August 10, 2026

Dr. Mehmet Oz
Administrator, Centers for Medicare and 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; CY 2027 Changes to the End-Stage Renal Disease (ESRD) Prospective Payment System, Acute Kidney Injury Dialysis (AKI) Payment, and ESRD Quality Incentive Program

Dear Administrator Oz,

The American Nurses Association (ANA) appreciates the opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) on the calendar year (CY) 2027 End-Stage Renal Disease (ESRD) Prospective Payment System, Acute Kidney Injury Dialysis Payment, and ESRD Quality Incentive Program proposed rule. ANA applauds the Administration's efforts to enable treatment availability for patients needing treatment for serious kidney illnesses. Nurses play an integral role in the treatment of ESRD and in the administration of dialysis. As such, we urge CMS to consider our comments on the following elements of the proposed rule:

- the removal of the COVID-19 Vaccination Coverage among Healthcare Personnel Measure,
- pediatric ESRD payment,
- the Dialysis Facility Discussion of Patient Life Goals Patient-Reported Outcome Performance Measure, and
- home dialysis workforce training and capacity.

ANA represents the interests of the nation's over 5 million registered nurses (RNs) through its constituent and state nursing associations, organizational affiliates, and individual members. ANA advances the nursing profession by championing nurses, fostering rigorous standards of nursing practice, promoting safe and ethical work environments, bolstering nurses' health and wellness, and advocating on the healthcare issues that impact both nurses and their patients. ANA seeks to ensure that nurses' voices, interests, and perspectives are represented and heard in policymaking discussions. Our membership consists of both RNs and Advanced Practice Registered Nurses (APRNs)—nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).

Nursing is a profession grounded in critical thinking, scientific rigor, and evidence-based practice. Nurses are central to the delivery of high-quality care across many settings and serve in essential direct care, care coordination, research, and administrative leadership roles. Nurses form the backbone of the American health care system, providing and coordinating care, educating patients and the public, and offering counsel and emotional support to patients and their families. As

the most trusted profession, nurses play a critical role in treating patients and influencing health behaviors.[1]

1. **CMS should finalize its proposal to remove the HCP COVID-19 measure from the ESRD Quality Incentive Program (QIP).**

As part of the ESRD QIP, the COVID-19 Vaccination Coverage among Healthcare Personnel measure (HCP COVID-19 measure) has required dialysis facilities treating Medicare patients to report monthly COVID-19 vaccination data for healthcare personnel (HCP). In the above-captioned rule, CMS proposes to remove the HCP COVID-19 measure from the ESRD QIP, citing the measure no longer aligns with current clinical guidance recommendations. ANA strongly believes that all HCP should be vaccinated according to current recommendations for immunization of HCP,[2] however, we do not believe that public reporting of HCP COVID-19 vaccination rates is an appropriate tool to assess the quality of dialysis facility performance. ESRD quality metrics and reimbursement should not be evaluated based on the percentage of HCP who are vaccinated against a disease for which CMS no longer explicitly has a vaccination mandate. As such, **ANA recommends that CMS finalize its proposal to remove the HCP COVID-19 measure from the ESRD QIP.**

Even though HCP COVID-19 vaccination rates are not an appropriate tool to assess the quality of dialysis facility performance, the immunization of HCPs involved in ESRD care remains essential to protecting both HCP and patients from infectious disease threats. In particular, patients with kidney disease experience dysfunction in both adaptive and innate immunity, which can result in increased susceptibility to infections and reduced vaccine responsiveness.[3] Therefore, it remains paramount that HCPs take measures where possible to reduce the risk of infectious disease transmission to their immunocompromised patients, even if the HCP COVID-19 measure is removed from the ESRD QIP as proposed.

2. **CMS should finalize its plan to establish permanent pediatric payment adjustments.**

As the temporary pediatric payment adjustments are set to expire in 2027, CMS proposes two permanent changes to modify payment adjustments for pediatric ESRD patients in the above-captioned rule. These two changes—updating the case-mix adjusters based on more recent cost data and applying the low-volume payment adjustments to treatments furnished to pediatric ESRD facilities that meet the low-volume criteria—are part of efforts to recognize the higher costs associated with providing dialysis services to pediatric patients. Dialysis care provided to children requires a level of specialized nursing care that differs significantly from administering dialysis in adults. For example, chronic dialysis can impair growth, so pediatric ESRD treatment must be designed to support normal growth, bone health, nutrition, brain maturity, and pubertal

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[1] Brenan, M. (2026, January 12). Nurses continue to lead in honesty and ethics ratings. Gallup. https://news.gallup.com/poll/700736/nurses-continue-lead-honesty-ethics-ratings.aspx

[2] American Nurses Association. (2025, September 12). *Immunizations* (Revised position statement). https://www.nursingworld.org/globalassets/docs/ana/immunization-position-statement.pdf

[3] Syed-Ahmed, M., & Narayanan, M. (2019). *Immune dysfunction and risk of infection in chronic kidney disease*. *Advances in Chronic Kidney Disease, 26*(1), 8-15. https://doi.org/10.1053/j.ackd.2019.01.004 Retrieved via PubMed: https://pubmed.ncbi.nlm.nih.gov/30876622/

development, thus requiring intense monitoring of developmental milestones that are not required in the treatment of adults.[4] Accordingly, fair and reliable Medicare payment for pediatric ESRD treatment is essential to ensuring continued access to dialysis care for pediatric patients and supporting the nursing workforce who care for pediatric ESRD patients. Therefore, **ANA encourages CMS to finalize its plan to establish these two permanent payment policies that account for the higher costs associated with providing dialysis treatment to pediatric patients.**

