



Date: February 24, 2026

To: Chair Bagnall and Members of the House Health Committee

Re: House Bill 1151- Maryland Department of Health - Study on Maryland Medical Assistance Program Reimbursement of Hospice Room and Board Services

Position: Favorable

Submitted By: Carlos Graveran on behalf of Bridging Life Hospice and Palliative Care

Dear Chair Bagnall and Members of the House Health Committee:

Thank you for the opportunity to provide testimony *in support of* House Bill 1151, which would direct the Maryland Department of Health to study the impact of requiring the Maryland Medical Assistance Program to provide reimbursement for room and board services provided by a hospice house.

Bridging Life Hospice and Palliative Care is dedicated to serving individuals with advanced, life-limiting illnesses and complex care needs by delivering interdisciplinary hospice and palliative services focused on comfort, dignity, and quality of life. We serve many Maryland Medicaid beneficiaries who would otherwise spend their final days in high-cost hospital settings rather than in environments best suited to address their holistic needs.

Current Maryland Medicaid hospice reimbursement structures are *multi-layered and administratively challenging*. Hospice services for terminally ill individuals are covered under Medicaid when a physician certifies a life expectancy of six months or less, but room and board payments are not included. Reimbursement for room and board for Medicaid beneficiaries residing in nursing homes involve pass-through arrangements that complicate cash flow and operational consistency for providers. These payment complexities can result in delayed or fragmented funding, creating barriers to smooth service delivery at a time when continuity is critical.

Hospice and palliative care are evidence-based interventions that reduce acute care utilization, improve patient and family satisfaction, and lower overall cost of care by shifting care away from expensive hospital settings to community-based and home-like environments. Hospice care prioritizes pain and symptom management, psychosocial and spiritual support, and care coordination for the most vulnerable populations. It is both humane and cost-effective—improving quality of life while reducing preventable hospitalizations.

The Maryland AHEAD Model, which becomes effective January 1, 2026, seeks to advance health equity and improve care delivery while controlling costs by emphasizing value-driven care across the continuum, not solely in hospital settings. Hospice and palliative care services are *intrinsically aligned* with these objectives:

- **Better Care:** Hospice and palliative care promote whole-person, patient-centered approaches that uphold quality of life through coordinated pain, symptom, and psychosocial support.
- **Cost Control:** By supporting beneficiaries in appropriate settings such as hospice homes or community residences, these services help avoid costly acute care admissions and prolonged hospital stays at the end of life.
- **Health Equity and Community-Centered Delivery:** Hospice care models can be tailored to meet cultural, linguistic, and social needs, increasing accessibility and reducing disparities in end-of-life care.

This study represents a necessary and *pragmatic first step* toward a better understanding of how Medicaid reimbursement for room and board in hospice houses could:

1. Improve hospice length of stay and reduce unnecessary transitions back to acute care;
2. Reduce hospital deaths and enable patients to remain in hospice environments that better support quality of life; and
3. Quantify Medicaid savings per death due to expanded hospice utilization and inform future payment policy.

Given the complexities of current payment processes and the overarching goals of the AHEAD Model, it is prudent to evaluate whether aligning room and board reimbursement under Medicaid with hospice service delivery can enhance care quality and financial sustainability.

For these reasons, Bridging Life Hospice and Palliative Care *strongly supports a favorable report* on HB 1151. We urge the Committee to advance this bill so Maryland can take an evidence-based step toward maximizing the value of hospice and palliative care for Medicaid beneficiaries and the broader health system.

Thank you for your consideration.

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