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April 28, 2026

The Honorable Melissa A. Murray, Chairwoman
Senate Health and Human Services Committee
State House
Providence, RI 02903

Dear Chairwoman Murray,

I am writing to express our opposition to Senate Bill 2114, which creates barriers in the way patients engage with the hospice care process.

As the Medical Director at HopeHealth, the State's largest provider of hospice care including the inpatient Hular Hospice Center in Providence, I would like to take this opportunity to clarify several issues raised in this bill. First, it is important to note that, currently, patients can have a caregiver present when hospice services are explained. We believe this is important to ensure that patients, their families and caregivers understand health care treatment options during very difficult times.

Often, hospice services are discussed with patients in the hospital. It is not unusual that, if a patient has a caregiver, they cannot be present for these discussions for patient privacy and confidentiality related reasons. The hospice team will do everything to try and accommodate the patient's wishes, including having the caregiver present and at times caregivers may join by speaker phone. However, ultimately it is the patient's decision.

This legislation implies that a caregiver must be present whenever **any** medical decisions are discussed by the hospice health care team whether the patient wants them present or not. This seems to be a clear violation of a patient's right to maintain the privacy and confidentiality of their health care decisions.

Senate Bill 2114 seems to assume the patients are incapable of making good health care decisions when they become terminally ill. I am not aware of any evidence that would support this belief. In addition, and possibly most concerning, the legislation states:

“prior to a patient consenting to hospice services, the patient's caregiver shall be provided with all information regarding the patient's medication and treatment and how entering hospice is anticipated to effect the prescribed medication and treatment.”

This language means that prior to any patient deciding on hospice care, their caregiver must be given all their medications and health care treatments, regardless of the patient's wishes. I do not believe this is a workable approach to hospice or any other health care treatment decision.

In addition, the definition of 'caregiver' referenced in the bill was written in 2015 to apply to in-home caregivers to allow individuals to remain in their homes longer. The caregiver definition refers to someone "who provides after-care assistance to a patient living in his or her residence", which is completely different from hospice services. Hospice services are delivered in hospitals, nursing homes, personal residences, and inpatient hospice settings among others. The definition also says it is someone who "is duly designated as a caregiver under this chapter" (which is Chapter 23-17.27). This definition is not applicable or workable in the course of providing hospice services.

Lastly, the bill requires that there be no age limitations on access to hospice or visiting nurse services. I am unaware of any such limitations and not sure where this concern has arisen. HopeHealth serves patients across all ages, including a pediatric hospice team, where we have served neonates to care provided to patients well over 100 years old.

HopeHealth is a non-profit organization with a 50-year history of providing care to patients without regard for their ability to pay. I am proud of the high-quality hospice system in our state that offers a level of care that Rhode Islanders have come to expect from their hospice providers.

I am happy to meet to discuss this issue further and provide additional information on the hospice system in our state.

Sincerely,

A handwritten signature in cursive script, appearing to read "Edward Martin".

Edward Martin, MD, MPH
Chief Medical Officer

cc. The Honorable Matthew L. LaMountain
Senate Health and Human Services Committee members