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Leaders Edge executive insights series

# Nursing practice trends to watch in 2026



**Lippincott**<sup>®</sup> Solutions  
by Wolters Kluwer

## M&A snapshot<sup>2</sup>

**430**

urgent care centers opened in new locations in the first half of 2025.

**40%**

of these centers were affiliated with hospitals.

## Health systems

are expanding their urgent care footprint through new acquisitions.

# 2026 outlook: Nursing practice at a turning point

Nursing stands on the edge of one of its most consequential eras. The profession that carried healthcare through the COVID-19 pandemic and its aftermath is now tasked with navigating a new wave of changes — defined less by crisis response and more by transformation.

With care delivered across hospitals, clinics, homes, and virtual spaces, nurse leaders are being asked to do more because new mandates involve redesigning how care gets delivered, shaping workforce models that can withstand demographic and financial pressures, and steering healthcare organizations through an increasingly complex policy and technology landscape.

The challenges are formidable. Staffing shortages remain the top concern among nursing leadership, but the problem is no longer just about head count. Retention now depends on creating workplaces that prioritize nurse safety, shared decision-making, and work-life balance. At the same time, the margin squeeze that US health systems face — with a potential drop of up to 14% in 2027 should mandatory Medicaid work requirements take effect<sup>1</sup> — will force nurse leaders to rethink workforce investments, care delivery models, and innovation priorities while exercising unprecedented financial discipline.

Amid the economic pressures, policy shifts are accelerating the pace of change. Debates over safe staffing ratios, the scope of nurse practice across state lines, and the future of pandemic-era waivers for hospital-at-home programs and telehealth will directly influence how and where nurses work. At the same time, new regulatory frameworks — ranging from the Joint Commission's Accreditation 360 overhaul to the Occupational Safety and Health Administration's (OSHA's) pending workplace-violence-prevention standard — are redefining what quality and safety mean in practice.

While the future of those models hangs in the balance, the nursing practice environment itself is expanding beyond traditional boundaries. Hospital-to-hospital mergers slowed in 2025, yet health systems have been actively acquiring or partnering with ambulatory surgery centers, urgent-care clinics, physician practices, home health agencies, and skilled-nursing facilities. And with those shifts, care delivery is moving into homes, ambulatory sites, and virtual settings; and nursing roles are diversifying in step — from informatics specialists and virtual nurse educators to care coordinators who manage patient care journeys across the continuum. The extended care models are also expanding the responsibilities of the chief nursing officer, whose scope consists no longer of just nursing practice across acute-care settings; it spans beyond, raising a learning curve for many.

Technology is both a catalyst and a challenge: even though AI and automation hold promise to reduce documentation burdens and catch safety risks earlier, they also raise profound questions about governance, accountability, and the role of human judgment in healthcare.

Also amid the changing environment, one thing is clear: 2026 will be about building a more resilient, adaptable, and strategically aligned nursing workforce and professional practice capable of meeting the demands of a rapidly changing healthcare system. And nurse leaders will have to lead those strategic pivots.

The following six trends reflect where transformation is headed and how nurse leaders can shape its trajectory.



### TREND 1

Hospital M&A pivots toward outpatient and post-acute growth.



### TREND 2

Legislative and policy shifts reshape nursing practice.



### TREND 3

The nursing workforce is transitioning into more technology-enabled roles.



### TREND 4

Quality and safety in nursing care are being redefined.



### TREND 5

Nursing care delivery is transforming rapidly.



### TREND 6

AI will get a boost with governance and nurse training.





*“Labor costs are so expensive that I don’t know how leaders are going to implement new workforce strategies without a clear return. Before, you could experiment with new models without proving ROI — but I don’t think that’s going to work moving forward as we’re squeezed by tight margins.”*

**Bethany Robertson, DNP, CNM, FNAP, FAAN,  
Clinical Executive, Wolters Kluwer Health**



### **TREND 1**

As margins tighten, hospitals pivot M&A toward outpatient and post-acute growth

A tightening financial vise is reshaping nearly every decision a nurse leader will make in 2026. Analysts project that US health systems could experience double-digit declines in operating margins under current reimbursement and policy trajectories. That looming deficit is already influencing boardroom priorities and operational choices by pushing organizations to scrutinize every investment — from workforce mix to care model redesign — to determine its measurable impact on financial performance.

