

**From:** Joan Teno <jmteno76@gmail.com>  
**Sent:** Monday, March 2, 2026 5:39 AM  
**To:** SLegislation <slegislation@rilegislature.gov>  
**Cc:** Sen. Ujifusa, Linda L. <sen-ujifusa@rilegislature.gov>  
**Subject:** Re: S 2459

**Robin Dionne Committee Clerk,**

**Please find an email in support of this important legislation.**

**Thank you for your attention to this matter.**

**Members**

**Senate Committee on Health and Human Services**

**Robin Dionne, Committee Clerk**

**[Slegislation@rilegislature.gov](mailto:Slegislation@rilegislature.gov)**

**Dear Members of the Committee:**

**As a palliative medicine physician and health services researcher, I write to express concern about the growing control of Rhode Island health care by private equity-backed and other for-profit entities, and the resulting risks to care quality—particularly for vulnerable patients.**

**Research on hospice care shows that for-profit and private equity-owned hospices prioritize returns on investment in ways that compromise care quality. Studies document higher patient and family complaints, greater reliance on less-skilled staff, and significantly lower spending on direct patient care. Notably, 90% of for-profit hospices rank lowest in patient-care spending and have the highest rates of hospice revocation leading to hospitalization (see PubMed IDs 20136523, 36848095 and 41052380).**

**Nationally, CMS audits of new hospices in six states have exposed important concerns. In California alone, these audits led to the closure of 280 hospice programs (i.e., about 10% of the hospice programs). Investigations describe practices such as enrolling cognitively impaired residents in Assisted Living Facility after hours, failing to provide services, and thereby blocking access to Medicare Part A benefits until they revoke the Medicare Hospice Benefit. Already, there is important concerns In Rhode Island, Gentiva (which acquired Kindred) paid a \$19.4 million settlement for enrolling patients who were not eligible for the Medicare Hospice Benefit.**

Over the past decade, Rhode Island’s hospice programs increased from four to eleven—all new programs are for-profit, many backed by private equity. My peer-reviewed research, accepted by the *Journal of Pain and Symptom Management*, found these hospices disproportionately enroll patients with dementia in nursing homes, resulting in nearly 30% live discharges and \$2,844 more in Medicare charges per patient compared with the state’s two nonprofit hospices.

This legislation is a critical step to protect clinicians’ ability to prioritize patient-centered, compassionate care over corporate profiteering.

Respectfully submitted,

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