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**American Therapeutic Recreation Association**

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May 28, 2026

VIA ELECTRONIC SUBMISSION

The Honorable Mehmet Oz, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1851-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: (CMS-1851-P) Medicare Program; FY 2027 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Program Requirements**

Dear Administrator Oz:

The American Therapeutic Recreation Association (ATRA) appreciates the opportunity to comment on the Fiscal Year (FY) 2027 Hospice Proposed Update (Proposed Update). ATRA is the largest professional association representing recreational therapy practitioners. Recreational therapists are nationally certified and, where applicable, state-licensed to provide activity-based treatment services for individuals with a range of disabling conditions across the lifespan. Recreational therapists work with older adults and people with chronic conditions in hospice facilities and skilled nursing facilities (SNFs) who are receiving hospice throughout the U.S.

**Comment on Services Covered under Background Section B**

ATRA encourages CMS to revise the listing of covered hospice services to more accurately reflect the interdisciplinary services that may be ordered by the attending physician as part of hospice care. CMS states that coverage must be reasonable and necessary for the management of the terminal illness and related conditions, and in Section 1861(dd)(1) of the Act establishes the services that are to be rendered by a Medicare-certified hospice program. Covered services include a variety of nursing and counseling services, as well as physical and occupational therapy, and speech-language pathology. However, recreational and creative art therapies are omitted from the list.

**Recreational, music, and art therapists play an important role in promoting quality of life, meaningful engagement, comfort, and emotional well-being throughout the lifespan.** At the end of life, recreational therapy specifically can address coping skills, life review, processing of life events, meaningful engagement in leisure particularly with family, and pain management. While physical and occupational therapy are also providing interventions to address pain related to movement, range of motion, splinting, etc., recreational therapists are providing nonpharmacological interventions to address pain such as guided imagery, deep breathing, relaxation techniques, and seated yoga. In addition to pain management, recreational therapists may also support emotional well-being and quality of life at the end of life.<sup>1</sup> Absence of pain, living in comfort, respected wishes, and family/support<sup>1</sup> are issues that contribute to promoting well-being at the end of life. The National Institute on Aging identifies physical comfort, mental and emotional needs, spiritual needs, and practical care as key areas for promoting well-being at the end of life.<sup>2</sup> Ensuring people receiving hospice services have dignity and autonomy, quality of life, and compassionate, ethical care should remain central considerations within hospice care and future hospice quality measures.

**We encourage CMS to be inclusive of a variety of modalities, interventions (including nonpharmacological approaches), and practitioners providing services to individuals receiving hospice.** Research demonstrates the value and importance of interprofessional collaboration in palliative care, particularly with individuals who have dementia<sup>3</sup>. CMS should ensure that qualified providers are covered for services provided to individuals receiving hospice benefits.

This should include Certified Therapeutic Recreation Specialists (CTRSs) who are the qualified providers of recreational therapy services and who contribute to interdisciplinary, person-centered hospice care through nonpharmacological interventions, emotional support, meaningful engagement, and quality-of-life focused services.

Recreational therapists provide multiple interventions that can benefit people receiving hospice. Nonpharmacological pain interventions like relaxation<sup>3</sup> or physical activity<sup>4</sup>, sensory stimulation<sup>5</sup>, reengagement in leisure interests and passions<sup>5</sup>, and self-expression and care.<sup>2,5,6</sup> Recreational therapists contribute to well-being and quality of life, helping people at the end of life to find value, joy, meaning, engagement, and quality in their lives<sup>7</sup>. Recreational therapists provide these interventions, promoting a holistic approach that is individualized and person-centered. Recreational therapy offers people an opportunity to engage and interact with others, providing support and reducing isolation.<sup>5</sup> Interventions can reduce symptoms of depression, improve mood, decrease anxiety, and promote positive coping skills.<sup>5,8</sup>

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We appreciate your attention to our comments and your interest in our participation in the process. Should you have further questions regarding this information, please contact us at [brent@atra-online.com](mailto:brent@atra-online.com) or [dawn@atra-online.com](mailto:dawn@atra-online.com). Thank you.

Respectfully submitted,



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ATRA Executive Director



Dawn DeVries, DHA, CTRS, FDRT  
ATRA Advocacy & Legislative Affairs Director

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<sup>1</sup> Carr, D., Luth, E. A. (2019). Well-being at the end of life. *Annual Review of Sociology*, 45, 515-534. doi: 10.1146/annurev-soc-073018-022524

<sup>2</sup> National Institute on Aging. (2022). Providing care and comfort at the end of life. <https://www.nia.nih.gov/health/end-life/providing-care-and-comfort-end-life>

<sup>3</sup> Khemai, C., Leao, D. L. L., Janssen, D. J. A., Schols, J. M. G. A., & Meijers, J. M. M. (2024). Interprofessional collaboration in palliative dementia care. *Journal of Interprofessional Care*, 38(4), 675-694. doi: 10.1080/13561820.2024.2345828

<sup>4</sup> Dawson, S., Eldridge, L., Means, W. T., & Scott, E. (2025). Qualitative analysis of the kids B.E.A.R. pain protocol: An interdisciplinary approach. *Therapeutic Recreation Journal*, 59(1), 39-60.

<sup>5</sup> Brecher, D. B., & Hopkins, J. (2023). The value of recreation therapy in end-of-life care: Case studies from an inpatient VA hospice program. *American Journal of Hospice & Palliative Medicine*, 40(4), 447-449.

<sup>6</sup> Metzger, G. U. (2024). From growth to silence: Expressive endeavors at the end of life. *Morality*, 29(4), 658-674. doi: 10.1080/13576275.2023.2206011

<sup>7</sup> Hopper, T., Froese, J., & Iwasaki, Y. (2020). Meaning-centered therapeutic recreation. *Therapeutic Recreation Journal*, 54(3), 291-302. doi: 10.18666/TRJ-2020-V54-I3-10199

<sup>8</sup> Chen, S. T., Dattilo, J., & Lopez Frias, F. J. (2018). Helping older adults pursue the good life: Advice from sages and social psychologists, 52(2), 170-189. Doi: 10.18666/TRJ-2018-V52-I2-8577