The era of experimenting with new roles and innovations without hard expectations for return on investment (ROI) is expected to end. Leaders are being asked not just what they plan to change but *how change will pay off*.

The pressure is driving sharper workforce strategies. Traditional hiring approaches are giving way to internal mobility and upskilling models designed to stretch budgets while addressing persistent staff shortages.

Leaders are focusing on role progression by retraining and upskilling existing staff — even staff in nonclinical roles — into frontline support positions that enable registered nurses (RNs), licensed practical nurses (LPNs), and unlicensed staff to progress into higher-skill roles. In some cases, nurse leaders are also creating new support roles such as behavioral health technician with the aim of supporting aspects of the care delivery process that will serve to free up traditional roles to deliver direct care. The focus is on creating an adaptable workforce that can flex across care settings and deliver top-of-license care without ballooning labor costs.

Margin realities are also influencing care model decisions. Leaders are accelerating the shift of services to lower-cost settings — from ambulatory clinics and home-based care to virtual platforms — while consolidating inpatient footprints and rethinking role design to align with these evolving care delivery strategies.

The restructuring isn't simply about cost cutting; it's also about building a sustainable workforce and care model that can thrive under reimbursement pressures. As the financial squeeze intensifies, nurse leaders will have to anchor every workforce and care delivery decision to clear outcomes in the forms of reduced turnovers, improved throughputs, fewer safety events, and demonstrable value for patients and payers alike.



### Actions to take

- Reevaluate workforce structure quarterly against both clinical and financial key performance indicators (ROIs), and track ROIs of staffing model changes.
- Build internal mobility programs to upskill existing staff into new roles.
- Ensure the plan specifies how internal roles will be backfilled if existing staff move into new roles. For example, nurse leaders may need to build pipeline programs for nursing support roles and recruit internally from nutrition and environmental services, but they will still have to backfill those roles.
- Redesign care models with an eye to site-of-care shifts by embedding nursing leadership into decisions about ambulatory and home-based expansions.
- Strengthen nurse retention by formalizing feedback loops, flexible scheduling, shared governance, and career opportunities, which are the most-effective levers beyond pay.
- Tie innovation proposals to both (1) margin impact by requiring that new initiatives result in projected cost savings, turnover reduction, or throughput gains and (2) patient and employee satisfaction.





## TREND 2

### Legislative and policy shifts reshape nursing practice

The policy landscape in 2026 will be one of the most consequential forces shaping nursing practice by defining how care gets delivered, who delivers it, and where nurses can work. After years of pandemic-era flexibility, federal waivers and state regulations are now colliding with political and fiscal realities. The Centers for Medicare & Medicaid Services' (CMS's) Acute Hospital Care at Home (AHCAH) initiative waiver, which enabled more than 400 hospitals across 142 health systems to provide inpatient-level care in patients' homes, expired on September 30, 2025.<sup>3</sup>

And although the AHCAH initiative waiver may be winding down, the hospital-at-home model has shown promising cost-effectiveness, signaling that that model may continue in commercial models. A CMS national study found that patients treated at home under the program tended to experience lower 30-day postdischarge Medicare spending in more than half of the top 25 diagnosis groups compared with inpatient care.<sup>4</sup>

Despite the proven data, the ripple effects of the policy shifts will mean many such programs risk being scaled back or shuttered, which will reverse models shown to reduce mortality, readmissions, and costs. Similarly, telehealth reimbursement flexibilities and remote-care allowances that got extended during the pandemic face a policy cliff, with coverage rollbacks likely to hit smaller and rural organizations hardest if legislation lags.

