



January 31, 2026

Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attn: CMS-3442-IFC  
P.O. Box 8016  
Baltimore, Maryland 21244-8016

Dear Administrator Oz:

LeadingAge appreciates the opportunity to comment on the Medicare and Medicaid Programs; Repeal of Minimum Staffing Standards for Long-Term Care Facilities interim final rule. LeadingAge supports the repeal of the minimum staffing standards for long-term care that were finalized in May 2024.

LeadingAge has opposed the minimum staffing standards from day one. Our opposition is not based on some misguided belief that staffing is unimportant. LeadingAge recognizes the importance of quality staffing in providing exceptional care to our nation's older adults. But we know that staffing standards that cannot be met due to insufficient workforce and inadequate reimbursement rates will limit access to quality nursing home care as our mission-driven providers are forced to reduce the number of individuals they serve or to close altogether due to an inability to meet these standards.

To improve staffing in nursing homes, the Administration must invest in long-term care. We call on CMS and the Administration to support development of the long-term care workforce by:

- **Improving access to nurse aide training programs.** LeadingAge commends CMS for the work they have done to advance the [Nursing Home Staffing Campaign](#), first introduced in 2024 and resumed by Administrator Oz in September 2025. As CMS works with states to boost awareness of and access to nurse aide training programs, it will be important to advance policies that ensure adequate opportunities for training exist. This includes addressing barriers posed by the mandatory two-year disapproval of Nurse Aide Training and Competency Evaluation Programs (NATCEPs) related to regulatory enforcement, working with states to address backlogs in competency evaluations and processing of certification paperwork, and requiring streamlining of state processes to ensure that costs of nurse aide training are not transferred onto the nurse aide.
- **Supporting advancement of nursing staff.** We urge CMS to continue its work to elevate career opportunities in long-term care, including professional advancement of nursing staff through upskilling and pursuit of higher education. When the Nursing Home Staffing Campaign was first introduced, it included a financial incentive program to train registered nurses (RNs) to work in nursing homes and state inspection agencies. When the campaign was relaunched in September 2025, LeadingAge was pleased to see that the financial incentives program had been expanded to include licensed practical nurses (LPNs) in addition to RNs. This incentive program will help recruit RNs and LPNs into long-term care and support retention of high-quality staff from other disciplines who are inspired to enter the field of nursing to care for our nation's elders. We ask CMS to move swiftly to appoint Financial Incentive Administrators and commence this program while providing timely, transparent updates on its progress.
- **Providing states the flexibility necessary to expand training capacity.** There is a well-documented nurse shortage in this country that includes the very individuals who are most

necessary to solve the problem – nurse educators. Unfortunately, this issue extends into the education of nurse aides through our nurse aide training programs. We call on CMS to revise requirements for instructor qualifications at 42 CFR 483.152(5) to allow states to boost nurse aide training capacity through the addition of competent RN instructors who have experience working with older adults in settings beyond long-term care.

- **Guiding states to increase Medicaid reimbursement rates.** Medicaid is the primary and largest single payer of nursing home long-term care, but analyses indicate that state Medicaid rates often fall short of the total cost of care. A [study](#) prepared for the Assistant Secretary for Planning and Evaluation (ASPE) and the Department of Health and Human Services (HHS) in 2024 found that, on average, Medicaid covered approximately 82% of actual reported costs of caring for Medicaid beneficiaries in nursing homes. While CMS does not set individual states' Medicaid reimbursement rates, we feel CMS could be influential by impressing upon states the important role that payment rate adequacy plays in quality care. Improved Medicaid reimbursement can support the long-term care workforce through increased wages, expanded opportunities for training and skills development, and projects that support overall working conditions in long-term care.

We further remind CMS to focus on initiatives that support quality outcomes, not process quotas. For example, the Medicare Payment Advisory Commission (MedPAC) discussed in its [December public meeting](#) possible alternatives for calculating the Five Star Quality Rating System on Nursing Home Care Compare. Commissioners discussed two alternatives to the current method of calculation. One alternative was to re-weight the Five Star Quality Rating to place greater emphasis on staffing – that is, weighting the staffing domain at 60% of the overall Five Star score, with the health inspections domain and quality measures domain each accounting for 20% of the score. LeadingAge cautions CMS against pursuing this change and similar initiatives that seek to achieve “numbers” with no regard for outcomes. To achieve quality care, we must focus on actual indicators of quality, not on quantity or other metrics for which there may be correlation but no evidence of causality.

Thank you for your consideration of these comments as you move forward toward our shared goal of ever-improving nursing home care. We value the opportunity to be a partner in these efforts and encourage you to reach out at any time.

Sincerely,



Jodi Eyigor  
Vice President, Health Policy

**About LeadingAge:** We represent more than 5,400 nonprofit aging services providers and other mission-driven organizations that touch millions of lives every day. Alongside our members and 36 partners in 41 states, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the continuum of services for people as they age, including those with disabilities. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home. For more information, visit [leadingage.org](http://leadingage.org).