**HPCAA Guide for Legislative Contacts to Oppose SB269**

**2025 Legislative Session**

**Preparation Before Making any Calls**

* Review the flyer “Why Preserve Hospice Permit of Approval in Arkansas?” for information about how hospices in Arkansas compare with those in other states. It may be helpful to have some of that information in your head when you make these calls.
* Review the talking points below. The bullets under each talking point give you some additional information to help you explain that talking point.
* You probably won’t have time to cover everything, so identify the points you feel will most resonate with the legislator you’re calling or that you’re most comfortable explaining and focus on them.

**Opening**

* Thank you, *[insert legislator’s name]*, for taking my call.
* My name is *[insert your name]* and I work for [insert name of hospice]
* I’d like to talk with you about Senate Bill 269.
* I am very concerned about the impact this bill could have on hospice care in Arkansas.

**Talking Point #1: SB269 is in Direct Conflict with the Permit of Approval (POA) Process for Hospice in Arkansas**

* The POA system was designed to ensure the appropriate distribution of hospice services throughout the state, including both rural and urban areas, so all Arkansans have access to high-quality, sustainable hospice care.
* SB269 circumvents that by allowing hospice providers to expand into areas where there is no need.
* It would essentially eliminate the POA process for hospice care in Arkansas.
	+ There are currently 52 licensed hospice agencies in Arkansas.
	+ If this bill passes, every one of them – or any other organization or individual from inside or outside the state that buys an existing license in the future – would be able to expand to all 75 counties, 100 miles at a time, without any assessment of need or oversight by the Permit of Approval process.
	+ Currently we have an average of five (5) hospices per county\* in Arkansas, which supports quality of care while at the same time offering choice.
	+ If all 52 of the existing licensed hospices in the ***state*** expanded in this manner, that number could increase to 52 hospices ***per county***, which is unsustainable.
		- * We have a critical nursing shortage now and adding so many new hospices would make hiring and retaining quality staff even more difficult and costly.
			* It would spread the pool of eligible hospice patients so thin that hospices would struggle to operate with reduced revenue and increased expenses.
			* As seen in other states with too many hospices, rapid proliferation of hospices in Arkansas may increase hospice fraud, as competition for patients causes some hospices to admit ineligible patients or to employ unethical or illegal practices to attract Medicare and Medicaid beneficiaries.

**Talking Point #2: SB269 Jeopardizes Access to Hospice Care in Rural Areas**

* While SB269 would ***allow*** an increased number of hospices in every county, the more likely scenario is that hospices will migrate away from hard-to-serve rural areas and leapfrog to more lucrative urban markets, resulting in an imbalance where urban regions become saturated with hospice providers while rural areas suffer from inadequate access.
* This effect can be seen in states that do not have a POA (called Certificate of Need or CON in some states) process.
* A prime example is California, where there has been a tremendous increase in hospice agencies, most of which have clustered in urban areas, leaving many counties without adequate coverage and 11 rural counties with no hospice coverage at all.
* We don’t want to be California!

**Talking Point #3: SB269 Undermines Regulatory Oversight of Hospices in Arkansas and Increases the Potential for Fraud, Waste and Abuse**

* SB269 will create competing regulations to the POA process, which will introduce confusion and inconsistencies in the hospice oversight and approval processes.
* The coexistence of conflicting laws will complicate enforcement and regulatory oversight, potentially leading to legal challenges and operational inefficiencies.
* Compared to most other healthcare services, the barrier to entry for hospice care is low. As a visiting service that provides most care in patient’s homes, the start-up cost is minimal, while the opportunity for abuse is high.
* As the number of hospices increases, the State’s cost to monitor, survey, and provide adequate oversight of hospice services will increase as well, as additional surveyors and staff will be required to ensure regulatory compliance and quality of care.
	+ Continuing with the California example, with the proliferation of hospices in that state, waste, fraud and abuse became rampant.
	+ As a result, in 2021, California took drastic action and placed a moratorium on new hospice licenses. Then in 2023 it extended that moratorium to 2025 to give the California Department of Public Health time to adopt emergency regulations regarding hospice care.
	+ In addition, in September 2024, the Centers for Medicare and Medicaid Services (CMS) implemented an Expanded Prepayment Review of hospices in California with the stated goal “to reduce hospice fraud, waste, and abuse.”
* Without a strong POA/CON process, we could experience many of the same problems occurring in states like California.
* Again, we don’t want to be California!

**Talking Point #4: SB269 Raises Quality of Care Concerns and Challenges**

* Currently, hospices in Arkansas have higher quality ratings than the national average, and significantly higher ratings than states like California that do not have a POA/CON process to control growth.
* Rapid expansion can compromise care quality, as hospices struggle to provide adequate staffing and maintain their commitment to excellence across broader geographic areas.
* Regulatory agencies may be unable to monitor quality effectively due to a significant increase in the number of hospice agencies, increasing the risk of substandard care.

**Closing**

* Thank you for listening to my concerns about SB269.
* At *[insert your hospice’s name]*, we work hard to provide great care and service to the patients and families we serve.
* We want to continue that high level of care and service for all Arkansans, both rural and urban, but we can’t do that if we are fighting to stay alive because of an influx of additional hospices competing for scarce staff and diluting the pool of eligible patients.
* They are our neighbors and friends, and your constituents, so I hope you will support the need to maintain the Permit of Approval process on behalf of all Arkansans by voting “No” on SB269.
* Offer to send them the flyer “Why Preserve Hospice Permit of Approval in Arkansas” for more information on how hospices in Arkansas compare with those in other states on quality and cost, and the negative impact of having too many hospices.
* Give them your contact information, or that of your CEO or other hospice leader, and encourage them to call if they have any questions.

\*Based on the January 1, 2025 Bed Need Book. Counts hospices that serve the entire county as 1 and hospices that serve part of the county as 0.5.