

May 27, 2026

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; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2027 and Updates to the IRF Quality Reporting Program

Dear Administrator Oz,

The American Nurses Association (ANA) appreciates the opportunity to provide input to the Centers for Medicare and Medicaid Services (CMS) on the federal fiscal year (FFY) 2027 proposed rule updating provisions for the inpatient rehabilitation facility (IRF) prospective payment system and the IRF quality reporting program. Inpatient rehabilitation care is typically delivered through interdisciplinary, team-based models that heavily rely on nurses, making nurses especially vital to IRFs^{1,2} Accordingly, CMS must consider the nursing perspective while finalizing its rulemaking and carrying out its goals of creating a healthier public and increasing access to care.

While we appreciate CMS' thoughtful proposals, ANA urges the agency to consider our comments on the following topics as it finalizes its rulemaking:

- interdisciplinary care teams,
- preadmission reporting of current functional status,
- revised deadlines for National Health Safety Network data submission, and
- quality measures regarding advanced care planning.

ANA represents the interests of the nation's over 5 million registered nurses (RNs) through its constituent and state member 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

¹ Gutenbrunner, C., Stievano, A., Stewart, D., Catton, H., & Nugraha, B. (2021). Role of nursing in rehabilitation. *Journal of Rehabilitation Medicine—Clinical Communications*, 4, jrmcc00063. <https://doi.org/10.2340/20030711-1000061>

² Association of Rehabilitation Nurses. (n.d.). *Role of the nurse on the rehabilitation team*. <https://rehabnurse.org/about/position-statements/role-of-the-nurse>

ensure that nurses' voices, interests, and perspectives are represented and heard in policymaking discussions. ANA's membership consists of both registered nurses (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 form the backbone of the American healthcare system and serve across full spectrum of healthcare settings in multiple direct care, care coordination, research, and administrative leadership roles. Nurses provide and coordinate patient care, educate patients and the public about self-care and various health conditions, and they offer counsel and emotional support to patients and their family members. As the most trusted profession, nurses play a critical role in treating patients and influencing health behaviors.³ **As such, we advise CMS to consider the nursing perspective in its rulemaking regarding payment for IRFs under the Medicare program.**

1. CMS should finalize revisions to § 412.622(a)(5) regarding interdisciplinary care teams.

Nurses are valuable members of interdisciplinary teams (IDTs), contributing to the success of IDTs in a variety of ways including, but not limited to managing complex medical issues, coordinating care, educating patients and caregivers, providing collaborative input, and establishing care plans.^{4, 5, 6, 7} In the proposed rule, CMS proposes revising § 412.622(a)(5) to change requirements for when a patient's initial IDT meeting occurs. The proposal would require the first IDT meeting to take place by the 4th day of admission, so as to align with the Plan of Care (POC) timeframe, instead of the current seven-day window. **ANA supports CMS' proposed change to § 412.622(a)(5), as it will allow more patients to experience the care benefits of IDTs earlier in their IRF stays.**

2. CMS should require "current functional status" documentation during preadmission screening.

CMS proposes to revise § 412.622(a)(4)(i)(B) to require that a patient's "current functional status" be documented in their preadmission screening in their medical record upon admission to an IRF. **ANA**

³ 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>

⁴ Centers for Medicare & Medicaid Services. (2026). 42 CFR § 412.622—Basis of payment. Electronic Code of Federal Regulations. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-412/subpart-P/section-412.622>

⁵ Campea, S., & Kim, I. J. (2024, March 11). Rehabilitation patient care teams and their functioning. *PM&R KnowledgeNow*. Retrieved April 29, 2026, from <https://now.aapmr.org/rehabilitation-team-functioning/>

⁶ Miller, E. L., Murray, L., Richards, L., Zorowitz, R. D., Bakas, T., Clark, P., & Billinger, S. A., on behalf of the American Heart Association Council on Cardiovascular Nursing and the Stroke Council. (2010).

Comprehensive overview of nursing and interdisciplinary rehabilitation care of the stroke patient: A scientific statement from the American Heart Association. *Stroke*, 41(10), 2402–2448.

<https://doi.org/10.1161/STR.0b013e3181e7512>

⁷ Association of Rehabilitation Nurses. (n.d.). *Role of the nurse on the rehabilitation team*.

<https://rehabnurse.org/about/position-statements/role-of-the-nurse>

supports this change, as a patient’s functional status can impact care planning and how many nurses are needed to take care of a patient. Information on current functional status would allow nurses and clinicians to obtain a better idea of a patient’s rehabilitation and improvement trajectory at admission, as well as allow the facility to better consider all of a patient’s needs. For example, functional impairments, such as dysphagia or incontinence, can increase a patient’s complexity and require time-intensive, labor-heavy responses or interventions, which can then pose a major impact on nursing workloads and adequate staffing.^{8, 9, 10} Therefore, documenting this information in the preadmission screening can be beneficial information for healthcare workers, facilities, and even the patients.

