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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; FY 2026 Inpatient Psychiatric Facilities (IPF) Prospective Payment System – Rate Update

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
- removal of health equity and social drivers of health measures
- development of well-being, nutrition, and delirium quality measures
- appropriate nurse staffing as a measure for IPF star ratings

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 vital to a robust healthcare system. Nurses meet the needs of patients and provide high 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 psychiatric facilities (IPFs). Person-centered care coordination is a core professional standard for all RNs and is central to nurses' essential practice of providing holistic and person-centered care to patients.

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

1. **CMS should remove the COVID-19 Vaccination Coverage among Healthcare Personnel quality reporting measure.**

As part of the Inpatient Psychiatric Facilities Quality Reporting (IPFQR) program, the COVID-19 Vaccination Coverage among Healthcare Personnel measure (HCP COVID-19 vaccination measure) requires Medicare IPFs to report monthly COVID-19 vaccination data for healthcare personnel (HCP). In the above-captioned rule, CMS proposes to remove the HCP COVID-19 vaccination measure from the IPFQR, citing that the costs outweigh benefits 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 IPF's performance and originally urged against the inclusion of the HCP COVID-19 vaccination measure for Medicare IPFs.[2] **As such, we support CMS' proposal to remove the HCP COVID-19 vaccination measure from the IPFQR Program.**

Moreover, the agency is right to remove the HCP COVID-19 vaccination measure from the IPFQR program, since the COVID-19 public health emergency (PHE) formally expired on May 11, 2023,[3] and CMS withdrew COVID-19 vaccination requirements for HCP, effective June 5, 2023.[4] IPF 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 2023 CMS withdrawal of COVID-19 vaccination requirements, it is only right to remove the HCP COVID-19 vaccination measure from the IPFQR program at this time. **ANA urges CMS to finalize its proposal to remove the HCP COVID-19 vaccination measure.**

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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; FY 2022 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2021 (FY 2022) [CMS-1750-P]*. https://www.nursingworld.org/globalassets/docs/ana/comment-letters/anacomments_ipfpps_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

2. **CMS must retain the Facility Commitment to Health Equity, the Screening for Social Drivers of Health, and the Screen Positive Rate of Social Drivers of Health measures in the IPFQR program.**

CMS is proposing to remove the Facility Commitment to Health Equity measure, the Screening for Social Drivers of Health measure, and the Screen Positive Rate of Social Drivers of Health measure from the IPFQR program beginning with FY 2026 payment determination. The reasons CMS cites for proposed removal of these measures are that the costs associated with collecting or achieving a high score on these measures outweigh the benefits of their continued use in the IPFQR program. CMS further notes that the burden of collecting the measure outweighs its benefits, as they do not measure clinical outcomes directly. CMS wishes to focus directly on clinical outcomes and identify new metrics around prevention, nutrition, delirium, and well-being instead. **ANA strongly opposes the elimination of these health equity and social drivers of health measures from the IPFQR program**.

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 missed follow-up appointments, difficulty affording or adhering to medications, delayed care, poor chronic disease management, 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 healthcare costs and utilization, addressing differences in patient outcomes, and driving cost-effective care delivery.[7]

Nurses are uniquely positioned to lead this effort, as they are often the first care provider in IPFs that patients have contact with. Incorporating social needs into care is both a professional responsibility and an ethical imperative, as outlined in the Code of Ethics for Nurses.[8,9] 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, the integration of social needs data and assessments can serve as valuable tools for improving risk predictions in healthcare outcomes, supporting clinical decision making and mitigating harm to the patient.[10]

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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] Centers for Medicare & Medicaid Innovation. (n.d.). *Findings at a Glance Accountable Health Communities Model 2018–2021*. https://www.cms.gov/priorities/innovation/data-and-reports/2023/ahc-second-eval-rpt-fg

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

[10] Kumar, J., et al. (2025, May). *The role of social determinants of health (SDoH) data in improving risk predictions*. ISPOR. 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

Research shows that more than one-third of Medicare and Medicaid beneficiaries have at least one social need.[11] Integrating a patient's social drivers of health into care delivery improves outcomes and offers a compelling return on investment, both clinically and financially.[12]

