

Good afternoon and thank you Chair Senator Patterson and members of the committee for the opportunity to speak today,

My name is Richard Holman, and I am a nurse, and the Director of a community-based nonprofit hospice, Housecall Providers Hospice, based in Portland, OR. I am speaking in support of SB1162.

For over 15 years, our nonprofit hospice has strived to deliver high-quality, ethical, and personalized end-of-life care. I'm testifying today because of serious concerns with the rampant fraud, waste, and abuse that is occurring in the hospice industry. The oversaturation and rapid growth of for-profit hospices is hurting some of the longest standing, highest-quality hospices in the state and negatively impacting vulnerable Oregonians. To highlight this, I want to share a patient story, one that illustrates the heart-rending consequences when proliferation of unethical hospices is left unchecked.

Shelley (which is not her real name) is a 62 year-old female with schizophrenia and bipolar disorder who had been cared for closely for over 3 years by her home-based primary care provider, in the facility where she lived. During a routine medical house call by her PCP, Shelley stated "I don't want to be on hospice anymore."

The PCP was terribly confused and worried because Shelley had limited decisional capacity and based on their medical opinion, did not meet hospice eligibility criteria. This new-to-the-market, for-profit hospice in Oregon enrolled Shelley in hospice care without any communication with her PCP, and in a manner that was highly unethical and likely fraudulent. To make matters worse, Shelley's PCP quickly discovered that she had been taken off all her mental health medications by this hospice. Shelley's PCP immediately called the hospice and implored them to restart her mental health

medications. What happened instead is heartbreaking. Shelley was discharged from hospice a few days later, and her critical mental health medications were not restarted. The same day that Shelley was discharged from this hospice, she was found in an altered state outside of her facility and was arrested by the police.

Thankfully, Shelley was immediately able to reestablish care with her home-based PCP, and her mental health medications were restarted. Shelley's distress because of her enrollment in hospice, which she did not want, and her interactions with the police, took weeks to overcome. The abuse Shelley experienced at the hands of this hospice is unconscionable. Sadly, Shelley's story is not unique.

I urge this committee to support the Certificate of Needs Legislation to limit the proliferation of hospices that our community does not need. A Certificate of Needs program would act as a safeguard, ensuring that every hospice provider entering the market upholds the high standards our citizens deserve. In the sensitive realm of end-of-life care, we must prioritize patient protection and ethical practice over unbridled expansion. A well-designed Certificate of Need hospice program will not only prevent fraud and abuse—it will also protect our nonprofit providers who have long served our communities with unwavering commitment.

Thank you.

Richard Holman

*Richard Holman*

Housecall Providers Hospice