



A Passionate Voice for Compassionate Care

February 2, 2026

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Room 445-G Herbert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS-3442-IFC: Medicare and Medicaid Programs; Repeal of Minimum Staffing Standards for Long-Term Care Facilities (90 Fed. Reg. 55687, December 3, 2025)

Dear Dr. Oz:

On behalf of the Catholic Health Association of the United States (CHA) I write in support of the interim final rule *Medicare and Medicaid Programs; Repeal of Minimum Staffing Standards for Long-Term Care Facilities* rescinding the nurse staffing standards for Medicare- and Medicaid-certified long-term care facilities.

CHA is the national leadership organization of the Catholic health ministry, collectively the largest group of not-for-profit providers of health care services in the nation. CHA represents more than 2,200 Catholic health care sponsors, systems, hospitals, long-term care facilities and related organizations across the continuum of care. Our members include some of the oldest nursing homes and hospices in the country and address the needs of older adults throughout the life cycle. CHA is a leader in age-friendly health systems in hospitals, nursing homes, and primary care.

The rescinded minimum staffing requirements would require nursing homes to provide residents with a minimum of 3.48 hours of care per resident per day (HPRD) which must include .55 HPRD from a registered nurse and 2.45 HPRD from a nurse aide. In addition, facilities would be required to have a registered nurse on site and available to provide direct resident care 24 hours per day, seven days a week. While H.R. 1, enacted on July 4, 2025, placed a ten year enforcement moratorium on the nursing home staffing requirements, we are glad CMS has taken this step to fully rescind them and to reinstate the requirement that long term care facilities have a registered nurse on site for at least eight consecutive hours a day, seven days a week and to designate a registered nurse to serve as the director of nursing.

Providing high quality, accessible and affordable care for those who, because of frailty or chronic conditions, require continuing care in nursing homes is a top priority for our members. While CHA strongly agrees that adequate nurse staffing is essential for the well-being of nursing home

residents, nursing homes are under unbearable stress due to insufficient reimbursement and the national health care workforce shortage. CHA opposed the nurse staffing requirements because of the real prospect that fragile elders and vulnerable residents could lose access to care they need, a threat to their safety and quality of care, if facilities unable to comply were forced to reduce their capacity, eliminate or cut back on non-nursing services or cease operations altogether.

We urge CMS to turn its attention now to developing realistic and effective long-term solutions and working with Congress and stakeholders to improve quality of care in nursing homes. Policy proposals should include increased funding and robust investment in the training, recruitment and retention of nursing staff.

For example, several policy changes could expand and strengthen the CNA nursing workforce. CHA supports ending the mandatory two-year suspension of CNA training programs in nursing homes that have been fined for but have resolved non-quality related compliance issues. We urge CMS to work with states to address backlogs in competency evaluations and processing of certification paperwork, and to require streamlining of state processes to ensure that costs of nurse aide training are not transferred onto the nurse aide. To help states increase nurse aide training capacity, CMS should amend the current regulations on instructor qualifications (42 CFR 483.152(5)) to allow the addition of competent RN instructors who have experience working with older adults in settings beyond long-term care.

Inadequate Medicaid reimbursement makes it very difficult for long term care facilities to hire and retain nurses and nurse aides. A June 2024 study conducted at the request of the Office of the Assistant Secretary for Planning and Evaluation (ASPE) found that Medicaid only covered approximately 82% of actual reported costs of caring for Medicaid beneficiaries in nursing homes. Medicaid rates are set by states, but CMS could encourage states to increase reimbursement for the long-term care workforce to increase wages and allow for additional training.

In closing, thank you for the opportunity to comment on this interim final rule. CHA looks forward to working with CMS to find better solutions to improving nursing home care for the well-being of residents who need that care. If you have any questions about these comments or need more information, please do not hesitate to contact Kathy Curran, Senior Director Public Policy, at 202-721-6300.

Sincerely,



Lucas W. Swanepoel, J.D.
Vice President, Advocacy and Public Policy