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Medicare and Medicaid Programs: Conditions of Participation for Hospices (CMS-10277)

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General Comment

I urge the complete elimination of Medicare's Conditions of Participation (CoPs) for hospices, as they impose excessive compliance costs, duplicate state licensing requirements, stifle competition, and overstep the federal government's proper role. The federal government's authority in healthcare regulation should be limited, respecting states' rights to govern hospice care as laboratories of democracy. Allowing states to experiment with diverse regulatory approaches fosters innovation, tailored solutions, and freedom for providers to meet local needs. A 1999 GAO report found that compliance programs tied to CoPs cost providers millions annually, with no conclusive evidence of reducing improper payments, indicating limited cost-effectiveness (<https://www.gao.gov/products/hehs-99-59>). A 2024 GAO report noted \$100 billion in improper payments across Medicare and Medicaid in 2023, with 15% of hospices cited for serious deficiencies and 10% overdue for surveys, suggesting CoPs fail to deliver consistent quality or savings (<https://www.gao.gov/products/gao-24-107487>). These costs, including quality reporting burdens, disproportionately harm small and rural hospices, crushing competition and favoring large for-profit providers, as detailed in a 2022 ProPublica investigation (<https://www.propublica.org/article/hospice-healthcare-aseracare-medicare>). Many states, such as California and New York, have robust hospice licensing standards covering patient care, staffing, and quality, rendering CoPs largely redundant. Federal CoPs undermine states' rights to regulate healthcare according to local priorities, stifling the experimentation that drives progress. By eliminating CoPs, states can serve as laboratories of democracy, testing innovative oversight models that reduce costs while maintaining quality. For states with weaker regulations, CMS could offer voluntary guidance or grants to strengthen licensing, preserving state autonomy.