**Draft Public Comment on CMS Request for Information: "Health-Technology Ecosystem" (FR Doc. 2025-08701, 90 Fed. Reg. 21034, May 16 2025)**

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Thank you for the opportunity to comment on CMS's Request for Information regarding a more connected, patient-centered health-technology ecosystem. I submit this statement as a nurse advocate, health-equity consultant, and founder of *Be Brave™ Nurse Recovery System*, which serves frontline RNs navigating FMLA, occupational stress, and discrimination.

## 1. Put Clinical End-Users—Especially Nurses—at the Center of Design

- **Burden Reduction:** EHR add-ons and digital point solutions often increase, rather than decrease, documentation load. CMS should require human-factors testing with bedside nurses before tools are deemed "certified" for federal programs.

- **Career Safety Signals:** Technology that auto-codes job-stress encounters as mental-health diagnoses can inadvertently place flags on a nurse's license and employability. Interoperability standards must allow *contextual* data (e.g., work-related stress vs. primary psychiatric illness) to travel accurately across systems.

## 2. Safeguard Equity & Civil-Rights Protections in Data Exchange

- **Bias Mitigation:** Algorithms parsing workforce-health data must be audited for racial, gender-identity, and disability bias. CMS should publish minimum bias-testing requirements and publicly report audit results.

- **Patient-Generated Data Rights:** When nurses submit wellness, time-off, or disability forms through employer portals, they deserve the same HIPAA-level protections as traditional clinical data.

## 3. Advance Informed-Consent Standards for Digital Workflows

- **Pre-FMLA Modules:** Embed nurse-led informed-consent prompts in leave-management software so RNs understand legal, clinical, and career implications before digital FMLA forms are finalized.

- **Plain-Language APIs:** CMS should encourage APIs that surface concise, plain-language explanations of how stress-leave data will be shared among HR, insurance, and credentialing entities.

## 4. Support Whole-Person Recovery & Care-Coordination Features

- **Faith & Resilience Resources:** Many nurses rely on spiritual and community-based supports (e.g., church outreach programs) during leave. CMS can pilot a standards-based "resource-directory" API so EHRs can list local faith-informed or culturally tailored recovery programs alongside traditional behavioral-health referrals.

- **Return-to-Work Safety Plans:** Include structured fields for RTW restrictions, retaliation monitoring, and accommodation agreements to reduce the back-and-forth faxes still common between clinicians and employers.

## 5. Promote Open-Source Interoperability & Small-Business Inclusion

- **Equitable Vendor Landscape:** Large incumbents often gatekeep certification due to high integration fees. CMS can lower barriers by:

    - Releasing reference FHIR implementation guides at no cost;

    - Funding pilot grants for nurse-led and minority-owned health-tech startups that address workforce wellbeing and career-safety use-cases.

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**Conclusion**
A truly person-centered, equitable health-technology ecosystem must protect not only patients but also the clinicians who care for them. By prioritizing nurse input, informed consent, bias mitigation, and open standards, CMS can catalyze technology that heals without harming careers.

Thank you for considering these recommendations.

*Respectfully submitted,*
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