REQUEST FOR INFORMATION

Agency/Office: Department of Health and Human Services
Centers for Medicare & Medicaid Services

Type of Notice: Request for Information

Title: Unleashing Prosperity Through Deregulation of the Medicare Program Request for Information

Response Date: January 26, 2026

DATES: Submit comments through the website listed in the "RESPONSE FORMAT" section by 11:59 pm Eastern on January 26, 2026.

RESPONSE FORMAT: Responses to this RFI must be provided via on-line submission at the following website: https://www.cms.gov/medicare-regulatory-relief-rfi CMS will not accept hard-copy responses or other formats.

BACKGROUND:

On January 31, 2025, President Trump issued Executive Order (EO) 14192 "Unleashing Prosperity Through Deregulation," (https://www.whitehouse.gov/presidential-actions/2025/01/unleashing-prosperity-through-deregulation/), which states the Administration policy to significantly reduce the private expenditures required to comply with Federal regulations to secure America's economic prosperity and national security and the highest possible quality of life for each citizen. The Centers for Medicare & Medicaid Services (CMS) is issuing this Request for Information (RFI) to solicit public feedback for potential changes to Medicare regulations, with the goal of reducing the costly private healthcare expenditures required to comply with Federal regulations.

Through this RFI, CMS seeks public input on approaches and opportunities to streamline regulations and reduce administrative burdens on providers, suppliers, beneficiaries, Medicare Advantage and Part D plans, and other stakeholders participating in the Medicare program. In line with ongoing efforts to reduce unnecessary administrative burdens and costs, and create a more efficient healthcare system, CMS requests information to better understand any challenges

to identify opportunities for deregulation, while also ensuring the continued delivery of high-quality care to beneficiaries.

EO 14192, titled "Unleashing Prosperity Through Deregulation" requires agencies publicly promulgating new regulations or proposing regulations for notice and comment, to identify at least 10 existing regulations to be repealed. This effort builds on the success of EO 13771, which set forth that agencies eliminate two regulations for each one new regulation issued.

Healthcare providers serving Medicare beneficiaries face numerous regulatory requirements that, while intended to protect the health and safety of the beneficiaries, often result in duplicative efforts and unnecessary administrative burdens. These requirements can divert resources from patient care, contribute to inefficiencies, and can create financial strain on providers. For example, Conditions of Participation (CoPs) and Conditions of Coverage (CFC) are the health and safety standards that healthcare organizations must meet to participate in Medicare and Medicaid. These standards are intended to improve quality and protect the health and safety of beneficiaries, but they can also create redundancy with existing state requirements or have no measurable impact on improving the quality of patient care. Furthermore, reporting and documentation requirements for quality, value-based purchasing programs, and payment policies can necessitate significant additional administrative resources from providers and duplicate private insurance requirement.

CMS is seeking specific information from healthcare providers, researchers, stakeholders, health and drug plans, and other members of the public to inform the development and implementation of strategies to support the goals of the aforementioned EO. Specifically, CMS invites responses on the following topics:

Streamline Regulatory Requirements

- Are there existing regulatory requirements (including those issued through regulations but also rules, memoranda, administrative orders, guidance documents, or policy statements), that could be waived, modified, or streamlined to reduce administrative burdens without compromising patient safety or the integrity of the Medicare program?
- Which specific Medicare administrative processes or quality and data reporting requirements create the most significant burdens for providers?
- Are there specific Medicare administrative processes, quality, or data reporting requirements that could be automated or simplified to reduce the administrative burden on facilities and providers?

Opportunities to Reduce Administrative Burden of Reporting and Documentation

- What changes can be made to simplify Medicare reporting and documentation requirements without affecting program integrity?
- Are there opportunities to reduce the frequency or complexity of reporting for Medicare providers?

- Are there documentation or reporting requirements within the Medicare program that are overly complex or redundant? If so, which ones? Please provide the specific Office of Management and Budget (OMB) Control Number or CMS form number. (The OMB Control Number consists of two groups of four digits joined by a hyphen and it generally appears on the top right of the first page of a Medicare form and the CMS form number generally appears on the bottom left of the page of a Medicare form.)

Identification of Duplicative Requirements

- Which specific Medicare requirements or processes do you consider duplicative, either within the program itself, or with other healthcare programs (including Medicaid, private insurance, and state or local requirements)?
- How can cross-agency collaboration be enhanced to reduce duplicative efforts in auditing, reporting, or compliance monitoring?
- How can Medicare better align its requirements with best practices and industry standards without imposing additional regulatory requirements, particularly in areas such as telemedicine, transparency, digital health, and integrated care systems?

Additional Recommendations

We welcome any other suggestions or recommendations for deregulating or reducing the administrative burden on healthcare providers and suppliers that participate in the Medicare program.

Comments

Comments received before the close of the comment period may be made available for viewing by the public. Submitters should not include any confidential or personal information. CMS will not respond individually to comments received.