



September 12, 2025

Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare and Medicaid Programs: Calendar Year 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program [Docket ID CMS-2025-0304]

Dear Administrator Oz,

The American Association of Colleges of Nursing (AACN) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) Calendar Year (CY) 2026 Medicare Physician Fee Schedule (PFS) proposed rule. As the national voice for academic nursing, AACN represents more than 875 schools of nursing offering a mix of baccalaureate, graduate, and post-graduate programs at public and private universities nationwide, which engage more than 540,000 students and 53,500 faculty members.¹ Collectively, these institutions graduate Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs),² faculty, researchers, and frontline providers. AACN is committed to preparing a highly educated nursing workforce, strengthening the foundation of nursing science, and advancing innovative healthcare solutions.

AACN has a vested interest in improving our nation's health as nursing students prepare to provide evidence-based, high-quality care. Within AACN member schools, a total of 267,889 students were enrolled in entry-level BSN programs in the 2024-2025 academic year, with an additional 183,646 enrolled in post-baccalaureate programs.³ We appreciate CMS for recognizing the vital role of APRNs in our modern healthcare delivery system. As President Trump observed on National Nurses Day, "nurses reflect the character of America and epitomize the inexhaustible capacity of the human spirit."⁴ As CMS looks at ways to reduce barriers and elevate care for patients in all communities, AACN offers the following recommendations for consideration in the CY 2026 PFS final rule.

¹ About the American Association of Colleges of Nursing. Retrieved from: <https://www.aacnnursing.org/About-AACN>.

² APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

³ AACN. 2025. Schools of Nursing Enrollment Increases Across Most Program Levels, Signaling Strong Interest in Nursing Careers. Retrieved from: <https://www.aacnnursing.org/news-data/all-news/schools-of-nursing-enrollment-increases-across-most-program-levels-signaling-strong-interest-in-nursing-careers>

⁴ <https://www.whitehouse.gov/briefings-statements/2025/05/message-on-national-nurses-day-2025/>

THE VOICE OF ACADEMIC NURSING

655 K Street, NW, Suite 750 · Washington, DC 20001 · 202-463-6930 *tel* · 202-785-8320 *fax* · www.aacnnursing.org

Recommendations for CY 2026

Telehealth Services and Direct Supervision Policy

Telehealth has become an essential tool for nurses and APRNs, particularly in primary care and behavioral health. AACN applauds CMS for recognizing the importance of telehealth to increasing flexibility and access for patients and healthcare providers. For nurses, particularly those practicing in rural and underserved areas, the stability and predictability of telehealth coverage and payment is crucial.

AACN supports CMS' decision not to add new telemedicine E/M codes to the Medicare Telehealth Services List, as these services are not separately payable when furnished in person and should not be separately payable when delivered via telehealth. Creating duplicative code structures based on modality would only increase confusion for providers and risk unintended reductions in reimbursement. Maintaining a consistent approach preserves clarity and aligns with established Medicare policy.

In the 2025 final rule, CMS acknowledged stakeholder concerns that expanding the definition of "direct supervision" could increase reliance on incident-to billing. Despite those concerns, the agency now proposes to make this expanded definition permanent. We cannot support this proposal without safeguards to prevent inappropriate growth in incident-to billing, which has serious implications for program transparency and accountable care.

AACN shares the concerns of our APRN colleagues regarding the extension of direct supervision flexibilities, especially as it relates to incident-to billing. The extension of this policy would likely exacerbate the overutilization of incident-to billing and further increase Medicare spending. When services performed by nurse practitioners are billed incident-to a physician, they are indistinguishable in claims data from services provided directly by that physician.⁵ This lack of transparency undermines efforts to align clinicians with the appropriate MIPS Value Pathway (MVP) and to ensure accurate measurement of participation in these programs.

Finally, we strongly recommend that CMS permanently allow telehealth practitioners to bill from their practice location rather than their home address, as requiring providers to disclose personal addresses raises significant safety and privacy risks in light of rising violence against healthcare workers.

Proposed Qualifying APM and Non-Qualifying APM Conversion Factor Structures

CMS proposes implementing two conversion factors beginning in CY 2026: \$33.59 for qualifying advanced Alternative Payment Model (APM) participants and \$33.42 for all other clinicians. However, the proposed -2.5% efficiency adjustment applied to all work Relative Value Units (RVUs) for non-time-based services is concerning.

Many services furnished by APRNs, such as minor procedures, diagnostic interpretation, and preventive services, are valued as non-time-based codes. As such, AACN urges CMS not to finalize this proposal. At a minimum, we request that CMS ensure this across-the-board

⁵ Patel, et al. 2022. Frequency Of Indirect Billing to Medicare for Nurse Practitioner and Physician Assistant Office Visits. Health Affairs. Retrieved from: <https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2021.01968>

reduction for non–time-based services does not inadvertently reduce access to services commonly provided by nurses in primary care and community practice settings.

