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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; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF); Updates to the Quality Reporting Program (QRP) and Value-Based Purchasing (VBP) Program for Federal Fiscal Year 2026

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:

- removal of the Health Equity Adjustment (HEA) Measure and Social Determinants of Health (SDOH) quality measures,
- nursing staff turnover measure for the SNF VBP program,
- SNF 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 health care 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 in SNF. 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 retain provisions related to screening for SDOH and health equity data collection.**

ANA strongly supports the continued collection and integration of SDOH and health equity measures in CMS programs. We respectfully urge CMS not to eliminate these critical measures, but rather to enhance and support their implementation.

SDOH screenings—such as assessments for housing instability, food insecurity, economic stability, lack of transportation, economic hardship, 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. This is especially true in the long-term care setting, where research has shown a relationship between readmissions and patients in SNF settings.[2] When practitioners have a full picture of a patient's circumstances, they can proactively assess these risks and intervene earlier to improve outcome.[3] 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.[4,5]

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[1] Tiase, V., Crookstan, C.D., Schoenbaum, A., & Valu, M. (2022). Nurses' role in addressing social determinants of health. *Nursing, 52*(4), 32–37. https://doi.org/10.1097/01.NURSE.0000823284.16666.96

[2] Centers for Medicare & Medicaid Services. (2023). *Relationship between post-acute care setting, social determinants of health, and hospital readmission rates* [Infographic]. CMS.gov. https://www.cms.gov/files/document/relationship-between-post-acute-care-setting-social-determinants-health-and-hospital-readmission.pdf

[3]Magoon, V. (2022). Screening for social determinants of health in daily practice. *Family Practice Management, 29*(2), 6–11. https://www.aafp.org/pubs/fpm/issues/2022/0300/p6.html

[4] Liu, M., Sandhu, S., Joynt Maddox, K. E., & Wadhera, R. K. (2024). Health equity adjustment and hospital performance in the Medicare value-based purchasing program. *JAMA*, *331*(16), 1387–1396. https://doi.org/10.1001/jama.2024.2440

[5] Sandhu, S., Liu, M., & Whadera, R.K. (2022). Hospitals and health equity — translating measurement into action. *New England Journal of Medicine, 387*(26). https://doi.org/10.1056/NEJMp2211648

Nurses are uniquely positioned to lead this effort, as they are often the first point of care contact for patients. Incorporating social needs into care is both a professional responsibility and an ethical imperative, as outlined in the Nursing Code of Ethics.[6,7] The integration of social needs data can serve as a valuable tool for improving risk predictions in health care outcomes, supporting clinical decision making and mitigating harm to the patient.[8] When nurses screen for and respond to social needs, patients receive more personalized (holistic) care, improved discharge planning, and enhanced connections to community resources.

Moreover, research shows that more than one-third of Medicare and Medicaid beneficiaries have at least one social need, and aligning social needs data with care delivery can reduce per-patient costs by at least $1,400.[9] Integrating SDOH assessment into care delivery improves outcomes and offers a compelling return on investment, both clinically and financially.[10] Meaningful clinical improvements and cost savings from screening and referral of social needs have led to better medication adherence, blood pressure control, diabetes management as well as significantly less readmissions.[11,12,13]

Rather than removing SDOH-related measures, CMS should consider incentivizing SNFs and the long -term care system to fully implement them—transforming data into actionable care interventions and catalyzing healthcare innovation that integrate social service partners. Doing so aligns with the Administration's commitment to drive industry level progress, efficiency, prevention, and person-centered care, including priorities outlined in the Executive Order to Make America Healthy Again (MAHA), and the Center for Medicare and Medicaid Innovation (CMMI) center vision to test care models that leverage prevention.[14]

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[6] Centers for Medicare & Medicaid Services. (2023). *Accountable health communities (AHC) model evaluation: Second evaluation report.* https://www.cms.gov/priorities/innovation/data-and-reports/2023/ahc-second-eval-rpt

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

[8] Kumar, J., Tamminina, D., Joseph, N., Gamburg, R., Shaikh, J., Martin, C., Koumas, A., & Kumar, N. (2025). *The role of social determinants of health (SDoH) data in improving risk predictions* [Conference presentation]. ISPOR 2025 Conference, Montréal, Quebec, CA. 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

[9] 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

[10] 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

[11] Farley, J. F., & Pradeep, S. (2024). Potential benefits of incorporating social determinants of health screening on comprehensive medication management effectiveness. *Journal of Managed Care & Specialty Pharmacy*, *30*(11), 1217–1224. https://doi.org/10.18553/jmcp.2024.30.11.1217

[12] Farley, J. F., & Pradeep, S. (2024). Potential benefits of incorporating social determinants of health screening on comprehensive medication management effectiveness. *Journal of Managed Care & Specialty Pharmacy*, *30*(11), 1217–1224. https://doi.org/10.18553/jmcp.2024.30.11.1217

[13] Baker, M. C., Alberti, P. M., Tsao, T., Fluegge, T., Howland, R. E., & Haberman, M. (2021). Social determinants matter for hospital readmission policy: Insights from New York City. *Health Affairs, 40*(4). https://doi.org/10.1377/hlthaff.2020.01742

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

While we understand CMS's concerns about administrative burden, we emphasize that many healthcare organizations have already incorporated SDOH screening into admission processes and care coordination workflows.[15] Eliminating these measures without a transition plan could disrupt established care practices, undermine quality, and present ethical challenges.[16]

We urge CMS to continue its leadership in promoting health equity by:

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

Nurses are ready and able to lead this transformation. Their increased involvement in SDOH data collection, interpretation, and care planning is essential to building a more effective high quality healthcare system.

a) CMS must retain the SDOH Measures in the SNF QRP.

