Hospice and Palliative Care:

Florida is a National Leader Among the States Looked to for Best Practices in Compassionate Care

August 2025

Florida TaxWatch

Florida TaxWatch

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Dear Fellow Taxpayer,

Providing quality and affordable care for patients with serious and/or chronic conditions is a balancing act between risk and reward that includes consideration of likely patient outcomes, comfort, quality of life, and cost. Against a backdrop of institutionally based, intensive treatment of patients with serious and/or chronic illnesses, palliative care is emerging as an important part of the care spectrum. Palliative care is an upstream form of care that can be implemented earlier in the disease management process, thereby helping to improve a patient's quality of life and reduce overall healthcare costs. Palliative care can and should be delivered alongside curative and life-prolonging treatments to reduce suffering from the disease or condition, and to ease side effects of curative therapies.

Whereas palliative care can be provided at any stage of a serious illness, hospice care is specifically for patients who are near the end of life and will not benefit from life-prolonging or curative therapies. Hospice care is designed to improve the quality of life of the patient and their family; reduce pain and suffering; and provide emotional support and compassionate care at the end of life.

In Florida, the expansion of hospice providers is guided by the Certificate of Need (CON) process, in which new hospice providers are approved only if there is a demonstrated unmet need. In areas with unmet needs, providers compete for the opportunity to launch new hospice services. The CON process helps to ensure the orderly and manageable growth of hospice providers, making it easier for the state to monitor their quality and to ensure that each provider has enough patients to sustain their operations.

Florida TaxWatch has written extensively on the value of Florida's hospice CON and palliative care programs over the past decade. In our research reports entitled "*Evaluating Hospice Certificate of Need in Florida*" (April 2018) and "*Florida's Certificate of Need Program Delivers High-Quality Hospice Care*" (May 2023), Florida TaxWatch recommended that the hospice CON process be retained in statute. In research reports entitled "*Palliative Care in Florida: Challenges and Options for Florida's Future*" (March 2019) and "*Physician Shortages: Better Utilization of Advance Practice Registered Nurses in Palliative Medicine Could Provide Relief*" (June 2023), Florida TaxWatch recommends a number of improvements to Florida's palliative care programs.

Florida TaxWatch undertakes this report to ensure our state policies and practices improve the outcomes of hospice and palliative care for our seniors, save taxpayers hard-earned money, and add dignity to our seniors' quality of life. Florida TaxWatch looks forward to discussing our findings and recommendations during the 2026 legislative session and engaging policymakers and hospice regulators.

Respectfully,

Dominic M. Calabro

Dominic M. Calabro
President & CEO

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Executive Summary

As Florida's population continues to age, the elderly population will require vastly different and more costly forms of health care, such as long-term care for chronic conditions, more frequent examinations and follow-ups, and services and care for cognitive and mental impairments. A variety of continuum of care options exists to accommodate the impending rise in long-term healthcare utilization, ranging from nursing homes to home and community-based settings.

Palliative care is an emerging and important part of the care spectrum. Palliative care is the management of the physical, psychological, spiritual, and social needs of patients, most often patients with nonterminal chronic or serious conditions and who are expected to live for more than one year. Palliative care services are not curative, but help patients manage the disease and their treatment to provide relief from symptoms and reduce stress on the patients and their families. Multiple studies have shown that palliative care can improve patient quality of life while reducing overall healthcare costs.

Hospice services provide care for patients at the end of life, offering a continuum of palliative and supportive care. To be eligible for hospice services, a medical professional must certify that a patient's condition is terminal if the illness follows its normal course, and patients must waive access to life-prolonging remedies. Hospice care helps reduce the patient's pain and suffering and supports the families of patients, offering emotional support and compassionate care through grief counseling and respite for caregivers, as well as financial relief by limiting the need for more expensive alternative treatments.

In Florida, hospice providers are regulated by the state's Certificate of Need (CON) program. Established in 1973, the CON program is used to determine whether a community has a demonstrated need for additional hospice providers. The CON program divides the state into 27 service areas that are assessed twice annually through a process known as "batching cycles." A service area is only granted a CON if the projected number of hospice patients for the upcoming year surpasses the total capacity of all existing programs by 350 or more hospice patients. Utilizing CON has allowed the state to maintain a highly competitive, effective, and quality network of hospice providers. The latest Centers for Medicare and Medicaid Services data, published November 2024, shows Florida in the top ten rankings for its delivery of hospice services compared to other states.

