

Steven Sepe, Committee Clerk

House Committee on Health and Human Services

Date of hearing: Thursday, April 9, 2026

I am a resident of Barrington, Rhode Island, and a retired palliative medicine physician and scientist who has studied hospice quality for over two decades. I write in strong support of **HB 8214**, which takes two essential steps to protect hospice quality in Rhode Island: establishing a moratorium on new hospice licenses through 2031 and commissioning a study on how best to make these decisions.

Based on my research, I am deeply concerned about the rapid growth of hospice providers, particularly for-profit programs. Over the past decade, Rhode Island hospice programs have increased from four to eleven, with all new entrants being for-profit and many backed by private equity. My peer-reviewed research published in the *Journal of Pain and Symptom Management* found that for-profit hospices in Rhode Island disproportionately enroll nursing home residents with dementia, resulting in nearly 30% live discharges and \$2,844 more in Medicare charges per patient compared with the state's two nonprofit hospices.

While short hospice lengths of stay are a concern, there is no evidence that increasing the number of hospice programs reduces very short stays (less than seven days). Addressing this problem requires policy reform—specifically, allowing concurrent care so patients can receive hospice alongside curative treatment. Research consistently shows that for-profit hospices have higher patient and family complaints, rely more on less-skilled staff, spend less on direct patient care, and have higher rates of hospice revocation and hospitalization. Notably, 90% of for-profit hospices rank lowest in patient-care spending and have the highest live discharge rates (PubMed IDs 20136523, 36848095, 41052380).

The experience of Los Angeles County illustrates the risks of unchecked growth: hospice programs increased from 481 in 2019 to 1,676 in 2025, with many new providers lacking sufficient data for quality reporting. Rhode Island faces similar concerns, as 5 of its 11 hospices do not meet thresholds for reporting CAHPS Hospice Star Ratings, limiting transparency for consumers.

As I have written on my Substack (joanteno.substack.com), hospice operates in a constrained demand market. Oversupply can incentivize poor practices, including fraud, and ultimately harm patients. Rhode Island already has the third-highest hospice utilization in the nation, with 61.1% of Medicare decedents using hospice in 2023. This suggests a saturated market with real risks to quality.

HB 8214 is a critical and necessary step to preserve hospice quality in Rhode Island.

Respectfully submitted,
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