At the same time, momentum is building behind several nursing-specific policy efforts. Safe-staffing legislation continues to advance at both state and federal levels. During 2025, multiple states have passed mandatory nurse-to-patient ratios. And even though the federal bill titled Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act did not pass, workforce policy and accreditation changes are gaining momentum. For example, under the Joint Commission's 2026 Accreditation 360 framework, National Performance Goal 12 formally ties nurse staffing to care quality and safety outcomes. Hospitals must not only prove they have adequate and competent staff but also demonstrate — using recognized, nurse-sensitive indicators such as RN hours per patient day, skill mix, falls, and infection rates — that staffing effectiveness directly supports patient outcomes. When adverse events occur, surveyors will expect a staffing analysis as part of the root-cause review, effectively making nurse staffing a measurable quality metric when it comes to accreditation.

Scope-of-practice rules are also in flux, in that many states have implemented or are weighing legislation to expand APRN (advanced-practice RN) practice authority and authorize interstate nurse licensure compacts (NLCs), which would permit nurses to work across state lines and serve to help balance regional shortages.

#### Expanding cross-state practice: States participating in or planning activation of the NLC\*

**36 states**

are actively participating in NLCs

**2 states**

are preparing activation: Connecticut and Vermont

**10 states**

have legislation introduced or under consideration

In parallel with regulatory pressures on staffing levels, new immigration-policy changes are placing additional strain on nursing supply. A 2025 executive order raised the fee for new H 1B visa applications to \$100,000, which is a dramatic jump from earlier levels and which has sparked concern among hospitals — especially those in rural and underserved areas that rely on internationally trained clinicians.<sup>5</sup>

Experts estimate that nearly 4.2% of the nearly 400,000 H-1B petitions approved in 2024 were for healthcare occupations, including nurses, therapists, and lab professionals — meaning, the cost barrier could reduce the pipeline of trained nursing talent that many systems depend on.<sup>6</sup> The result is fewer nurses available to fill vacancies, which worsens workforce shortages, increases reliance on overtime and travel nurses, and limits hospital flexibility in meeting quality and staffing metrics.

The legislative shifts have direct implications for nursing leadership because policy changes will dictate staffing costs, care delivery models, and recruitment strategies, and expiring waivers could reshape virtual care and home-based programs overnight. Leaders who proactively track, influence, and plan for those changes — from budget forecasting around potential staffing mandates to scenario modeling for telehealth reimbursement shifts — will be positioned to adapt faster than those who react after the fact.



### Actions to take

- Map policy scenarios (e.g., telehealth rollbacks, staffing mandates, and visa restrictions) against current workforce and care model plans, and identify high-risk gaps.
- Engage in advocacy coalitions and policy working groups to shape legislation covering nurse-to-patient staffing ratios, APRN scope of practice, and NLCs. Also consider getting involved with key trade organizations as well as state-level nursing associations and hospital alliances.
- Partner with government affairs and compliance teams to translate regulatory changes into clear workforce and operational strategies.
- Prepare to demonstrate the value of hospital-at-home and telehealth services by demonstrating ROI. Track avoided inpatient days, readmission reductions, and patient satisfaction metrics from hospital-at-home and telehealth programs, and then translate the results into cost savings and capacity gains for executive review.
- Strengthen data capture on staffing levels, patient outcomes, and workforce supply — essential for both advocacy and compliance reporting.
- Build the staffing pipeline through academic-practice workforce development partnerships alongside internal-development departments.



*“Nurse leaders have to stretch their thinking — creating new pathways and building skills internally to fill care model gaps. In my past experiences, we tapped nutrition and food services workers and trained them to become phlebotomy technicians. That’s how far we had to go to create advancement opportunities while filling gaps.”*

**Becky Ruban, MSN, RN, SHRM SC-P,  
Director, Wolters Kluwer Health**

### **TREND 3**

## The nursing workforce is transitioning into more technology-enabled roles

Nursing role mix is shifting fast - away from a single, RN-at-the-bedside role and toward a portfolio of specialty, virtual, and cross-continuum roles. The standout roles to watch in 2026 are nurse informatics specialists, telehealth nurses, care coordinators, and virtual-care nurse educators — all of them roles that knit data, workflow design, and remote touchpoints into day-to-day care.

Health systems are also scaling internal float pool RNs, home health nurse coordinators, and nurse case managers to cover demand spikes and to smooth transitions across settings. This means more technological fluency, more care orchestration, and more care happening outside the walls of the acute-care setting.