The most significant challenge to expanding the use of palliative care is financial sustainability. Most palliative care providers (including hospice agencies) have traditionally sought government payment sources (e.g., Medicare) to fund their services; however, these government sources rarely cover the full cost of care. Non-traditional funding sources include grants, commercial insurance, and other private pay models.

The lack of public awareness is also a significant barrier to expanding palliative care. Providing additional information and better messaging about improved patient outcomes and lower treatment costs can help increase support for and participation in palliative care programs. The early introduction of palliative care is a critical part of developing effective disease management plans.

Another issue is the availability and development of a trained workforce. Effective palliative care requires an interdisciplinary team of trained physicians, nurses, social workers, and more "niche" positions (e.g., psychologists, clergy, etc.). This is compounded by the limited availability of Board-certified hospice and palliative medicine physicians.

A challenge to providing efficient community-based palliative care is engaging patients by ensuring that the care is provided to the right patient population and at the right level of care. This requires screening tools that effectively identify those at risk and that exclude those who do not need or who will not benefit from palliative care.

Perhaps the most significant challenge to hospice is the threat of repealing the CON program. CON has helped to create a relatively stable growth rate of newly licensed hospice care facilities in Florida. Florida has 94 licensed hospice programs and 57 hospice providers. Florida legislators have resisted the temptation to repeal CON. During the 2024 calendar year, Florida served 166,116 hospice patients.

Florida is a national leader among the states looked to for best practices in compassionate care. Florida's patient-centered palliative care programs have been shown to improve patient outcomes and quality of life, while

reducing healthcare costs. Still, sufficient levels of palliative care are unavailable in more than one-half of Florida counties.

Florida is witnessing an emerging shift to community/home-based palliative care, which has been found to increase patient satisfaction and reduce the use and costs of medical services and facilitate more appropriate and timely utilization of hospice services when the patient approaches end of life. **Expansion of community/home-based palliative care may efficiently meet the needs of the growing number of patients that would benefit from palliative care services, improve patient quality of life, and net significant health savings in the long run.**

To ensure the financial stability of palliative care providers, the payment/reimbursement system must be addressed. **A regulatory framework that: (a) defines the services that constitute palliative care; (b) establishes minimum levels of service and standards; (c) forms a predictable payment source for providers; (d) establishes regulatory requirements and oversight mechanisms; and (e) removes legal barriers, should be developed.**

Hospice and palliative care facilities are currently not included among the specialties where APRNs can practice independently. Authorizing APRNs to practice autonomously would reduce the workload of physicians and costs for hospice and palliative care programs. During the 2025 legislative session, the Florida Legislature made modest improvements with CS HB 647, which allows APRNs to sign death certificates and to work under a written physician protocol. These changes, however, do not have a direct impact on the care at the patient's bedside or allow for full autonomy. **Amending Section 464.0123(3) of the Florida Statutes to effectively utilize the APRN workforce in hospice and palliative care facilities will not only address the current gaps in medical facilities, but it is also a cost-effective solution for the state to maintain high-quality care at reduced costs.**

Another major challenge facing the hospice and palliative care systems includes sequencing and transitioning from one type of care to another. Hospice programs are well suited to deliver upstream palliative care services because of the expertise of their staff and program resources. **Funding pilot projects within the Medicaid program that focus on transitioning terminal patients into hospice care facilities at an earlier stage in their long-term care process will not only address the sequencing and transitioning challenges, but it also develops a more efficient and productive processes for the continuum of care for patients.**

Florida's hospice delivery system works. The Certificate of Need Program has intentionally planned and developed a network of high-quality, readily available hospice providers. **Florida TaxWatch recommends the CON program be retained in statute, and that hospice regulators continue to identify ways that Florida hospice providers can continue to provide high quality care for Floridians.**