Oral Health Integration

AACN appreciates CMS recognizing the importance of integrating oral health into primary care through the addition of a new performance activity that incorporates oral care. Nurses and APRNs play a central role in preventive services and are often the first providers to identify oral health conditions that impact overall health outcomes. By embedding oral care into primary care quality activities, CMS is taking an important step toward more holistic, patient-centered care.

Payment for Software as a Service

AACN encourages CMS to carefully evaluate payment methodologies for Software as a Service (SaaS) tools used in the delivery of care. While technology can enhance efficiency and patient safety, SaaS-based models must not undermine the essential role of APRNs in exercising clinical judgment. Any reimbursement framework for SaaS should explicitly recognize that these tools support, but do not replace, the clinician’s expertise and direct patient care responsibilities.

CMS Request for Information on the Prevention and Management of Chronic Disease

CMS’ request for information on chronic disease prevention and management is an important step toward modernizing Medicare to better address the conditions that drive long-term costs and patient health. The RFI highlights opportunities to support services such as intensive lifestyle interventions, medically tailored meals, motivational interviewing, and digital therapeutics, while also strengthening the Annual Wellness Visit and community-based partnerships. Because nurses and APRNs are often the primary providers of chronic care management, patient education, and care coordination, their expertise should be central to shaping and implementing these initiatives to ensure they are both patient-centered and sustainable. AACN looks forward to working with CMS to help address the chronic illness crisis and improve the health of the nation through nursing care.

Continued Support for Nursing Education Pathways

As CMS is aware, investment in educational pathways is critical to meeting the healthcare needs of the nation. This includes supporting the growing nursing workforce demand. The preparation of future nurses depends not only on the strength of nursing education programs, but also on the availability of clinical training opportunities and experienced preceptors to guide students in practice. One solution that would make a significant difference in our ability to meet this demand is implementation of a permanent Medicare funding stream under which hospitals receive payments for the costs associated with providing clinical training for APRNs. This is not a new concept, as past graduate nursing education demonstrations have helped strengthen relationships between hospitals and schools of nursing, increased APRN student enrollment and graduation, and expanded clinical education hours for APRN students.⁶ To that end, AACN encourages CMS to express support for policies that advance a permanent Medicare funding stream in order to ensure increasing demand for nurses can be met, provide meaningful incentives for clinicians to serve as preceptors, support the development of robust academic-practice partnerships, and foster deeper collaboration with schools of nursing. These efforts are critical tools to strengthen the

⁶ IMPAQ. (2019) The Graduate Nurse Education Demonstration Project: Final Evaluation Report. Retrieved from: <https://innovation.cms.gov/files/reports/gne-final-eval-rpt.pdf>.

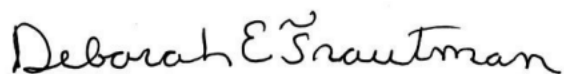
education of new nurses, enhance workforce readiness, and safeguard access to care for Medicare beneficiaries and the broader public.

Inclusion of the Nursing Perspective in Healthcare Policy

Nurses, with their direct and continuous engagement in patient care, offer unique insights into practical needs and challenges of healthcare education, delivery, and promotion. On National Nurses Day 2025, President Trump observed that “nurses have shown an unwavering commitment to those in need, serving others and providing hope, help, and healing during times of crisis” and that his Administration is committed to ensuring “that nurses have the support they need in order to continue providing life-saving care.”⁷ Although nurses comprise the largest healthcare occupation, they continue to be underrepresented on federal advisory committees, taskforces, and councils.⁸ The education and expertise of nurses make them an essential voice in shaping policies that affect Medicare beneficiaries and the healthcare system as a whole. For this reason, AACN strongly encourages CMS advisory committees and boards to include nursing professionals, ensuring their frontline experience and clinical insight directly inform the development of new policies and regulations.

Thank you for your consideration of AACN’s comments on the CY 2026 PFS proposed rule. Ensuring nurses’ perspectives are reflected in CMS policy will safeguard access, strengthen care coordination, and improve outcomes for Medicare beneficiaries. Please consider AACN an ally in this endeavor. If our organization can be of any assistance, please contact AACN’s Director of Policy, Dr. Josh Adams at jadams@aacnnursing.org.

Sincerely,



Deborah E. Trautman, PhD, RN, FAAN
President and Chief Executive Officer

⁷ President Trump’s Message on National Nurses Day, 2025. Retrieved from: <https://www.whitehouse.gov/briefings-statements/2025/05/message-on-national-nurses-day-2025/>

⁸ Smith, Sean and Blank, Andrew. U.S. Bureau of Labor Statistics. (June 2023) Healthcare Occupations: Characteristics of the Employed. Slide Two: Employment in the 25 largest healthcare occupations, 2022. Retrieved from: <https://www.bls.gov/spotlight/2023/healthcare-occupations-in-2022/>.