That diversification isn’t optional; it shows how nurse leaders are stretching limited budgets and talent. As care moves toward hospital-at-home, ambulatory, and virtual models, nurses are becoming the connective tissue across sites, devices, and disciplines. Expect continued growth in APRN roles in both primary care and specialty care as well as the development of team-based models that push nurse practice to the top of license. The upshots for 2026 are hiring plans that focus on adaptability and data literacy as well as career ladders that make internal mobility a retention strategy.



#### **Actions to take**

- ➔ Define a 24-month role road map covering which roles to add, where the roles sit, and how the roles will be measured — aligned with care-model shifts.
- ➔ Establish upskilling pathways in the areas of informatics, care coordination, and virtual care, and tie completion to pay progression and internal placements.
- ➔ Codify top-of-license team models — comprising RNs, LPNs, and assistive personnel — by specifying clear scoping and outcomes, and then track turnover, length of stay, throughput, and safety impacts.
- ➔ Prioritize technology literacy and adaptability as baseline expectations of new hires, tailoring digital and coordination skill requirements to each role rather than relying on broad, prehire assessments.
- ➔ Build an organizational, tiered staffing model to better use part-time and PRN roles while building a float-first strategy to cut agency spend by expanding internal pools and cross-training for high-variance units.





### Streamlined standards, stronger outcomes

Joint Commission Accreditation 360 eliminated or consolidated 714 standards and introduced 14 National Performance Goals to focus hospitals on measurable outcomes aligned with CMS requirements.



### TREND 4

Quality and safety in nursing care are being redefined — and are ushering in the Joint Commission Accreditation 360 era

The quality agenda for 2026 represents less an overhaul than a realignment around outcomes. Through Accreditation 360, the Joint Commission has streamlined some 714 standards and introduced 14 National Performance Goals that replace or update National Patient Safety Goals.<sup>7</sup> The updates shift hospitals from compliance-driven box-checking to continuous improvement. Among the most consequential is National Performance Goal 12, involving adequate staffing for safe care, which is a first-of-its-kind requirement that links nurse staffing and competency directly to patient outcomes and elevates nursing practice as a measurable driver of quality.

The refocused framework emphasizes ongoing engagement, specifies alignment with CMS's Conditions of Participation, and sets forth the expectation that hospitals use nurse-sensitive and other outcome indicators to demonstrate performance. Rather than adding new content, Accreditation 360 consolidates and clarifies requirements by simplifying documentation while holding organizations accountable for the results that matter most: safe staffing, staff competency, and improved patient outcomes.

Hospitals will also be recognized for excellence through the Joint Commission's Survey Analysis For Evaluating STrengths program, which will highlight practices that reduce harm and improve reliability. The shifts are profound: nurse leaders will focus on embedding safety and improvement into daily operations.

The launch of CMS's Transforming Episode Accountability Model (TEAM) in January 2026 is further raising the stakes for nursing's role in quality outcomes. As a mandatory, bundled-payment program spanning five performance years (2026–30), TEAM will hold participating hospitals accountable for total costs and quality across five common surgical and medical episodes. That shift in model extends the quality lens well beyond inpatient care by requiring close coordination between pre- and post-acute settings and by newly emphasizing nursing's role in transitions, care coordination, and patient education. For nurse leaders, TEAM underscores an existing reality: that quality is no longer defined by compliance alone; it is now also measured by how well care gets coordinated, outcomes get achieved, and costs get contained across the full episode of care.

Beyond the Joint Commission Accreditation 360 and TEAM, several other quality initiatives are poised to shape nursing practice in 2026. CMS is advancing new outpatient and emergency department quality measures, including the proposed Emergency Care Access & Timeliness (ECAT) electronic clinical-quality measures, which will bring timeliness and access into the quality spotlight.

Long-term-care settings are also seeing closer scrutiny, with new quality-reporting requirements proposed for skilled-nursing facilities. The CMS Quality, Safety & Oversight Group is preparing to strengthen survey, enforcement, and transparency standards systemwide. Together, the changes in requirements signal a more expansive and more data driven approach to quality — one that extends across care settings and holds organizations accountable for timely, coordinated, and measurable outcomes.