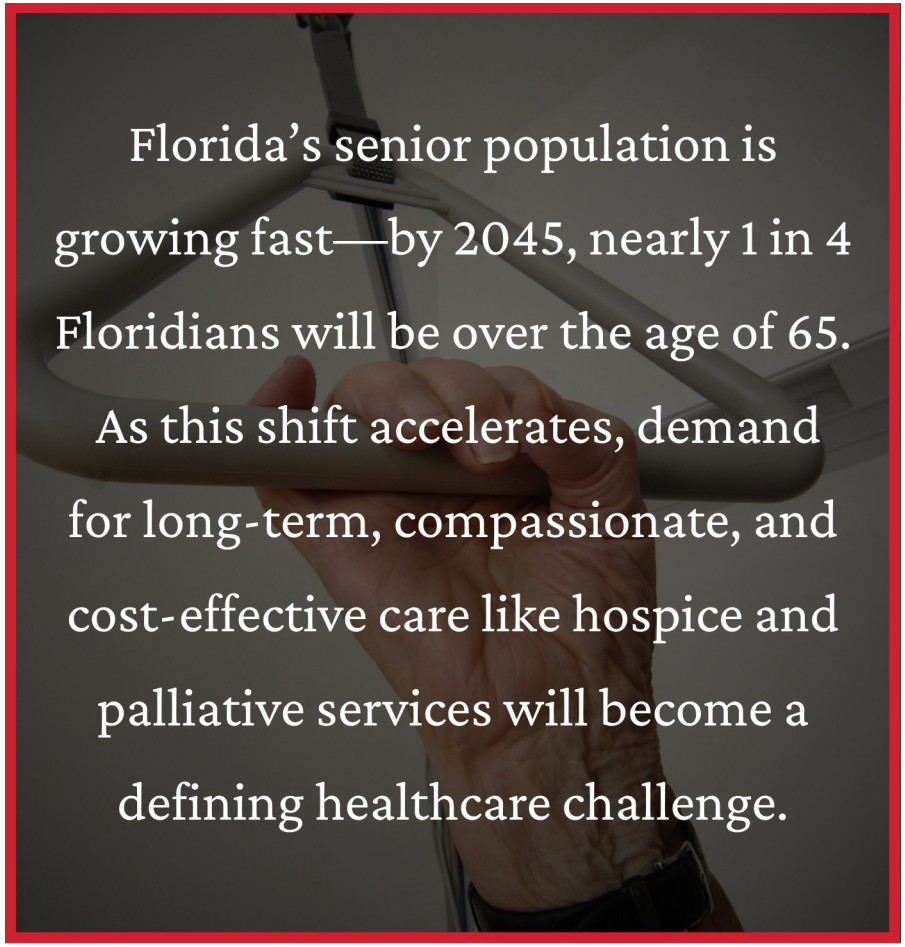
Introduction

Florida's aging population is growing rapidly. As of 2010, there were 2.5 million Floridians in their 50s, 2.1 million Floridians in their 60s, 1.4 million Floridians in their 70s, and almost 1 million Floridians in their 80s and above. Florida's 65 and older population is anticipated to grow by more than 50 percent over the next two decades from 4.4 to 6.7 million elderly residents. As Florida's population continues to age, the elderly population will require vastly different and more costly forms of health care, such as long-term care for chronic conditions, more frequent examinations and follow-ups, and services and care for cognitive and mental impairments.

Not only do seniors demand different types of health care, but meeting these needs will cost more, as nearly half of lifetime healthcare costs are accrued during the senior years. Despite the large elderly population, Florida lags in long-term services and support for the elderly. A variety of continuum of care options exists to accommodate the impending rise in long-term healthcare utilization, ranging from nursing homes to home and community-based settings. Due to the projected growth in Florida's elderly population over the coming decades, it will be critical to expand resources across the state's entire continuum of care.

The U.S. Centers for Medicare and Medicaid Services measures the overall quality of hospice care with two indicators—the Hospice and Palliative Care Composite Process Measure and the Hospice Care Index Overall Score. Compared to other states, Florida's performance measured by the Hospice and Palliative Care Composite Process Measure ranks 6th and its score for the Hospice Care Index Overall Score is tied for 2nd. Florida's hospice delivery system works. The Certificate of Need (CON) Program has intentionally planned and developed a network of high-quality, readily available hospice providers. Florida TaxWatch has strongly supported retention of the CON program in statute, and that hospice regulators continue to identify ways that Florida hospice providers can continue to provide high quality care for Floridians.

