CENTER FOR REGULATORY FREEDOM
PROJECT OF CPAC FOUNDATION

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M E M O R A N D U M

To:	**Hon. Robert F. Kennedy, Jr., Secretary, US Department of Health and Human Services** **Dr. Mehmet Oz, Administrator, Centers for Medicare and Medicaid Services**
From:	**Andrew Langer, Director, Center for Regulatory Freedom**
Date:	**April 5, 2026**
Re:	**Comments to US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) in response to a Notice of Intent to Collect Information, "Generic Clearance for the Collection of Medicare Current Beneficiary Survey (MCBS) Respondent "Pulse" Feedback (CMS-10948)," Docket #CMS-2026-0431-0001, Fed. Reg. 2026-02191, Published February 3, 2026**

Below are comments of the American Conservative Union Foundation's (d/b/a. Conservative Political Action Coalition Foundation) (hereinafter "CPAC Foundation") Center for Regulatory Freedom (hereinafter "CRF"), in response to a Notice of Intent to Collect Information, "Generic Clearance for the Collection of Medicare Current Beneficiary Survey (MCBS) Respondent "Pulse" Feedback (CMS-10948)," Docket #CMS-2026-0431-0001, Fed. Reg. 2026-02191, published February 3, 2026.

CRF is a project of the CPAC Foundation, a non-profit, non-partisan 501(c)(3) research and education foundation. Our mission is to inject a common-sense perspective into the regulatory process, to ensure that the risks and costs of regulations are fully based on sound scientific and economic evidence, and to ensure that the voices, interests, and freedoms of Americans, and especially of small businesses, are fully represented in the regulatory process and debates. Finally, we work to ensure that regulatory proposals address real problems, that the proposals serve to ameliorate those problems, and, perhaps most importantly, that those proposals do not, in fact, make public policy problems worse.

Introduction

The Centers for Medicare & Medicaid Services' proposal to establish a rapid-response "Pulse" feedback mechanism within the Medicare Current Beneficiary Survey reflects a recognition that timely, actionable information is increasingly important to effective program administration. CMS is correct to identify that traditional data sources—while rigorous—are often lagged and may not capture emerging issues in a manner that supports responsive policymaking. Efforts to supplement existing data with more immediate beneficiary feedback are therefore worthy of careful consideration.

At the same time, the introduction of a new information collection tool under the Paperwork Reduction Act warrants close scrutiny to ensure that the information collected is both necessary and of practical utility. The PRA is not merely a procedural requirement; it is a discipline that ensures that federal data collection efforts are appropriately scoped, analytically meaningful, and not burdensome relative to their intended use. Any new mechanism—particularly one designed to operate at speed and scale—must be evaluated against these standards.

We therefore offer conditional support for the proposed MCBS Pulse initiative. A well-designed, limited-use feedback tool has the potential to enhance CMS's operational awareness, improve early-stage testing of survey instruments, and assist in identifying emerging beneficiary concerns. These are legitimate and important functions, particularly in a program as large and complex as Medicare.

CRF Offers Cautious Support: This Information Can Be Important and Helpful, But We Must Guard Against Its Potential Abuse In The Future

The central analytical issue presented by this proposal is the distinction between directional feedback and data of sufficient rigor to support policy decision-making. By design, Pulse surveys are brief, limited in scope, and deployed over short time horizons. These characteristics make them useful for exploratory or preliminary insights, but they also constrain their reliability, generalizability, and interpretive depth. As such, their practical utility must be clearly defined and appropriately bounded.

Absent such boundaries, there is a meaningful risk that information collected through this mechanism could be used in ways that exceed its methodological limitations. In particular, there is a risk that directional, non-generalizable feedback could be treated as if it were representative or dispositive, thereby displacing more rigorous forms of analysis. This would run counter to the core objectives of the PRA, which emphasizes not only the collection of information, but the collection of information that meaningfully supports the proper performance of agency functions.

This concern is compounded by the degree of discretion inherent in the design and deployment of Pulse surveys. CMS retains control over question selection, framing, sequencing, and frequency. Each of these factors can materially influence responses. Even

well-intentioned question design can produce skewed results if not carefully structured, and repeated focus on particular issue areas can create a record that reflects emphasis rather than underlying prevalence. These dynamics underscore the importance of transparency and methodological discipline.

Similarly, the timing of Pulse survey deployment introduces additional considerations. Because these surveys can be fielded quickly and incorporated into existing data collection rounds, they may be deployed in proximity to ongoing policy development, rulemaking activities, or broader programmatic initiatives. While this flexibility is part of the tool's appeal, it also creates the potential for "just-in-time" data collection that aligns with, rather than independently informs, policy direction. Ensuring that the timing of deployment does not inadvertently bias outcomes is therefore essential.

There is also a broader institutional concern regarding how such data may be used over time. Medicare policy debates frequently center on questions of access, affordability, and program structure. Feedback collected through a mechanism such as the Pulse survey—particularly if focused on perceived gaps or challenges—could be used to reinforce existing programmatic approaches or to support incremental expansion without corresponding evaluation of underlying structural reforms. The concern here is not with the collection of beneficiary perspectives, but with the potential for selective use of those perspectives in ways that shape policy outcomes without sufficient analytical grounding.

To address these concerns, CMS should articulate clear parameters governing the use of Pulse survey data. At a minimum, the agency should specify that such data are intended for exploratory and supplemental purposes and should not be used as a standalone evidentiary basis for regulatory or sub-regulatory action. Pulse findings should be contextualized within broader data sources, including claims data, longitudinal surveys, and other established analytical tools.

In addition, CMS should commit to transparency in the design and deployment of Pulse surveys. This includes public disclosure of survey questions, timing, and thematic focus, as well as a clear explanation of how findings are interpreted and applied. Such transparency will not only enhance the credibility of the initiative but will also allow stakeholders to assess whether the tool is being used in a manner consistent with its stated purpose.

Finally, CMS should incorporate a mechanism for periodic evaluation of the Pulse initiative itself. This evaluation should assess whether the tool is producing insights that are actionable and distinct from existing data sources, whether it is influencing decision-making in a meaningful way, and whether the benefits of the information collected justify the associated burden. Continuous reassessment is essential to ensuring that the collection remains aligned with PRA principles.

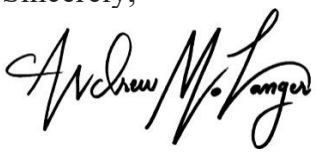
Conclusion

We appreciate CMS's effort to explore new approaches to gathering beneficiary feedback and agree that more timely information can, if properly used, contribute to more effective program administration. The concept of a rapid-response, limited-scope survey instrument is a reasonable one, and it has the potential to complement existing data collection efforts.

At the same time, the value of this initiative will ultimately depend on how the information it generates is used. If treated as exploratory input and integrated thoughtfully with more rigorous data sources, the MCBS Pulse could enhance CMS's ability to identify and respond to emerging issues. If, however, it is used in a manner that substitutes directional feedback for disciplined analysis, it risks undermining the very decision-making processes it is intended to support.

The success of this effort will not be determined by the frequency with which feedback is collected or the speed with which it is generated, but by whether it strengthens the analytical foundation of Medicare policymaking. CMS should therefore proceed with appropriate guardrails to ensure that this tool enhances—rather than dilutes—the quality, transparency, and rigor of the agency's work.

Sincerely,



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