3. CMS should not finalize new National Health Safety Network data submission deadlines.

CMS invites comments on its proposal to revise certain National Health Safety Network (NHSN) data submission deadlines, beginning with the FFY 2029 IRF Quality Reporting Program (QRP). Under the proposal, the Catheter-Associated Urinary Tract Infection Outcome Measure (CAUTI) and the Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure (CDI) would require IRFs to submit NHSN data by the 15th day of the second month after the end of the calendar quarter. These new deadlines drastically reduce CAUTI and CDI reporting deadlines by approximately three months. According to CMS, facilities are advised by CDC to report CAUTI events “as close to the time of the event as possible.”¹¹ However, in reality, the timeline for *as close as possible* differs for each facility based on its staffing capacity, infection preventionist workload, and any potential data backlogs. While ANA appreciates CMS’ intent for faster NHSN data reporting, we caution that these shorter deadlines could pose difficulties for infection preventionists, particularly if their facility has a long backlog of reports or if their infection prevention team is understaffed. **As such, CMS should not finalize this proposal until it can ensure that infection preventionists at every facility receive the necessary support to meet shorter NHSN submission deadlines.**

4. CMS should adopt auditable advanced care planning quality measures that reflect the work of nurses.

⁸ Mandl, M., Halfens, R. J. G., & Lohrmann, C. (2015). Incontinence care in nursing homes: A cross-sectional study. *Journal of Advanced Nursing*, 71(9), 2142–2152. <https://doi.org/10.1111/jan.12676>

⁹ Seedat, J., & Strime, N. (2021). “Finishing that plate of food ...”: The role of the nurse caring for the patient with dysphagia. *South African Journal of Clinical Nutrition*. <https://doi.org/10.1080/16070658.2021.1940717>

¹⁰ Nielsen, A. H., Kaldan, G., Nielsen, B. H., Kristensen, G. J., Shiv, L., & Egerod, I. (2023). Intensive care professionals’ perspectives on dysphagia management: A focus group study. *Australian Critical Care*, 36 (4), 528–535. <https://doi.org/10.1016/j.aucc.2022.04.004>

¹¹ Centers for Medicare & Medicaid Services. (2013, August 6). Medicare program; inpatient rehabilitation facility prospective payment system for federal fiscal year 2014. *Federal Register*, 78(151), 47860–47934. <https://www.federalregister.gov/d/2013-18770/p-679>. (para. 679).

CMS is soliciting information on quality measures for advanced care planning as part of the IRF Quality Reporting Program (QRP). **ANA strongly supports future inclusion of advanced care planning in the IRF QRP, as advanced care planning is both a crucial and an incredibly involved portion of patient care.** Effective advanced care planning is a longitudinal process that focuses on preparing patients and/or their surrogate decision makers for healthcare decision making across the illness and recovery trajectory, rather than as a one-time event or decision at admission or at end-of-life.¹² Advanced care planning requires an interdisciplinary team, and nurses are often in the ideal position to lead these conversations because they spend the most time with patients.^{13, 14}

Nurses already play a key role in advanced care planning, whether it be contacting the appropriate specialist, documenting updated advanced directives, connecting patients to relevant at-home health supports for after discharge, ensuring patients are informed of their rights, guaranteeing that patients' decisions are respected, or even engaging in frequent conversations with patients and families.^{15, 16} Any advanced care planning quality measures should incorporate these conversations, steps, and actions carried out by nurses and other healthcare workers. The importance of advanced care planning quality measures that capture these conversations is underscored by the National Quality Forum's endorsement of clinical quality measures that assess the percentage of patients with documented advanced care plans or surrogate decision makers, or documentation of discussions when patients elect not to identify either.¹⁷

CMS should prioritize IRF QRP advanced care planning measures that are auditable and derived from a patient's electronic health records and claims-based data. Examples of auditable quality measures for advanced care planning include the following: identification and engagement of surrogate decision makers; documented conversations regarding care goals with patients and their surrogate decision makers; and alignment between the patient's documented preferences and the treatments provided. However, before implementing these measures, **CMS must ensure that**

¹² McMahan, R. D., Hickman, S. E., & Sudore, R. L. (2024). *What clinicians and researchers should know about the evolving field of advance care planning: A narrative review.* **Journal of General Internal Medicine**, *39*(4), 652–660. <https://doi.org/10.1007/s11606-023-08579-5>

¹³ Resendes, J. (2024, March 1). *The nurse's role in advance care planning.* **American Nurse Journal.** <https://www.myamericannurse.com/the-nurses-role-in-advance-care-planning/>

¹⁴ Ke, L.-S., Huang, X., O'Connor, M., & Lee, S. (2015). Nurses' views regarding implementing advance care planning for older people: A systematic review and synthesis of qualitative studies. *Journal of Clinical Nursing*, *24*(15–16), 2057–2073.

<https://onlinelibrary.wiley.com/doi/10.1111/jocn.12853?msocid=115e86913ec46a3d13bd93ff3f966bd6>

¹⁵ Ke, L.-S., Huang, X., O'Connor, M., & Lee, S. (2015). Nurses' views regarding implementing advance care planning for older people: A systematic review and synthesis of qualitative studies. *Journal of Clinical Nursing*, *24*(15–16), 2057–2073.

<https://onlinelibrary.wiley.com/doi/10.1111/jocn.12853?msocid=115e86913ec46a3d13bd93ff3f966bd6>

¹⁶ Resendes, J. (2024, March 1). *The nurse's role in advance care planning.* **American Nurse Journal.** <https://www.myamericannurse.com/the-nurses-role-in-advance-care-planning/>

¹⁷ Centers for Medicare & Medicaid Services. (2020). *2020 measure 047 MIPS CQM: Advance care plan.* https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_047_MIPSCQM.pdf

nurses and clinical staff have the time, resources, training, and education required to chart all parts of advanced care planning accordingly for accurate data collection. Finally, ANA urges CMS to include nurses in the conversations regarding the creation of IRF QRP advanced care planning measures, and we encourage CMS to adopt auditable advance care planning IRF QRP measures that reflect clinically meaningful processes, outcomes, and the role that nurses play in advanced care planning.

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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