Palliative care is similar in concept to hospice care, although hospice care is a more widely known and a more comprehensive form of care. Palliative care helps mitigate symptoms along with pain and suffering which reduces instances of crisis events that often lead to the need for emergency services and unnecessary hospital admissions. Essentially, palliative care is an upstream form of care that can be provided earlier in the disease trajectory before the broader services of hospice care are needed. The underlying goal is to provide coordinated services that improve the patient's life – essentially to provide the right care at the right time for each patient given their condition and situation. Palliative care is an emerging and important part of the care spectrum. Multiple studies have shown that palliative care can improve patient quality of life while reducing overall healthcare costs. Florida TaxWatch undertakes this independent research to provide an update on Florida's hospice and palliative care programs.



Palliative Care

There is no single definition of "palliative care" and Florida Statues do not currently provide one that covers all aspects of palliative care services.[1] The current State Health Improvement Plan and the State Cancer Plan both contain goals related to palliative care and provide the most structured outline of what "palliative care" consists of and how it is measured. Conceptually, palliative care is the management of the physical, psychological, spiritual, and social needs of patients, most often patients with nonterminal chronic or serious conditions and who are expected to live for more than one year. Palliative care services are not curative, but help patients manage the disease and their treatment to provide relief from symptoms and reduce stress on the patients and their families.

The Florida Department of Health's *Palliative Care Ad Hoc Committee* defines the following three types of palliative care provision:

- **Inpatient services**—organized services that directly provide palliative care to hospitalized patients;
- **Outpatient services—**organized services that deliver palliative care to patients who are not hospitalized overnight but visit a hospital, clinic, or facility for diagnosis or treatment; and
- **Community/home-based services**—organized services that provide palliative care to patients in their private residences, assisted living facilities, nursing homes, or wherever patients reside.[2]

Hospice

Hospice services provide care for patients at the end of life, offering a continuum of palliative and supportive care. To be eligible for hospice services, a medical professional must certify that a patient's condition is terminal if the illness follows its normal course, and patients must waive access to life-prolonging remedies. Hospice care helps reduce the patient's pain and suffering, and helps the families of patients, offering emotional support and compassionate care through grief counseling and respite for caregivers, as well as financial relief by limiting the need for more expensive alternative treatments.[3]

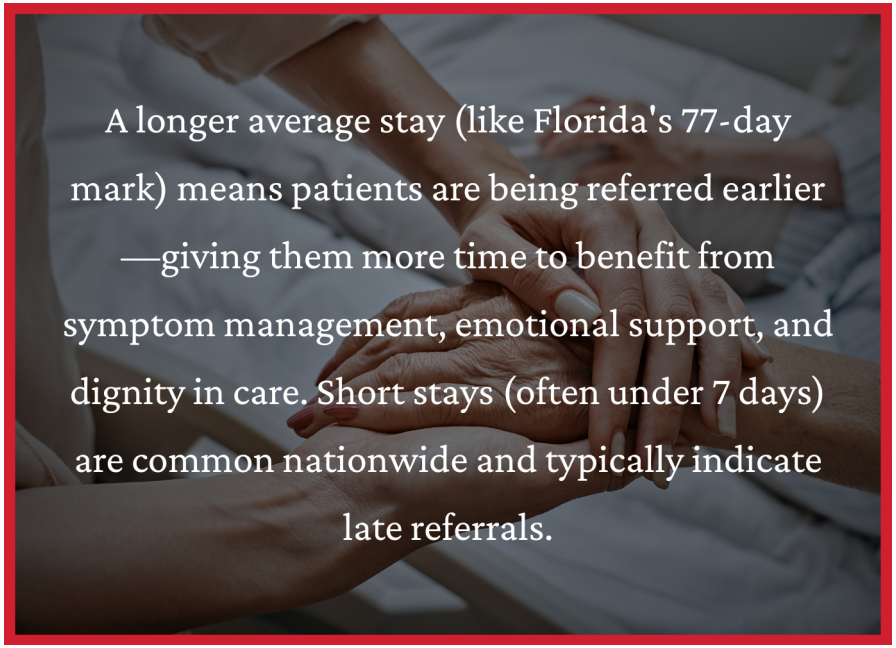
In Florida, hospice providers are regulated by the state's Certificate of Need (CON) program. Established in 1973, the CON program is used to determine whether a community has a demonstrated need for additional hospice providers. The CON program divides the state into 27 service areas that are assessed twice annually through a process known as "batching cycles." A service area is only granted a CON if the projected number of hospice patients for the upcoming year surpasses the total capacity of all existing programs by 350 or more hospice patients. If there is a demonstrated need, providers compete to launch a new program.[4] The batch cycling process during 2024 resulted in 14 approved CON applications and 29 rejected applications.[5]