Together, these three IPFQR measures—Facility Commitment to Health Equity, Screening for the Social Drivers of Health, and the Screen Positive Rate for the Social Drivers of Health—broadly evaluate facility-wide policies and leadership around access to care, capturing the percentage of patients who may be more vulnerable based on their personal social drivers of health. The removal of these existing measures would be a step backwards in data collection because social drivers of health and medical outcomes are closely tied. Rather than removing screenings for and measurements of social drivers of health, CMS should consider incentivizing hospitals and health systems to fully transform data into actionable care interventions and catalyze healthcare innovation that integrates 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 Establishing the President's Make America Healthy Again Commission[13] and the Center for Medicare and Medicaid Innovation's vision to test care models that leverage prevention to reduce program costs.[14] **Therefore, ANA encourages CMS to incentivize ways IPFs can integrate social drivers of health and health equity 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 well-being, nutrition, and delirium quality reporting measures.**

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

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 measures of the social drivers of health. Assessing nutritional status has long been a core component of nursing practice, as it plays a vital role in delivering person-centered care and

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[11] 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

[12] 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

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

[14] Sutton, A. (2025, May 13). *CMS Innovation Center strategy to make America healthy again*. CMS.gov. https://www.cms.gov/priorities/innovation/about/cms-innovation-center-strategy-make-america-healthy-again

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.[15]

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.

4. **CMS should consider appropriate nurse staffing as a metric to determine IPF star ratings.**

Medicare currently uses star ratings on Medicare.gov to summarize the performance of healthcare providers and certain types of health facilities. These star ratings help patients and caregivers understand care quality information about healthcare providers and certain types of facilities. Currently, there are no star ratings for IPFs. In the proposed rule, CMS seeks feedback through a request for information on structuring an IPF star rating and which measures to include. Given the strong correlation between nurse staffing and patient outcomes, CMS should consider appropriate nurse staffing as a factor in determining quality of care in IPF star ratings.

Evidence shows that appropriate nurse staffing contributes to both improved patient outcomes and greater satisfaction for patients and nurses.[16,17] Adequate nurse staffing levels are associated with reductions across mortality rates, length of patient stay, and preventable events.[18] Inadequate nurse staffing can cause major physical, emotional, and psychological stress on nurses and place great strain on the system overall, which can negatively impact the care that facilities and their providers give. Since appropriate staffing can reduce nurse fatigue and burnout, it can therefore improve nurse retention, thus increasing the nursing expertise in a facility.[19] Patients should be equipped with information about the quality of care at an IPF, and this includes nurse staffing levels. This is particularly important for IPFs, since surveys have shown behavioral health to be the nursing discipline with the highest RN turnover rate in 2024—the high turnover in psychiatric

[15] 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
[16] American Nurses Association. (2019, July 11). *Nurse Staffing*. ANA. https://www.nursingworld.org/practice-policy/nurse-staffing/
[17] American Nurses Association. (n.d.). *Shaping the Future—Nurse Staffing Task Force*. ANA. https://www.nursingworld.org/test-landing/nurse-staffing-task-force/
[18] American Nurses Association. (2017, October 24). *Nurse Staffing Crisis*. ANA. https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-crisis/
[19] American Nurses Association. (n.d.). *Shaping the Future—Nurse Staffing Task Force*. ANA. https://www.nursingworld.org/test-landing/nurse-staffing-task-force/

mental health nursing can be partially attributed to some of the stressors nurses face in IPFs, such as exposure to aggressive patients and increased risk of assault.[20,21]

Moreover, facilities are bound by the IPF Conditions of Participation (CoP) that detail specific staff requirements, including a standard for nursing services. While the requirement notes that nurse staffing levels must adequately meet the nursing needs for each patient's treatment program, the CoP does not fully define what constitutes adequate.[22] By actively assessing staffing at IPFs, CMS can better determine and hold facilities accountable for having inadequate nurse staffing levels. Facilities that do staff appropriately to meet the needs of patients and their treatment programs should be recognized in star rating metrics. Alternatively, for those that do not, CMS can use staffing level assessments to determine approaches for the facility to adopt to overcome staffing challenges. **ANA urges CMS to consider appropriate nurse staffing as a measure to assess IPF care quality.**

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

[20] NSI Nursing Solutions. (2025). *2025 NSI National Health Care Retention & RN Staffing Report*. https://www.nsinursingsolutions.com/documents/library/nsi_national_health_care_retention_report.pdf
[21] Johnson, C., Delaney, K. R., Cirpili, A., Marriott, S., & O'Connor, J. (2024). American Psychiatric Nurses Association Position: Staffing Inpatient Psychiatric Units. *Journal of the American Psychiatric Nurses Association*, *30*(5), 886–895. https://doi.org/10.1177/10783903231198247
[22] 42 C.F.R. § 482.62. Retrieved May 28, 2025, from https://www.ecfr.gov/current/title-42/part-482/section-482.62