### Actions to take

- ➔ Audit current accreditation readiness plans against Accreditation 360's new structure, and identify gaps in operations, policies, outcomes measurements, and continuous improvement practices.
- ➔ Establish or update workplace-violence-prevention policies and programs ahead of OSHA's final rule, including staff training and incident-reporting infrastructures.
- ➔ Assess the current state of staffing to ensure it meets regulatory and organizational requirements, and then establish clear mechanisms to monitor compliance, document adherence to internal policies, and use safe ratios and skill-mix optimization as active levers within patient safety and quality plans.
- ➔ Link all new pilot care model to quality outcomes such as error rates, readmissions, and patient deterioration alerts and track the results.
- ➔ Involve nursing leadership early in AI-adoption projects to ensure that the AI tools support — and do not override — clinical judgment and safety goals.



## TREND 5

### Nursing care delivery is transforming rapidly

As the boundaries between acute, post-acute, and home settings blur, nurses are increasingly leading care across settings that extend beyond hospital walls. That shift is reshaping staffing models, competency expectations, and the infrastructure required to sustain quality and safety in decentralized care environments.

By mid-2025, 413 hospitals across 142 health systems in 39 states had secured waivers to deliver acute-level care at home.<sup>8</sup> Whether those programs continue hinges on congressional action to extend those waivers, which are now expired. If renewed, hospital-at-home programs will likely scale rapidly and become mainstream care models. If not, many such programs may pause or become discontinued — a stark reminder of how policy decisions directly shape operational strategy. Congress did reinstate the program through January 2026, offering temporary relief and retroactive reimbursement. Still, the recent lapse highlights a deeper truth: the U.S. healthcare system relies heavily on home-centered acute care, and with an aging, increasingly complex population, hospitals have little capacity to absorb demand when the program pauses.<sup>9</sup>

The same dynamics are transforming the rest of care delivery. Health systems are either acquiring or partnering with ambulatory surgery centers, urgent-care clinics, physician practices, home health agencies, and skilled-nursing facilities to build distributed networks closer to where patients live. Nurses are at the center of that expansion by taking on new roles in outpatient settings, managing chronic conditions remotely, and addressing social determinants in the community.

Virtual nursing is becoming standard by enabling experienced RNs to support bedside teams from command centers and oversee panels of remote patients. The shifts don't replace bedside care; they serve to expand nursing expertise across more sites and more modalities.

The dispersion of locations of care demands new team structures and new workflows. Organizations will increasingly implement multidisciplinary-team-based care by pairing nurses with others across the care team — including



pharmacists, therapists and social workers — to manage complexities across settings. Technology is increasingly becoming both an enabler and a challenge, in that predictive algorithms, AI-assisted documentation, and smart devices are easing workloads but also raising questions about oversight and safety. For nurse leaders, 2026 will be about steering that transformation into the shapes of workforce models, governance structures, and scope-of-practice standards to match a care environment that no longer revolves around the hospital.



### Actions to take

- ➔ Map nursing workforce needs across the full continuum of care — not just in inpatient units — and align recruitment and training plans accordingly.
- ➔ Build governance structures that accommodate virtual nursing, that enable remote monitoring, and that establish hospital-at-home programs to ensure clear scope, accountability, and integration with bedside care because research has found that success hinges on communication, role clarity, and governance.
- ➔ Redesign team workflows for distributed care, including daily multidisciplinary huddles, cross-site coordination protocols, and technology-enabled handoffs.
- ➔ Pilot predictive analytics and AI tools with nurse-led oversight committees to ensure safety and usability before scaling.
- ➔ Engage early in advocacy for the kinds of policies such as hospital-at-home waivers and telehealth reimbursement that will determine the pace and shape of care delivery innovation.



*“As services move outside the hospital walls, the scope of nursing leadership expands too. Leaders are now overseeing ambulatory clinics and home settings, sometimes after mergers or structural changes they didn’t anticipate.”*

**Bethany Robertson, DNP, CNM, FNAP, FAAN**  
Clinical Executive, Wolters Kluwer Health



## TREND 6

### AI will get a boost with governance and nurse training

AI is no longer an experiment in nursing, but its real impact in 2026 will hinge less on the tools themselves and more on how the tools are governed. As predictive algorithms, documentation assistants, smart devices, and decision-support systems proliferate at the bedside and beyond, nurse leaders are moving from ad hoc adoption to structured oversight.