This brings the total number of licensed hospice programs in Florida (2024) to 94, and the number of hospice providers to 57.[6] Seven additional hospice CON programs are necessary to meet the expected demand for July 2025.[7] With 166,116 hospice patients in 2024, Florida trails only Texas in the number of hospice patients.[8]

1 Note: The following sections in the Florida Statutes—§400.601 & 400.609 (hospice), §765.102 (6) (health care advanced directives), §456.44 (1)(a)3. (controlled substances)—all contain specific definitions for "palliative care"; however, each definition is only applicable to the specific section where it is listed. Other sections of the Florida Statutes also mention palliative care but lack a definition.
2 Florida Department of Health, "Palliative Care in Florida: A Report to the Surgeon General of the Florida Department of Health by the Palliative Care Ad Hoc Committee," June 2016.
3 Melissa Aldridge, Ab Brody, Peter May, Jaison Moreno, Karen McKendrick, and Lihua Li, Hospice Saves Costs for Families: Evidence from 16 Years of Medicare Survey Data, September 2021. See also, NORC at the University of Chicago, "Value of Hospice in Medicare," March 2023.
4 Florida TaxWatch, "Florida's Certificate of Need Program Delivers High-Quality Hospice Care," May 2023.
5 Florida Agency for Health Care Administration, "CON Decisions & State Agency Action Reports," retrieved from https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/certificate-of-need-and-commercial-managed-care-unit/certificate-of-need-con-program-overview/certificate-of-need-competitive-review-batching-cycles-2025/con-decisions-state-agency-action-reports, accessed on February 10, 2025.
6 Florida Agency for Health Care Administration, "Florida Need Projections for Hospice Programs," February 2024. Some providers operate in more than one service area, creating the difference between the number of programs and the number of providers.
7 Ibid.
8 Florida Agency for Health Care Administration, "Florida Need Projections for Hospice Programs," February 2025.

Utilizing CON has allowed the state to maintain a highly competitive, effective, and quality network of hospice providers. The latest Centers for Medicare and Medicaid Services data, published November 2024, shows Florida in the top ten rankings for its delivery of hospice services compared to other states:

- The Hospice and Palliative Care Composite Process Measure gauges patient stays that satisfy applicable criteria for seven categories.[9] **Florida is ranked 6th nationwide, with a score of 95.9 percent.**[10]
- The Hospice Care Index Overall Score is the average score of hospices that earn points (1-10) for meeting different claims-based indicators.[11] **Florida tied 2nd nationwide, with a score of 9.7.**[12]



Similarities and Differences

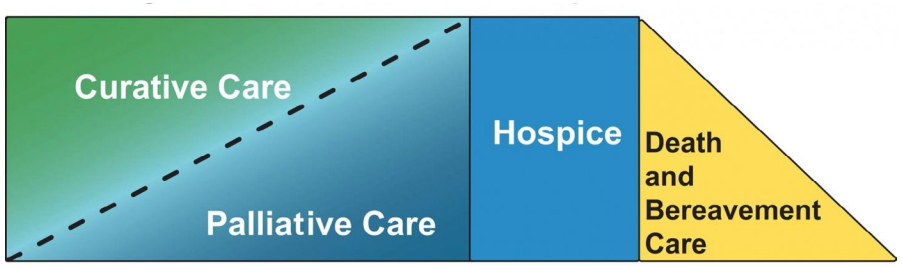
It is important to examine the similarities and differences between palliative care and hospice care. Both hospice and palliative care provide patient-centered services aimed at delivering the right care at the right time for individual patients. Many of the services provided and the professionals involved are the same, and hospice providers are often palliative care providers as well. Along with hospitals, hospice organizations are the most common types of palliative care service providers.[13] Like palliative care, hospice services are not limited to any age or type of diagnosis; however, hospice care is provided when patients meet specified criteria related to medical prognosis.[14]

