September 9, 2026

The Honorable Dr. Mehmet Oz
Administrator
The Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Ave SW,
Washington, D.C. 20201

Kim Brandt
Deputy Administrator & Chief Operating Officer
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
200 Independence Avenue, SW Washington, DC 20201

Dear Administrator Oz and Deputy Administrator Brandt:

LeadingAge, together with our state partners, represents more than 5,300 nonprofit and mission-driven aging services providers serving older adults and touching millions of lives every day. From our national headquarters in Washington, DC, and in collaboration with state partners whose members are active in 50 states, the District of Columbia, and Puerto Rico, we use advocacy, education, applied research, and community building to make America a better place to grow old. Our membership encompasses the entire continuum of aging services, including skilled nursing, assisted living, memory care, affordable housing, retirement communities, adult day programs, hospice, Programs of All-Inclusive Care for the Elderly (PACE), and home-based care including Medicare home health agencies.

On behalf of these members, LeadingAge requests the Centers for Medicare and Medicaid Services (CMS) not to extend the national moratoria on home health and hospice provider enrollments.

LeadingAge has consistently and vocally supported the administration's goal of preventing further attacks on programs designed to protect the vulnerable.

In May of this year, we voiced our support for a short-term moratorium on new provider enrollees as an appropriate tool to allow the agency time to develop and implement longer-term solutions to oversight including enhanced site visits, as well as stronger enrollment controls. LeadingAge's decision to support a moratorium was not made lightly as I explained recently explained in a letter to our members.

Before the six-month moratoria were announced, LeadingAge encouraged a targeted approach to the use of CMS' moratorium authority, directing it towards areas with substantiated fraudulent activity such as California, Nevada, Texas and Arizona. We advised CMS in a March 2026 letter any moratorium decision must take into account likely effectiveness, potential unintended consequences for access to care, and the availability of other tools that may be better calibrated to the problem. When CMS announced the moratoria in May, given the significance of the threat to home health and hospice, we made the decision to support the time-limited implementation of nationwide moratoria on home health and hospice.

We have not wavered in our position that targeted program integrity efforts to root out bad actors is necessary. However, it is becoming increasingly clear that legitimate providers are being caught in the crossfire of this war against fraud. The blunt nature of this national moratorium, which does not allow exceptions to enrollments in areas with clear needs, necessitates our voice now. We also underscore that we believe that the program enrollment proposals in the home health rule were overly broad and have the potential for real harm as expressed in our comment letter and our joint sign on letter (in which we were joined by 18 other national organizations).

We have heard from numerous of our provider members who had made substantial investments to develop hospice or home health services for their communities but were delayed in their efforts due to the moratorium. From rural Wisconsin to inner-city Atlanta, members who see it as their mission to serve their communities have covered overhead and costs while they wait for the ending of these moratoria, knowing they cannot fulfill their mission if the current enrollment moratoria remain in place any longer than six months. As one of our members put it, "this was not a growth-for-growth's-sake decision. It was a mission-driven response to a real community need."

We request CMS not renew the moratoria for home health and hospice again and instead focus on targeted efforts to eliminate fraud from these settings as we outlined in our CRUSH RFI response and previous letters.[1]

Respectfully,

Katie Smith Sloan

President and CEO

LeadingAge

[1] https://leadingage.org/wp-content/uploads/2026/03/LeadingAgeCRUSHFinal.pdf
https://leadingage.org/wp-content/uploads/2026/01/Home-Health-Member-Network-Resource-January-6-2026.pdf
https://leadingage.org/wp-content/uploads/2026/03/Final-Alliance-LeadingAge-PI-Letter-3.25.26.pdf