



September 12, 2025

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

RE: Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center (ASC) Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency

Dear Administrator Oz,

On behalf of the Association of Rehabilitation Nurses (ARN), representing rehabilitation nursing professionals dedicated to improving healthcare outcomes for individuals with chronic illness and disability, we appreciate the opportunity to provide comments on the Centers for Medicare & Medicaid Services (CMS) proposed rule regarding the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System, Quality Reporting Programs, Overall Hospital Quality Star Ratings, and Hospital Price Transparency.

ARN is a professional nursing organization representing more than 4,500 rehabilitation nurses and more than 14,000 certified rehabilitation registered nurses. ARN members promote and advance professional rehabilitation nursing practice through education, advocacy, collaboration, and research to enhance quality of life for those affected by disability and chronic illness. ARN's membership includes registered nurses, advanced practice registered nurses (APRNs), nurse managers, educators, and researchers, all united by a commitment to helping patients achieve optimal function and quality of life.

Ensuring Consistent Terminology Across the Federal Government

In the proposed rule, CMS states that the term "practitioner" includes all practitioners who receive Medicare reimbursement, including APRNs. We appreciate that the agency does not use outdated and incorrect terms like "mid-level provider," but these terms are still used by other federal agencies. This lack of consistency throughout the federal government leads to confusion in practice and it is imperative that CMS work to standardize all terms within the agency and work to ensure that standardization is consistent across all federal health agencies and systems.

Consistent terminology is especially important in the context of rehabilitation services, where patient access depends on the ability of the full care team, including APRNs, to practice to the top of their license. Conflicting language across federal programs can create unnecessary barriers and delays in care. Aligning terminology across agencies not only reflects the reality of the health care workforce but also ensures that patients, especially those in rural and underserved areas, are able

to access high-quality rehabilitation services without interruption. Consistent recognition of APRNs' scope of practice is essential to advancing timely, coordinated, and patient-centered rehabilitation care.

Virtual Direct Supervision of Rehabilitation Services

CMS uses the term “physician” to describe which practitioners can supervise rehabilitation services in hospital outpatient settings. However, previous OPPS rules have specifically noted that APRNs are trained and authorized to supervise rehabilitation services. ARN urges CMS to clarify that APRNs are eligible for Medicare reimbursement when supervising rehabilitation services. APRNs should be permitted to supervise rehabilitation services, as they oversee the medical aspects of rehabilitation programs. In addition, with the growth of telemedicine, rehabilitation nurses play a critical role in expanding access to care, particularly for patients in rural areas, by helping them use this technology effectively.

Support for Patient-Centered, High-Quality Care

ARN strongly supports CMS's continued commitment to aligning payment policies with quality outcomes and transparency. Rehabilitation nurses play a critical role in supporting patients' recovery, functional independence, and safe transitions across the continuum of care. We urge CMS to ensure that quality measures reflect patient-centered outcomes, including functional status, pain management, and discharge to community.

Quality Reporting Programs

We commend CMS for its efforts to reduce administrative burden by streamlining measures. However, ARN encourages CMS to:

- Prioritize outcome-based measures that capture functional improvement, particularly for populations with complex rehabilitation needs.
- Ensure that quality measures are inclusive of post-acute transitions, as patients leaving outpatient or ASC settings often require coordinated rehabilitation care.
- Consider adding patient-reported outcome measures (PROMs) that assess quality of life and independence.

Overall Hospital Quality Star Ratings

The Star Ratings system is a valuable tool for patients and families. We recommend:

- Greater transparency in methodology and risk adjustment, particularly for hospitals serving high proportions of patients with complex rehabilitation needs.
- Inclusion of functional outcomes and readmission metrics that more accurately reflect the quality of rehabilitation care provided.

Hospital Price Transparency

ARN supports CMS's emphasis on price transparency, as patients navigating rehabilitation services are often facing financial stressors. We encourage:

- Standardized formats and plain-language explanations for patients and caregivers to ensure information is accessible.
- Inclusion of rehabilitation-specific services and ancillary supports in transparency tools, so patients can better understand the full scope of their potential care costs.

Conclusion

ARN appreciates CMS's efforts to improve quality, equity, and transparency in the OPPS and ASC payment systems. We believe that strengthening the focus on functional outcomes and rehabilitation-sensitive measures will advance the goal of improving patient recovery, independence, and quality of life.

We thank you for considering our comments and stand ready to serve as a resource to CMS in developing and refining policies that impact rehabilitation care.

Sincerely,

A handwritten signature in black ink, appearing to read "Grace Campbell", with a long horizontal flourish extending to the right. The signature is enclosed in a thin black rectangular border.

Grace Campbell PhD, MSW, BSN, FARN, CRRN
President
Association of Rehabilitation Nurses (ARN)