



May 13, 2026

Joint Statement from the Association for Home and Hospice Care of North Carolina, the Florida Hospice & Palliative Care Association, and the South Carolina Home Care & Hospice Association

RE: CMS Nationwide Moratorium on New Hospice and Home Health Agency Enrollment

For Immediate Release — May 13, 2026

The Association for Home & Hospice Care of North Carolina, the Florida Hospice & Palliative Care Association, and the South Carolina Home Care & Hospice Association issue the following joint statement regarding the Centers for Medicare & Medicaid Services' May 13, 2026 announcement of nationwide temporary moratoria on the enrollment of new hospices and home health agencies, effective immediately.

Our organizations share the Administration's stated commitment to combating fraud, waste, and abuse in the Medicare hospice and home health programs. Fraudulent operators undermine the integrity of these programs, harm vulnerable patients, and erode public trust in the dedicated professionals who deliver compassionate end-of-life and home-based care every day. We have consistently supported—and continue to support—aggressive, targeted enforcement against bad actors and bad actions.

On behalf of our hospice and home health members, however, we are deeply concerned that CMS has chosen to impose a blanket nationwide moratorium that reaches far beyond the documented geographic concentrations of fraud, sweeping up states and communities where no evidence of fraudulent activity exists. A nationwide freeze on all new enrollments is an extraordinarily blunt instrument that does not distinguish between fraud hot spots and states with effective regulatory environments, proven track records of compliance, and demonstrated need for new capacity.

The Evidence Does Not Support a Nationwide Approach. CMS's own data and the March 2026 Medicare Payment Advisory Commission Report to Congress confirm that the extraordinary surge in hospice and home health enrollments during the COVID-19 Public Health Emergency was disproportionately concentrated in a handful of geographic areas—principally Los Angeles County and surrounding Southern California, along with parts of Arizona, Nevada, and Texas. In states such as North Carolina and Florida, where established providers are working diligently to serve their communities and where state regulatory agencies maintain robust oversight through certificate-of-need processes, licensure vetting, and ongoing surveys, there are no indicators of fraud or abuse. Every hospice program in our states is well known to the state regulatory agency due to the rigorous vetting, subsequent surveys, and continuous oversight that state law requires.

CMS has previously recognized the value of targeted, geographically tailored moratoria. From 2013 through 2019, CMS successfully employed county-level and state-level moratoria in identified fraud hot spots—an approach that protected program integrity without disrupting access to care in unaffected regions. The agency’s own notice acknowledges that significant enrollment growth has been concentrated in specific states, yet it has chosen to apply a nationwide moratorium that restricts enrollment equally in communities with no demonstrated fraud risk.

A Nationwide Moratorium Harms Patients and Disrupts State Planning. In North Carolina, a demonstrated need for additional hospice capacity has been identified through careful state methodology and extensive public input. In Florida, at least twenty additional hospice programs are in the process of being licensed to keep pace with the state’s demographic and utilization trends—programs that were awarded certificates of need and have already invested hundreds of thousands of dollars in the state’s rigorous licensure process. A nationwide moratorium halts these efforts without any evidence that fraud or abuse exists in these states or that a moratorium is necessary to protect Medicare beneficiaries in these communities.

The Moratorium Eliminates Telehealth Flexibility for Hospice Recertification. Perhaps the most troubling unintended consequence of a nationwide moratorium is its apparent impact on telehealth. As we warned in our April 2, 2026 letter to Administrator Oz, Section 6209(f) of the Consolidated Appropriations Act, 2026 extended the flexibility for hospice face-to-face recertification encounters to be performed via telehealth through December 31, 2027—but that same provision includes a statutory exception barring telehealth recertification in any region under a moratorium on new hospice enrollments. Although CMS dismisses this concern by stating in an FAQ document that the telehealth flexibilities will remain for current providers, a plain reading of the statute suggests that a nationwide moratorium eliminates telehealth recertification for every Medicare hospice beneficiary in America, not merely those in fraud-prone areas. This forces terminally ill patients and their families to undergo in-person recertification visits even when telehealth encounters are clinically appropriate, logistically necessary, and fully authorized by Congress. In rural communities and congested urban areas alike, this imposes severe and unnecessary burdens on the most vulnerable patients at the most vulnerable moments of their lives—burdens that bear no rational relationship to combating fraud among newly enrolling providers.

Existing Providers and Pending Applicants Are Harmed Without Justification. The moratorium also injures law-abiding hospice programs already in the process of licensure, programs that have made significant financial investments and navigated extensive regulatory review in states like Florida and North Carolina with certificate-of-need requirements. These applicants are not the bad actors CMS seeks to address. They have been thoroughly vetted by state agencies and pose no identifiable fraud risk.

We Urge CMS to Act on Evidence. We call upon CMS to immediately dedicate its data-driven resources to identifying states and counties where no evidence of fraud or abuse exists and to lift the moratorium in those areas without delay. The agency’s statutory authority under 42 CFR § 424.570(d) permits it to lift a moratorium at any time when circumstances warrant. CMS should exercise that authority by narrowing this moratorium to the specific regions where the evidence demonstrates a genuine risk, rather than maintaining an indiscriminate nationwide freeze that punishes compliant states and their patients alike.

We further urge CMS to work with Congress immediately to address the statutory interaction between the moratorium and the telehealth recertification flexibility, so that legitimate hospice patients are not deprived of the benefits of telehealth simply because CMS has imposed an enrollment freeze that has no bearing on their care.

Our organizations remain committed to working collaboratively with CMS and the Administration on solutions that protect program integrity through evidence-based, targeted enforcement—without compromising access to compassionate, high-quality care for the patients and families who depend on it.

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