



January 30, 2026

Dr. Mehmet Oz  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-3442-IFC  
P.O. Box 8016  
Baltimore, MD 21244-8016

Re: Medicare and Medicaid Programs; Repeal of Minimum Staffing Standards for Long-Term Care Facilities ([CMS-3442-IFC](#); [CMS-2023-0144-46539](#); [RIN 0938-AV25](#))

Submitted electronically: <https://www.regulations.gov/commenton/CMS-2023-0144-46539>

Dear Administrator Oz:

I write to you on behalf of the National Association of Social Workers (NASW). NASW is the largest membership organization of professional social workers in the world, with chapters covering all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. The association promotes, develops, and protects the practice of social work and professional social workers. Social workers are the largest provider of mental, behavioral, and social care services in the nation and serve a crucial role in connecting individuals and families to health care services.

NASW appreciates the opportunity to submit comments on CMS-3442-IFC, interim final rule with comment period (IFC) addressing minimum nursing staffing standards for long-term care (LTC) facilities. Social workers are integral members of interdisciplinary teams within LTC facilities (hereafter also referred to as "nursing homes"). These teams include three nursing disciplines: certified nursing assistants (CNAs), licensed practical nurses—licensed vocational nurses (LPNs—LVNs), and registered nurses (RNs). Social workers and nursing staff strive to enhance the quality of life and quality of care for residents. Yet, their efforts are often hindered by exceedingly high workloads.

NASW has long supported the Nursing Home Reform Act of 1986 (S. 2604), which was signed into law as part of the Omnibus Budget Reconciliation Act of

1987 (P.L. 100-203, hereafter "OBRA '87"). This law requires the Secretary of Health and Human Services (HHS) to assure that facilities provide each resident with high-quality care and grants the Secretary full authority to set minimum staffing standards. OBRA '87 also requires facilities to spend Medicare and Medicaid payments on resident care without diverting those public funds to profits, management fees, or inflated payments to self-related parties.

Similarly, NASW applauded CMS's efforts to improve nursing home care by mandating minimum staffing standards for CNAs, LPNs–LVNs, and RNs in 2024 (Minimum staffing standards, CMS-3442-F; hereafter, "the 2024 rule"). Those requirements—though modest in relation to decades of peer-reviewed research linking nursing staffing with quality of care—represented a paradigm shift in CMS oversight to promote high-quality nursing home care. Implementation of the 2024 rule has been estimated to save the lives of 13,000 residents per year (Werner & Coe, 2024) and to reduce hospitalizations of nursing home residents by 6,142 annually (Olenski et al., 2026).

Consequently, NASW strongly opposes CMS-3442-IFC. Rescission of the staffing final rule would be disastrous for nursing home residents, their families, and nursing home staff. We urge CMS to reverse its repeal of this critical rule by rescinding the interim final rule. Our comments follow.

### **Consequences of Understaffing for Residents**

A 2023 survey of nursing home residents, conducted by the National Consumer Voice for Quality Long-Term Care (Consumer Voice), found that 88 percent of residents stated they "do not have adequate staff in their facilities to meet the care needs of all residents" (Consumer Voice, 2024, p. 1). More specifically, 87 percent of residents reported that "understaffing affects them every day or several times per week"; about three-quarters reported that "they, or someone they know in their facility, has been neglected or hurt because of understaffing," that they "wait longer than they would like to take a shower," and that they "miss activities because there are not enough staff to help them participate"; more than half stated that "they are not given their medications on time"; and 39 percent reported that they "are unable to eat in the dining room if and when they choose" (Consumer Voice, 2024, p. 1). In contrast, nursing homes are required by law to "promote maintenance or enhancement of the quality of life of each resident" and to "provide services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident (42 U.S.C. § 1395i–3(b)(1)(a) and (b)(2)).

## **Link Between Staffing and Turnover**

Insufficient staffing levels jeopardize the health and well-being not only of nursing home residents, but also of staff. Nursing homes have difficulty recruiting and retaining staff because of low wages and benefits, excessive workloads, unsafe working conditions, limited opportunities for advancement, and lack of respect (PHI, 2025; White et al., 2019). In contrast, increased staffing levels improve retention of CNAs (Berridge et al., 2020; White et al., 2019). Retention, in turn, improves the quality of care.

