

On behalf of the Ohio Health Care Association, an advocacy organization representing hospice agencies dedicated to delivering high-quality, patient-centered care, we appreciate the opportunity to respond to the Office of Management and Budget's (OMB) Request for Information on identifying federal regulations for potential rescission. Our member agencies operate at the frontlines of healthcare delivery, providing essential services to Ohioans, particularly individuals receiving care for their terminal conditions.

We welcome OMB's commitment to regulatory review and respectfully submit the following recommendations for the removal or revision of specific regulations that impose unnecessary administrative burdens, create inefficiencies, or hinder the ability of hospice providers to focus on direct patient care. These recommendations are grounded in our members' on-the-ground experience and aim to promote a more efficient, responsive, and sustainable health care system while maintaining the highest standards of quality and safety.

- **Hospice certifying physician enrollment requirement 42 CFR § 424.507(b)**
  - Requiring hospice physicians to be enrolled or opted-out imposes administrative burdens, risks delays in patient care, and may reduce the already limited pool of available physicians, particularly in rural areas, ultimately threatening timely and effective hospice services. In the initial roll-out period, providers experienced delays in payment and non-payment due to the confusion and ineffectiveness of the Medicare Administrative Contractors in implementing this policy.
- **Hospice Outcome and Patient Evaluation (HOPE) Tool Implementation**
  - The Hospice Quality Reporting Program is set to expand on October 1, 2025, to include data submission from the new Hospice Outcome & Patient Evaluation (HOPE) instrument, which will replace the current Hospice Item Set (HIS). At the same time, CMS will require hospices to adopt the new iQIES system for assessment submissions. The simultaneous implementation of these two new processes poses a significant risk of technical issues and errors for providers. We recommend that CMS waive timeliness submission requirements for at least the first quarter following implementation, allowing providers sufficient time to adapt to the new system and requirements.
- **Hospice Pass-Through for Room and Board Section 1905(o) of the Social Security Act**
  - The language in the Act specifies that "hospice care may be provided to an individual while such individual is a resident of a skilled nursing facility or intermediate care facility, but the only payment made under the State plan shall be for the hospice care." CMS interprets this to mean that only hospices are eligible for payment for hospice room and board services. In practice, this requires hospices to bill room and board at 95% of the rate and pass 100% of the payment to the nursing facility. As a result, hospices receive reduced reimbursement and are not compensated for the administrative burden of billing room and board. We believe this was not the intended outcome. An alternative interpretation of the language would suggest that services other than hospice care cannot be reimbursed once an individual elects hospice care, and that hospice reimbursement should include a supplemental amount for room and board when the individual resides in an institution. We recommend that the administration clarify that room and board payments can be made directly to the institution, thus eliminating unnecessary administrative burdens for hospice providers.
- **OSHA General Duty Clause (OSH Act §5(a)(1)):**

- Even in the absence of specific standards, employers are required to maintain workplaces "free from recognized hazards" (e.g., workplace violence or trip/fall hazards in cluttered homes). OSHA has issued voluntary guidelines for preventing violence against healthcare workers, including those in home health, and agencies are still obligated to address such risks under the General Duty Clause. However, this regulation is overly broad, as employers cannot reasonably ensure that a home environment is free from hazards. We recommend revising this regulation to exclude workers in home settings.

We appreciate the opportunity to submit feedback on behalf of our members. Should you have any questions, please do not hesitate to contact me.

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