Uptake remains uneven, slowed by concerns about reliability, bias, and overreach. That's why governance is becoming a strategic priority by defining when and how AI gets deployed, how outputs get validated, and how nurse judgment stays central to patient care.

Formal structures are beginning to take shape. The Joint Commission, working with the Coalition for Health AI, issued in 2025 its first guidance on safe and ethical AI use — a sign that regulators now view AI oversight as integral to quality and safety. Forward-looking organizations are creating AI governance councils — with nursing leadership at the table — and setting policies on algorithm transparency, data provenance, risk classification, and escalation protocols.

Training programs are emerging to build nurses' AI literacy so that nurses can interpret outputs, challenge errors, and integrate recommendations into clinical reasoning rather than defer to them blindly. The shift to those skills is about more than compliance; it's also about safeguarding patient outcomes and professional autonomy as technology's role expands.

For nurse leaders, 2026 will be the year to move beyond pilot enthusiasm and codify how AI fits into nursing workflows, accountability structures, and quality strategies. That means distinguishing between administrative applications — like scheduling, documentation, and supply tracking — and clinical decision support, where the stakes and standards for validation are far higher.

AI should be deployed to lighten the cognitive and administrative loads, not complicate them. If a tool doesn't make life easier for the nurse at the bedside, it doesn't belong in the workflow. Those who take this disciplined approach will achieve more than just efficiency gains; they'll also shape practice environments, which are where technology truly augments rather than erodes the art and science of nursing.



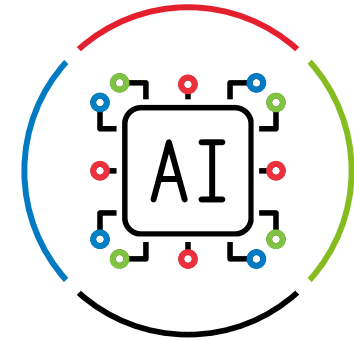
### Actions to take

- Establish an AI governance committee, with nursing leadership involved in setting policy, conducting oversight, and deciding on approvals of the uses of clinical AI tools.
- Develop algorithm-vetting protocols such as requiring transparency on training data, validation, and performance metrics before deployment.
- Build AI literacy training into onboarding and continuing education so that nurses can interpret — and question — AI outputs confidently.
- Integrate into quality dashboards and ROI reporting such AI impact metrics as error reduction and documentation of time saved.
- Create escalation pathways by which nurses can flag AI errors or safety concerns, which will reinforce human judgment as the final decision point.

## Conclusion

As 2026 unfolds, nursing is no longer adapting to disruption; it is defining what modern healthcare will become. The year ahead will test nurse leaders' ability to balance costs, competencies, and compassion amid policy shifts, evolving care settings, and accelerating rates of technology. But the profession will be entering the new year with greater influence and clearer expectations than ever before — by connecting quality with staffing, by extending care beyond hospital walls, and by guiding technology adoption that protects both safety and the human core of nursing.

The opportunity for modern healthcare by nurses lies in nurse leadership that links innovation to impacts. Nurse executives who anchor every new model to measurable outcomes in the areas of safety, experience, and workforce sustainability will not only meet the moment but also shape the next era of practice. The defining mark of nursing in 2026 will be a nursing profession that moves from reactive resilience to proactive reinvention by building a future in which care remains both evidence driven and profoundly human.



### Are nurse leaders ready for AI? Not yet.

Nurses' optimism is growing with regard to AI's potential, but readiness lags. According to Wolters Kluwer's 2025 Future Ready Healthcare Survey, some 77% of nurses say they see generative AI as important to their organizations' future productivity, yet only 46% say they feel prepared to implement AI effectively.<sup>10</sup> The gap reflects the need for stronger governance, role-specific training, and integration strategies that will make AI a trusted tool in practice.



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