CMS is proposing to remove four items previously adopted as standardized patient assessment data elements under the SDOH category beginning with the FY 2027 SNF QRP: one item for living Situation, two items for food, and one item for utilities. CMS cites the administrative burden, reduced costs and balancing data collection requirements with quality of care, as reasons for this decision. However, as we note above, 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. **As such, ANA strongly opposes the elimination of these measures from the SNF QRP.**

b) CMS must not remove the Health Equity Adjustment (HEA) from the SNF VBP.

CMS is proposing to remove the HEA from the SNF VBP to provide clearer, more robust incentives for SNFs as they seek to improve their quality of care. As noted above, capturing health equity information is an essential step toward building a person-centered healthcare system and improving patient care quality—and one that fully recognizes and understands the central role of nurses in achieving that goal. **As such, ANA strongly opposes CMS' proposal to remove the HEA in the Hospital VBP Program. CMS must implement the nursing staff turnover measure for the skilled nursing facility VBP.**

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[15] Ferguson, D. (2025). *The undoing of SDoH reporting: What case managers need to know about CMS's FY 2026 proposed rollbacks.* Case Management Society of America. https://cmsa.org/the-undoing-of-sdoh-reporting-what-case-managers-need-to-know-about-cmss-fy-2026-proposed-rollbacks/

[16] Ferguson, D. (2025). *The undoing of SDoH reporting: What case managers need to know about CMS's FY 2026 proposed rollbacks.* Case Management Society of America. https://cmsa.org/the-undoing-of-sdoh-reporting-what-case-managers-need-to-know-about-cmss-fy-2026-proposed-rollbacks/

2. **CMS must implement the nurse staff turnover measure in the SNF VBP**

CMS is adopting the nursing staff turnover measure for the SNF VBP program beginning with the FY 2026 program year. The high rate of nursing staff turnover in SNFs is a longstanding concern in long-term care settings.[17] Poor working conditions—such as workplace violence, mandatory overtime, and unsafe staffing—are driving nurse turnover, resulting in workforce shortages in these settings. The largest previous study examining staff turnover found an average turnover rate of 56.2% for RNs, 53.6% for licensed practical nurses (LPNs), and 78.1% for certified nursing assistants (CNAs).[18] SNFs deliver a complex and unique set of services addressing medical, social, and psychological needs.[19] Improving nurse retention increases nursing expertise, which is essential for delivering complex and person-centered care in SNFs.[20] ANA continues to strongly support the implementation of CMS' rulemaking to establish minimum staffing standards in long-term care facilities and remains concerned that implementation of the standards is currently under legal and congressional threat. ANA urges the agency to safeguard enforceable, safe nurse staffing standards in long-term care.

ANA acknowledges the challenges in accurately capturing turnover data and encourages any proposal to account for regional variations in staffing shortages and organizational characteristics associated with high turnover rates. Publicly available nursing staff turnover data will help to identify approaches and incentivize changes to reduce turnover, while providing valuable new information for consumers, policymakers, payors, and other stakeholders. **ANA applauds CMS's inclusion of the nursing staff turnover measure.**

3. **CMS must engage with nurses as they consider well-being, nutrition and delirium measures in quality reporting programs.**

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

CMS cites that well-being is a comprehensive concept that captures disease prevention and health promotion and 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 integrate empirically validated tools for different populations and should **not** supplant existing measures of SDOH. Assessing nutritional status has long been a core component of nursing practice, as

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[17] Mueller, C., Bowers, B., Burger, S. G., & Cortes, T. A. (2016). Policy brief: Registered nurse staffing requirements in nursing homes. *Nursing Outlook, 64*(5), 507–509. https://www.nursingoutlook.org/article/S0029-6554%2816%2930119-1/fulltext

[18] Gandhi A, Yu H, Grabowski DC. High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information. Health Aff (Millwood). 2021 Mar;40(3):384-391. High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information - PMC

[19] Bergman, C. (2023). Nursing home staff turnover and the whole-of-person framework for staff retention. *JAMA Network Open, 6*(10). doi:10.1001/jamanetworkopen.2023.37827

[20] American Nurses Association (n.d.). *Nurse staffing task force.* Retrieved May 2025. https://www.nursingworld.org/test-landing/nurse-staffing-task-force/

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, RNs 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.[21]

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 person. 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. **ANA supports the inclusion of quality measures related to well-being, nutrition and delirium 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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cc: Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, ANA President
Angela Beddoe, ANA Chief Executive Officer

[21] American Nurses Association (n.d.) Delirium Prevention Strategies. Retrieved June 2025 from: prevention-best-practices-wg10272016.pdf