Both hospice and palliative care use an interdisciplinary team of specialists to provide unique, patient-centered services. Although either hospice or palliative care may be the most appropriate point at which an individual begins to receive care, hospice care provides additional unique benefits for terminally ill patients that are not part of palliative care. These include advanced care planning, medications, supplies, and medical equipment, to name a few.[15]

Palliative care should not be used to replace or delay the provision of hospice care for eligible and appropriate terminally ill patients; however, palliative care can provide services for those patients with chronic conditions but not terminal until hospice care is appropriate. The ideal interaction between palliative care and hospice is a near-seamless transition from palliative services to hospice services based on the patient's prognosis (see Figure 1).[16]

9 The categories are beliefs/values addressed, treatment preferences, pain screening, pain assessment, dyspnea treatment, dyspnea screening, and patients treated with an opioid who are given a bowel regimen.
10 U.S. Centers for Medicare and Medicaid Services (CMS), Hospice – State Data, November 2024. Florida tied with Arkansas and Alabama.
11 The indicators are continuous home care or general inpatient provided, gaps in skilled nursing visits, early live discharges, late live discharges, burdensome transitions (Type 1)—live discharges followed by hospitalization and subsequent hospice readmission, burdensome transitions (Type 2)—live discharges from hospice followed by hospitalization with the patient dying in the hospital, per-beneficiary Medicare spending, skilled nursing care minutes per routine home care day, skilled nursing minutes on weekends, and visits near death.
12 U.S. Centers for Medicare and Medicaid Services (CMS), Hospice – State Data, November 2024. Florida tied with New Hampshire and West Virginia.
13 Florida TaxWatch, "Palliative Care in Florida: Challenges and Options for Florida's Future," March 2019.
14 In Florida, hospice care is available for patients when the prognosis for life expectancy is one year or less.
15 Supra, see footnote 13.
16 Ibid.

Figure 1: Blending Treatment with palliative care and hospice



Source: https://glioblastomasupport.org/palliative-care-2/

It is not uncommon for hospice providers to also provide palliative care services. Hospice providers often serve patients with a mix of general inpatient and residential care, which is likely the model for the provision of non-hospital-based palliative care.

Challenges

Palliative Care

The most significant challenge to expanding the use of palliative care is financial sustainability. Most palliative care providers (including hospice agencies) have traditionally sought government payment sources (e.g., Medicare) to fund their services; however, these government sources rarely cover the full cost of care. Non-traditional funding sources include grants, commercial insurance, and other private pay models.

The lack of public awareness is also a significant barrier to expanding palliative care. Providing additional information and better messaging about improved patient outcomes and lower treatment costs can help increase support for and participation in palliative care programs. The early introduction of palliative care is a critical part of developing effective disease management plans.

Another issue is the availability and development of a trained workforce. Effective palliative care requires an interdisciplinary team of trained physicians, nurses, social workers, and more "niche" positions (e.g., psychologists, clergy, etc.). This is compounded by the limited availability of Board-certified hospice and palliative medicine physicians. The American Academy of Hospice and Palliative Medicine published an updated report in 2024 highlighting the growing concern about the increasing demand for physicians and the aging workforce. In 2021, 20 percent of active practicing physicians were 65 or older.[17] Healthcare professionals in palliative care are particularly prone to burnout and often retire earlier than the average retirement age, which places an additional strain on healthcare systems.

A challenge to providing efficient community-based palliative care is engaging patients by ensuring that the care is provided to the right patient population and at the right level of care. This requires screening tools that effectively identify those at risk and that exclude those who do not need or who will not benefit from palliative care.

17 Association of American Medical Colleges, "The Complexities of Physician Supply and Demand: Projections From 2021 to 2036." March 2024.

