparency Reporting. 89 Fed. Reg. 40,876 (May 10, 2024)

with resident needs and the federal dollars spent on care. As a result, staffing decisions are led by financial incentives rather than resident care and acuity.<sup>3</sup>

Moreover, every year more than 100,000 nurses<sup>4</sup> leave the workforce due to stress, burnout, and unsafe work environments. Claims that minimum staffing standards cannot be met due to a shortage of nurses ignore the reality that unsafe and inadequate working conditions—not workforce supply—are the primary drivers of nurse attrition in LTC settings, including low wages, poor job quality, excessive workloads, high turnover, and unsafe work environments.<sup>5,6,7,8</sup> Additionally, studies repeatedly link RN staffing levels and work environment quality to nurse retention and resident outcomes, including job satisfaction, burnout, turnover, quality of life, and the delivery of high-quality, resident-centered care. Minimum staffing requirements are one approach to mitigate these challenges that nurses face in the workplace.

CMS's original requirement for continuous RN coverage reflects the agency's intent that 24/7 RN presence is fundamental to resident safety and quality of care, with evidence consistently demonstrating that increased RN hours improve clinical outcomes. 24/7 RN is not only vital for clinical decision-making but also for supporting the interdisciplinary care team, providing appropriate scope of practice oversight for Licensed Practical Nurses / Licensed Vocational Nurses (LPNs/LVNs) and Nurses' Aides (NAs), and ensuring that facilities consistently meet the definition and expectations of skilled nursing services.

It is critical that CMS exercise its statutory authority to ensure that LTC facilities under their purview maintain safe staffing standards for nurses. **As such, ANA urges CMS to maintain the minimum nurse staffing standards for LTC facilities and not to rescind the final staffing rule.**

## **2. Should CMS rescind the LTC staffing rule, they must at a minimum uphold the requirement for facilities to have a RN onsite 24/7.**

ANA was encouraged that CMS included the requirement for an onsite RN 24/7 in LTC facilities in the original regulation—we have long called on the agency to adopt such a requirement. LTC facilities serve millions of residents, many with complex, chronic, and unstable conditions

<sup>3</sup> Centers for Medicare & Medicaid Services. (2023). *Nursing home staffing study: Comprehensive report* (Appendix) (June 2023). <https://edit.cms.gov/files/document/nursing-home-staffing-study-final-report-appendix-june-2023.pdf>

<sup>4</sup> National Council of State Boards of Nursing. (2024). NCSBN research highlights small steps toward nursing workforce recovery; burnout and staffing challenges persist. <https://www.ncsbn.org/news/ncsbn-research-highlights-small-steps-toward-nursing-workforce-recovery-burnout-and-staffing-challenges-persist>

<sup>5</sup> PHI. (2022). *Direct care workers in the United States: Key facts*. <https://www.phinational.org/wp-content/uploads/2022/08/DCW-in-the-United-States-2022-PHI.pdf>

<sup>6</sup> Centers for Medicare & Medicaid Services. (n.d.). *Provider Information* [Dataset]. Data.CMS.gov. <https://data.cms.gov/provider-data/dataset/4pq5-n9py> CMS

<sup>7</sup> White, E. M., Aiken, L. H., & McHugh, M. D. (2019). *Registered nurse burnout, job dissatisfaction, and missed care in nursing homes*. Journal of the American Geriatrics Society, 67(10), 2065–2071. <https://doi.org/10.1111/jgs.16051>

<sup>8</sup> Cho, E., Min, D., Heo, S. J., Lee, K., & Kim, H. (2023). *Effects of registered nurses' staffing levels, work environment, and education levels on nursing home residents' quality of life and nurse outcomes*. Journal of Clinical Nursing, 32(17–18), 6494–6503. <https://doi.org/10.1111/jocn.16689>

requiring 24/7 care. Continuous RN presence is essential to resident safety, timely clinical assessment, and effective oversight.

As described above, a facility cannot be considered “skilled” without a 24/7 RN, a point recognized by the National Academies of Sciences, Engineering, and Medicine in its recommendations to strengthen staffing standards in nursing homes.<sup>9</sup> Rescinding this requirement would reverse critical progress in improving nurse staffing, jeopardize resident outcomes, and undermine the stability of the LTC workforce.

ANA knows that having an RN in person and onsite 24/7 in LTC facilities is important for patient care quality and safety. LTC facilities require the active contributions and clinical expertise of RNs at all times to ensure the delivery of skilled care for residents. **For these reasons, we strongly urge CMS to retain the requirement for an onsite RN 24/7 in all LTC facilities.**

### **3. CMS must work with states to ensure oversight of safe staffing and resource workforce development efforts.**

If CMS continues with its intention to rescind the rule, ANA urges the agency to continue to work with states to oversee and provide federal resources to ensure the LTC facility nursing workforce is supported. Stabilizing the LTC workforce requires addressing persistent workforce challenges, including unsafe and unsustainable work environments. Strengthening the workforce pipeline further depends on targeted investments in nursing education, training as well as the removal of regulatory, practice barriers that prevent nurses from practicing to the full extent of their education and licensure. Accordingly, we urge CMS to use its oversight authority and collaborate with states to ensure consistent oversight of safe staffing standards and continue to invest federal resources to support recruitment, training, and retention within the LTC workforce.

In September 2025, CMS announced that the agency was moving forward with \$75 million in funding to support a long-awaited training program for nursing home staff. **We support CMS’s intent to invest in the LTC workforce and urge the agency to promote the campaign widely and provide clear guidance to state on how they can access the funding.**

Additionally, CMS should work with stakeholders to adopt payment methodologies that fully recognize the value that nurses, LPNs/LVNs, and NAs bring to resident care and health outcomes. Together, these efforts are critical to building and maintaining a resilient nursing workforce capable of meeting the nation’s current and future health care needs.

ANA and its constituent organizations continue to urge Health and Human Services and CMS to take strong, immediate action to ensure there is an RN, 24 hours a day, 7 days a week in LTC

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<sup>9</sup> National Academies of Sciences, Engineering, and Medicine. (2022). *The national imperative to improve nursing home quality*. The National Academies Press. <https://doi.org/10.17226/26526>

facilities and address the root causes of chronic staffing challenges—driven largely by unsafe work environments—not only in long-term care facilities but across the entire healthcare delivery system.

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

Sincerely,

Bradley Goettl, DNP, DHA, RN, FAAN, FACHE  
Chief Nursing Officer  
cc: Jennifer Mensik Kennedy, PhD, RN, NEA-BC, FAAN, ANA President  
Angela Beddoe, ANA Chief Executive Officer