## **Evidence Base for Minimum Nursing Standards**

For decades health researchers, geriatricians, nurses, and other experts have recommended minimum nursing staffing requirements to improve the quality of care at nursing homes. A wide range of peer-reviewed literature demonstrates the connection between nursing home staffing and quality of care. (Please refer, for example, to Castle, 2008; Castle & Anderson, 2011; Castle & Engberg, 2008; Dellefield et al., 2015; Kim et al., 2009; Li et al., 2020; Olenski et al., 2026; Schelle et al., 2004.) Twenty-five years ago, a CMS-commissioned study by Abt Associates noted the “strong and compelling” evidence for minimum staffing levels, even in an economy with a chronic workforce shortage (CMS, 2001, p. 6). Moreover, a blue-ribbon panel convened by the National Academies of Sciences, Engineering, and Medicine (NASEM) noted in its 2022 report that increasing overall nurse staffing—including RN staffing 24 hours per day, seven days per week—has been a consistent and long-standing recommendation for improving the quality of care in nursing homes. Likewise, the NASEM report addressed the importance of professional qualifications for nursing home social workers and made clear the impact of financial transparency and accountability on quality of care.

## **Modest Requirements and Flexibility of the 2024 Rule**

The requirements of the 2024 rule are modest and were designed to respond to concerns expressed by the nursing home industry. For example, the 2024 rule requires only 3.48 hours of nursing care (CNA, LPN–LVN, and RN, combined) per resident per day (HPRD). In contrast, the 2001 Abt study found that at 4.1 HPRD were required to prevent harm and jeopardy to residents (CMS, 2001).

Moreover, a more recent Abt study commissioned by CMS found that the average nurse staffing level in U.S. nursing homes was 3.76 HPRD (Abt Associates, p. 44), with relatively minor differences in staffing levels between rural and urban facilities—3.66 and 3.80 HPRD, respectively (Abt Associates, 2023, p. 46). Nonetheless, the 2024 rule not only provides great flexibility in

implementation for all facilities, but also grants additional flexibility to rural facilities:

- Rural facilities have three years to implement the 24-hour RN requirement; urban facilities have two years.
- Rural facilities have five years to implement the minimum staffing hours; urban facilities have three years.

Furthermore, because Congress suspended implementation of the final rule until 2034 (P.L. 119-121, 2025), nursing homes have many years to prepare for implementation. Even after this period, a nursing home may seek an exemption to these requirements. Such an exemption, if granted, may last for years with no oversight from CMS.

### **Impact of Ownership on Staffing**

The recent CMS-commissioned staffing study found that for-profit nursing homes staff at lower levels than do nonprofit and publicly owned facilities—3.57 HPRD versus 4.28 and 4.19 HPRD, respectively (Abt Associates, 2023, p. 44). Similarly, nursing homes that are owned by large corporate chains or private equity tend to divert resources away from staffing to management fees, real estate arrangements, and investor returns (Consumer Voice, 2023; Gandhi & Olenski, 2024; Harrington, 2025; New Jersey Office of the State Comptroller, 2025). The 2024 rule would mitigate fraud by promoting responsible use of public funding for nursing homes.

### **CMS's Legal Authority and Responsibility**

CMS-3442-IFC does not provide evidence to justify repeal of the 2024 rule. Federal statute mandates that nursing homes provide “nursing services and specialized rehabilitative services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident” (42 C.F.R. § 1395i-3(b)(4)(i)). The 2024 rule is critical to realizing this goal.

Under the Nursing Home Reform Act, CMS has the legal authority to enact the 2024 rule. Moreover, enforcement of the rule is consistent with the HHS Secretary’s mission to “enhance the health and well-being of all Americans, by providing for effective health and human services” (HHS, n.d., para. 1).

## **Voluntary Participation in Medicaid and Medicare**

NASW notes that nursing homes are not compelled to participate in Medicaid and Medicare. Facilities that do not wish to comply with the staffing standard can opt to forgo federal funding and operate outside of federal standards.

### **Additional Information**

NASW refers CMS to the following comments for additional information:

- our comments on two proposed rules: (1) disclosure of nursing home ownership and additional related parties (CMS-6084-P) (Bedney, 2023a) and (2) minimum staffing standards and Medicaid institutional transparency (CMS-3442-P) (Bedney, 2023b)
- the Center for Medicare Advocacy's comments on CMS-3442-IFC (Edelman, 2026), which NASW supports
- an NASW-supported sign-on letter, led by the Consumer Voice, addressing CMS-3442-IFC

Thank you for your consideration of NASW's comments on CMS-3442-IFC. Please do not hesitate to contact me at [bbedney.nasw@socialworkers.org](mailto:bbedney.nasw@socialworkers.org) if you have questions.

Sincerely,

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[References follow on the next page.]

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