Hospice

Perhaps the most significant challenge to hospice is the threat of repealing the CON program. Critics argue that the average patient in a state governed by CON has access to fewer hospitals, hospice care facilities, dialysis clinics, and ambulatory surgery centers.[18] There are also concerns that CON does not distribute care where it is most lacking, and that many (primarily rural) patients must travel farther for hospice care.[19] Incumbent medical facilities have competitive advantages over smaller, less-powerful competitors.[20]

Florida legislators have resisted the temptation to repeal CON. The increase in the number of hospice providers has been consistent with the population growth seen in Florida over the recent years, suggesting a continued alignment between supply and demand for health services. The number of hospice providers grew by 9.3 percent between 2010 and 2020, whereas Florida's population increased by 7.4 percent during the same period.[21]

Although CON has helped to create a relatively stable growth rate of newly licensed hospice care facilities in Florida, states without CON have experienced exponential growth in the number of hospice providers. From 2014 to 2020, the number of hospice providers in California increased 67 percent; in Texas, the increase was 23 percent.[22] This exponential growth of new hospice providers has raised several red flags related to fraud.

As is the case with many government programs, there is the potential for fraud and abuse. The strong performance of Florida's hospice CON programs illustrates that state's success in delivering high-quality hospice care with high utilization rates and minimal fraud. Hospice fraud often involves treating ineligible patients, resulting in higher live discharge rates than those of traditional hospice centers. This allows facilities to serve more patients at a lower cost than typical long-term hospice care. While high live discharge rates for hospice centers are not directly associated with fraudulent activity, they are useful indicators for when hospice regulators are considering investigating a hospice provider for potentially fraudulent activity.

The national average live discharge rate in 2024 was 18.2 percent.[23] Florida's live discharge rate has historically parallelled that of the national average and other states.[24] In 2023, Florida's average length of a single hospice patient stay (77 days) was also comparable to the national average (78 days).[25] Among states in similar size and capacity, Florida continues to rank in the top three for time and number of visits with hospice patients (See Table 1).

18 Supra, see footnote 4.
19 Thomas Stratmann and Christopher Koopman, "Entry Regulation and Rural Health Care," February 2016.
20 Matthew Mitchell, "It's Time for States to Ditch Certificate of Need Laws," U.S. News and World Report, July 9, 2021, retrieved from https://www.usnews.com/news/ best-states/articles/2021-07-09/on-the-heels-of-the-pandemic-states-should-get-rid-of-certificate-of-need-laws, March 8, 2023.
21 Florida TaxWatch, "Evaluating Hospice Certificate of Need in Florida," April 2018; and U.S. Centers for Medicare and Medicaid Services (CMS), Medicare Post-Acute Care and Hospice-by Geography and Provider, 2020. Current numbers from the U.S. Centers for Medicare and Medicaid Services (CMS) were compared to number from 2014, found in the Florida TaxWatch report.
22 Supra, see footnote 4.
23 U.S. Centers for Medicare and Medicaid Services (CMS), Hospice Monitoring Report, April 2024.
24 New York and North Carolina have live discharge rates around the national average and have hospice CON programs.
25 U.S. Centers for Medicare and Medicaid Services (CMS), Medicare Hospice Utilization by State, Calendar Year 2023.

Table 1.
Of States with Most Patients, Florida Hospice Providers Spend More Time and Visit More Often with Patients at the End of Life

State	Total Number of Patients	Average Minutes of Nursing	Total Social Work Visits	Total Home Health Aid Visits
Nationwide	1,659,199	56	5,912,095	34,203,562
California	164,709	63	552,516	3,263,143
Florida	**150,127**	**85**	**483,993**	**3,443,302**
Texas	144,660	51	500,999	4,405,050
Ohio	75,074	59	281,110	1,424,630
Pennyslvania	68,560	54	233,450	1,554,564
Michigan	58,210	53	222,046	904,525
North Carolina	57,532	50	236,128	1,029,852
Illinois	54,528	55	170,425	802,408
Georgia	53,384	56	189,406	1,417,373
Arizona	46,216	49	173,413	932,573

Source: U.S. Centers for Medicare and Medicaid Services (CMS), Medicare Hospice Utilization by State, Calendar Year 2023; CMS, Medicare Post-Acute Care and Hospice-by Geography and Provider, 2022.[26]

Conclusions & Recommendations

Florida is a national leader among the states looked to for best practices in compassionate care. Florida's patient-centered palliative care programs have been shown to improve patient outcomes and quality of life, while reducing healthcare costs. Still, sufficient levels of palliative care are unavailable in more than one-half of Florida counties.