3. **CMS must design a life goals assessment tool that ensures minimal administrative burden.**

CMS is soliciting comments on the potential inclusion of the Dialysis Facility Discussion of Patient Life Goals Patient-Reported Outcome Performance measure (D-PaLS PRO-PM) in the ESRD QIP. The D-PaLS PRO-PM is a self-report survey capturing patient-reported experiences regarding life goal planning through six Likert-like scale questions, thus allowing for facility-level comparison of facility engagement in patient life goals discussions. Nurses' holistic approach to care and their standing as the most trusted profession enable them to have these difficult and often emotional conversations with patients and play a large role in life goal planning.[5]

However, the way that the D-PaLS PRO-PM measure is currently proposed could place an additional burden on providers for how they structure life goal discussions. Even though the administration of the life goals assessment tool would likely take minimal time away from providers due to being self-reported and its Likert-like scale, the inclusion of this scale system may risk changing the structure of these complex clinical conversations that are already taking place. Nurses must be able to hold complex medical conversations with patients in a way that properly conveys information and properly engages a patient, but with this new assessment, these life goal conversations could potentially become more rigid and overly long, so as to absolutely ensure that patients will choose the highest level on the scale. While it remains essential to align care delivery and needs with patient goals, the potential increase in unnecessarily longer conversations, just to make sure a patient is giving the highest rating, will take nursing time away from direct patient care. Therefore**, CMS must design, or implement, a life goals assessment tool in a way that ensures life goal conversations happen and encompass all necessary components but will not take time away from direct patient care.**

4. **CMS must strengthen and support the home dialysis nursing workforce.**

CMS solicits information on workforce development strategies to increase the availability of trained home dialysis nurses, particularly in rural and underserved areas. The dialysis nursing workforce is highly trained and therefore would benefit from investments in nursing education. First, CMS must work across sectors of the federal government and alongside state governments to ensure proper investment in nursing education. In 2025, U.S. baccalaureate and graduate nursing programs turned away over 90,000 applications as the result of faculty shortages, too few clinical

[4] Chua, A. N., & Warady, B. A. (2017). *Care of the pediatric patient on chronic dialysis*. *Advances in Chronic Kidney Disease, 24*(6), 388-397. https://doi.org/10.1053/j.ackd.2017.09.001
[5] Brenan, M. (2026, January 12). Nurses continue to lead in honesty and ethics ratings. Gallup. https://news.gallup.com/poll/700736/nurses-continue-lead-honesty-ethics-ratings.aspx

preceptors, limited clinical placements, insufficient classroom space, or budgetary constraints.[6] Investments into those sectors of nursing education, and in particular, faculty and preceptors, are imperative to strengthen the nursing workforce. If the current nurse faculty shortage grows, nursing school capacity could be further reduced which would exacerbate the overall nursing shortage that impacts all sectors of care, including home dialysis.[7] As such, CMS needs to work across federal government agencies to help ensure federal support, resources, loan forgiveness, and recognition for the nursing faculty and preceptors necessary to train the next generation of nurses.

Not only are investments in training the nursing workforce necessary, but CMS must also take steps to retain the nursing workforce by protecting both nurses' mental and physical health. Nurses face a variety of physical health threats caring for patients, ranging from the physical threat of treating communicable diseases with insufficient personal protective equipment or the large risk of workplace violence that nurses face. A 2019 ANA survey found that 1 in 4 nurses are physically assaulted at work.[8] The home-based nursing workforce, including the home dialysis nursing workforce, are in a particularly unique position, as the home setting has very few physical safety measures in place to protect nurses and far fewer witnesses or persons who can intervene in instances of workplace violence than in a dialysis center or hospital setting. **As such, CMS should create—and encourage other agencies to create—regulations that include workplace safety requirements for the home-based nursing workforce. These regulations must recognize that employers have a legal and ethical obligation under the Occupational Safety and Health Act to protect healthcare workers from recognized hazards, including workplace violence, occupational injuries, and unsafe home environments.** Doing so will help to hold employers accountable and protect the home dialysis nursing workforce.

We appreciate the opportunity to submit these comments and look forward to continued engagement with CMS. Please contact Tim Nanof, Executive Vice President, Policy and Government Affairs at ANA, 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, RN, NEA-BC, FAAN, ANA President
Angela Beddoe, ANA Chief Executive Officer

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[6] American Association of Colleges of Nursing. (2026, July). *Nursing shortage fact sheet*. https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Nursing-Shortage-Factsheet.pdf

[7] Lee, J. L., Logan, L., Pajarillo, E. J. Y., Esposito Kubanick, V. A., Brown, F., Jr., Kabigting, E.-N. R., Santee, R., Doria, J. B., Seibold-Simpson, S., & Bajwa, M. (2024). *Addressing the shortage of academic nurse educators: Enlisting public and business sectors as advocates*. *OJIN: The Online Journal of Issues in Nursing, 29*(2). https://ojin.nursingworld.org/table-of-contents/volume-29-2024/number-2-may-2024/shortage-of-academic-nurse-educators/

[8] American Nurses Association. (n.d.). *Workplace violence in nursing: Dangerous & underreported*. NursingWorld. https://www.nursingworld.org/practice-policy/work-environment/wpv/workplace-violence/