



November 9, 2022

Chiquita Brooks-LaSure, Administrator
U.S. Centers for Medicare & Medicaid Services
200 Independence Avenue S.W.
Washington, D.C., 20201

Dear Administrator Brooks-LaSure,

As the four national hospice leaders, Leading Age, the National Association for Home Care & Hospice (NAHC), the National Hospice and Palliative Care Organization (NHPCO) and the National Partnership for Healthcare and Hospice Innovation (NPHI), we have grown increasingly concerned by reports of rapid proliferation of certified hospice agencies in select states. Most recently, the findings of the California State Auditor¹ indicate that the state's licensure practices, and weak oversight of hospice agencies have created opportunities for large-scale fraud and abuse in the Medicare and Medicaid programs. Particularly disconcerting is the fact that the data also shows multiple hospices at the same address without a corresponding increase in the eligible patient population to be served in the area, as well as specific individuals holding top management positions for multiple hospice entities at the same time.

While both the California State Legislature and the California Department of Public Health have taken steps to curtail this disturbing growth in hospice providers, we understand that similar activity has now spread to neighboring states, including Arizona, Nevada, and Texas. In Arizona, 239 new hospice providers were Medicare certified between 2018 and 2022, 52% of all providers in Arizona. In Nevada, 56 new hospices were Medicare certified between 2018 and 2020, 57% of all hospices now providing care in Nevada. In Texas, 369 new hospice providers were Medicare certified between 2018 and 2022, an increase of 40% in the number of hospices in the state, with 23% concentrated in three counties. Based on these developments, we believe that, in addition to action at the state level, increased federal oversight is needed to protect hospice patients and their families, as well as the vast majority of hospice providers that properly observe Medicare and Medicaid laws and regulations.

When similar activities were occurring in the home health program, CMS took decisive action to maintain the integrity of the benefit through imposition of temporary moratoria on the admission of new agencies in select areas of the country. We believe that targeted moratoria and similar actions directed toward high-risk providers could serve as a valuable means for blocking or eliminating from the hospice program those who engage in improper, unethical, and potentially illegal activities that harm patients and families and taint the reputation of the broader hospice provider community.

¹ Auditor of the State of California, [California Hospice Licensure and Oversight](#). March 2022, Accessed November 2, 2022

We have long believed that a comprehensive compliance approach aimed at hospice providers is good “preventive medicine” and essential to protecting patients, compliant hospice organizations, and the Medicare program generally. We would welcome the opportunity to meet with officials at CMS to discuss some of the suggestions we have for regulatory action to address these concerns and stand ready to assist in any way we can to ensure the continuing integrity of this important end-of-life benefit. Should you have any additional questions, please do not hesitate to reach out to the point of contact for each of our organizations: Mollie Gurian, Vice President, Home Based and HCBS Policy, LeadingAge mgurian@leadingage.org; Theresa Forster, Vice President for Hospice Policy, NAHC, tmf@nahc.org; Judi Lund Person, Vice President, Regulatory and Compliance, NHPCO, jlundperson@nhpco.org; and Ethan McChesney, Policy Director, NPHI, emcchesney@hospiceinnovations.org.

Sincerely,

Leading Age
National Association for Home Care and Hospice
National Hospice and Palliative Care Organization
National Partnership for Healthcare and Hospice Innovation