Florida is witnessing an emerging shift to community/home-based palliative care, which has been found to increase patient satisfaction and reduce the use and costs of medical services and facilitate more appropriate and timely utilization of hospice services when the patient approaches end of life.[27] **Expansion of community/home-based palliative care may efficiently meet the needs of the growing number of patients that would benefit from palliative care services, improve patient quality of life, and net significant health savings in the long run.**

To ensure the financial stability of palliative care providers, the payment/reimbursement system must be addressed. **A regulatory framework that: (a) defines the services that constitute palliative care; (b) establishes minimum levels of service and standards; (c) forms a predictable payment source for providers; (d) establishes regulatory requirements and oversight mechanisms; and (e) removes legal barriers, should be developed.**

Hospice and palliative care facilities are currently not included among the specialties where APRNs can practice independently. Authorizing APRNs to practice autonomously would reduce the workload of physicians and costs for hospice and palliative care programs. Perhaps the most compelling reason for APRNs to have autonomy in these programs is that their experience and education fully prepare and qualify them for it. The training and education that APRNs obtain closely mirror the degree requirements of other medical professionals in hospice and comfort-based care settings. While CS/HB 647 provided a step in the right direction, reducing bottlenecks and focusing on

26 Note: This is table contains CMS data, which is only Medicare Hospice patients in 2023, while the AHCA Hospice Needs Projection is all hospice patients in Florida in 2024 which includes all payers. This difference is noted to address the difference in number of patients served in Florida in 2024, as listed above in the "Executive Summary" and "Hospice" sections which use the AHCA Hospice Needs Projection data.
27 Brumley, Richard, "Increased Satisfaction with Care and Lower Costs: Results of a Randomized Trial of In-Home Palliative Care," Journal of American Geriatric Society. June 2007.

direct impacts related to improving bedside care for patients still requires more autonomy for APRNs. **Amending Section 464.0123(3) of the Florida Statutes to effectively utilize the APRN workforce in hospice and palliative care facilities will not only address the current gaps in medical facilities, but it is also a cost-effective solution for the state to maintain high-quality care at reduced costs.**

Sequencing and transitioning from one type of care to another is still a challenge facing hospice programs. Providing opportunities for high-quality hospice programs that have the staff and experience to deliver upstream palliative care to patients can shorten the patient's stay in long-term care facilities and improve efficiency within the health system. **Funding pilot projects within the Medicaid program that focus on transitioning terminal patients into hospice care facilities at an earlier stage in their long-term care process will not only address the sequencing and transitioning challenges, but it also develops more efficient and productive processes for the continuum of care for patients.**

Florida's hospice delivery system works. The Certificate of Need Program has intentionally planned and developed a network of high-quality, readily available hospice providers. Absent CON regulations, states have demonstrated prolific growth of hospice providers. The more hospice providers a state has, the harder it becomes to monitor for quality and safeguard against fraud. **Florida TaxWatch recommends the CON program be retained in statute, and that hospice regulators continue to identify ways that Florida hospice providers can continue to provide high quality care for Floridians.**

About Florida TaxWatch

As an independent, nonpartisan, nonprofit taxpayer research institute and government watchdog, it is the mission of Florida TaxWatch to provide the taxpayers of Florida and public officials with high quality, independent research and analysis of issues related to state and local government taxation, expenditures, policies, and programs. Florida TaxWatch works to improve the productivity and accountability of Florida government. Its research recommends productivity enhancements and explains the statewide impact of fiscal and economic policies and practices on citizens and businesses.

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The findings in this Report are based on the data and sources referenced. Florida TaxWatch research is conducted with every reasonable attempt to verify the accuracy and reliability of the data, and the calculations and assumptions made herein. Please contact us if you believe that this paper contains any factual inaccuracies.

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