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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 www.regulations.gov

RE: Medicare Program; FY 2026 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Program Requirements

Dear Administrator Oz,

The American Nurses Association (ANA) is pleased to submit the following comments in response to the above-captioned rule. ANA supports the Center for Medicare & Medicaid Services' (CMS') goals for increasing access to care and creating a healthier public through the proposed provisions. While we appreciate CMS' thoughtful proposals, ANA urges the agency to consider our comments on the following as it finalizes this rulemaking:

- face-to-face attestation
- implementation of the Hospice Outcomes and Patient Evaluation (HOPE)
- quality reporting measure concepts request for information

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.

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 for coordinated care approaches for Medicare beneficiaries in all settings, including hospice care settings. Providing holistic and person-centered care to patients is long central to nurses' practice and is a core professional standard for all RNs.

We appreciate the agency's thoughtful consideration of our comments.

1. **CMS must allow APRNs to both conduct and sign the face-to-face encounter attestation for hospice recertification**.

We commend CMS for its efforts to improve regulatory clarity. However, we respectfully urge CMS to revise the face-to-face attestation policy. APRNs—including NPs and clinical nurse specialists (CNSs)— **should be permitted to both perform and sign** the face-to-face attestation when they are the clinicians conducting the encounter, consistent with their scope of practice under state law.

APRNs are integral members of the hospice interdisciplinary team and frequently provide direct, ongoing care for patients approaching end of life. In many cases, they are the most appropriate and available clinicians to perform the face-to-face encounters, especially in underserved and rural areas. Yet under the current regulation, only physicians are permitted to sign the attestation—even when they did not perform the visit themselves. This results in **inefficient care coordination, delayed documentation, and an unnecessary administrative burden** on hospice providers.

Further, the recertification can be conducted just as successfully via telehealth as it can in person. The face-to-face requirement is a low-touch, administrative component of the recertification process intended to collect clinical information to determine continued eligibility. This makes it an excellent candidate for provision via telehealth technologies. The in-person requirement is burdensome on hospice providers, using valuable practitioner time commuting to patients' homes for administrative paperwork visits rather than visiting other patients who need critical and timely clinical care. This is especially true for providers operating in rural and high-traffic urban areas where the time spent on travel is measured in hours. By allowing telehealth flexibility, practitioners can spend more time delivering care and less time traveling between patient locations.[1] In line with the Administration's goal of increased efficiency, we encourage CMS to provide telehealth flexibility in the recertification process.

Allowing APRNs to sign the attestation would:

[1] National Coalition for Hospice and Palliative Care. 2025, March 7). '*Telehealth Flexibility for the Hospice Face-To-Face Recertification Visit - National Coalition for Hospice and Palliative Care*.2024'. Telehealth Flexibility for the Hospice Face-To-Face Recertification Visit - National Coalition for Hospice and Palliative Care. Accessed: May 2025.

- **streamline care delivery** by empowering the clinician who performs the encounter to also document it, improving accuracy and efficiency,
- **reduce provider burden** by eliminating redundant handoffs and paperwork while preserving appropriate physician oversight for hospice recertification decisions,
- **enhance access** to APRNs who often serve in regions with physician shortages, helping ensure timely compliance with face-to-face requirements,
- **maintain high standards of care** as APRNs are highly trained, licensed professionals who deliver care based on evidence-based guidelines and often have advanced hospice care training,
- **increase efficiency** of government finances, in line with the Administration's goal of increased efficiency, additionally we encourage CMS to provide telehealth flexibility in the recertification process.

For these reasons, **we strongly encourage CMS to revise the regulation to authorize APRNs, within their scope of practice, to both conduct and sign the face-to-face encounter attestation for hospice recertification**.

2. **CMS must implement the Hospice Outcomes and Patient Evaluation (HOPE) assessment tool.**

The HOPE Assessment Tool is a new tool for hospices designed to enhance patient evaluation and outcomes. It includes a set of demographics, screening, and clinical data elements that contribute to a comprehensive assessment of hospice patients. The tool aims to inform quality improvement initiatives, assist with care planning, and align with hospice care standards. CMS proposes to correct "a typographical error" in the regulations text at § 418.312(j) and restate that the HOPE requirements will be implemented starting October 1, 2025. ANA is pleased to see this correction as these assessments aid clinicians as they evaluate their patients. **As such, ANA supports CMS's continued plan to implement the HOPE Assessment Tool.**

3. **Quality reporting measure concepts request for information**

CMS is seeking input for quality measure concept feedback of well-being and nutrition.

CMS cites that well-being is a comprehensive concept that captures disease prevention and health promotion as it integrates mental and physical health. Well-being is difficult to conceptualize and measure as it is a subjective sum of many other personal and social domains. Any inclusion of well-being as a quality measure should require empirically validated tools for different populations and should **not** supplant any measures of SDOH. Assessing nutritional status has long been a core component of nursing practice, as it plays a vital role in delivering patient-centered care and improving health outcomes. ANA supports the use of valid and reliable tools to evaluate nutritional status for patients in the hospice care setting.

Nurses are ready and able to lead efforts that integrate well-being and nutritional data into innovative care models in hospice. Increasing nurse involvement in data collection and decision-making will help ensure effective, efficient, and patient-centered healthcare delivery. 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 patient-centered care. **ANA supports the inclusion of a quality measure related to well-being and nutrition in addition to capturing measures of SDOH and not supplanting them.**

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