HOSPICE NEWS NETWORK

Reports on recent media to inform hospice, palliative care, and policy leaders

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A Service of State Hospice Organizations

HOSPICE NOTES

~ MedPAC has issued the June report to Congress. One section, "Access to hospice and certain complex palliative services for beneficiaries with end-stage renal disease or cancer," explains that the Medicare hospice benefit is designed to provide comfort-focused care for terminally ill beneficiaries while allowing patients the choice to remain in conventional medical care if they prefer. It notes concerns that some patients with end-stage renal disease or cancer may delay or avoid hospice because they fear losing access to symptom-relieving treatments such as dialysis, radiation therapy, blood transfusions, or certain chemotherapy. Because hospices receive a fixed daily payment regardless of the services provided, these high-cost treatments can create financial disincentives for hospices to offer them. MedPAC suggests that Medicare first collect better information about how often these services are needed and provided before making payment changes. The report also discusses possible policy options, including targeted payment adjustments for hospices that furnish these services or a transitional program that would temporarily allow certain treatments to be paid for outside the hospice benefit. Throughout the discussion, MedPAC emphasizes maintaining the hospice focus on comfort and quality of life while improving access to appropriate palliative services for patients who could benefit from them. (MedPAC, 6/26, https://www.medpac.gov/wp-content/uploads/2026/06/Jun26_ExecutiveSummary_MedPAC_Report_To_Congress_SEC.pdf)

~ The article "NPHI: Modernize the Medicare Hospice Benefit" discusses the National Partnership for Healthcare and Hospice Innovation's (NPHI) call for payment reform in hospice care. The Government Accountability Office (GAO) suggests a shift to a per-visit payment model, potentially reducing Medicare hospice spending by $7.6 billion. However, NPHI opposes this, emphasizing that hospice care is an interdisciplinary model, not just a series of billable visits. NPHI advocates for reforms that better compensate providers caring for the sickest patients and allow hospices to share in Medicare savings. (*Hospice News*, 06/18, hospicenews.com/2026/06/18/nphi-modernize-the-medicare-hospice-benefit)

~ "Humana Divests 40% Stake in Gentiva in $900M Deal" reports on Humana's decision to sell its 40% minority stake in Gentiva, a leading hospice provider, for $900 million. The stake will be acquired by a consortium of investors, with the transaction expected to close in the third quarter of 2026, pending regulatory approvals. Humana plans to use the proceeds for general corporate purposes and does not anticipate a significant impact on its 2026 earnings. This move aligns with Humana's strategy to exit non-core businesses. Gentiva, formed from Humana's Kindred at Home, operates over 430 locations across 35 states. (*Hospice News*, 06/10, hospicenews.com/2026/06/10/humana-divests-40-stake-in-gentiva-in-900m-deal)

~ "Hospices' Survival Strategies in Fraud Onslaught" discusses the increasing regulatory pressures hospices face due to fraud in the industry. Fraudulent activities have led to a crackdown, affecting legitimate providers and their patients. Rachel Hammon of Texas Association of Home Care and Hospice emphasizes the need for clear processes to prove legitimacy, as regulators cast a 'wide net' in their efforts. Sheila Clark of CHAPCA highlights the systemic failure in protecting Medicare beneficiaries from fraud. The article underscores the importance of compliance education and collaboration between federal and state agencies to improve oversight and enforcement. (*Hospice News*, 6/18, hospicenews.com/2026/06/18/hospices-survival-strategies-in-fraud-onslaught)

~ "New Bipartisan Bill Aims to Curb Hospice Scams" discusses a legislative effort to combat fraudulent activities in the hospice sector. Introduced by U.S. Senators Maggie Hassan and Rick Scott, the ReportScams.gov Act seeks to create an online portal for reporting scams, enhancing collaboration among federal agencies like the FBI and FTC. The bill aims to protect vulnerable populations, especially seniors, from scams that exploit Medicare beneficiaries. (*Hospice News*, 6/23, hospicenews.com)

~ The article "OIG: Certain Hospice Patients High Risk for Eligibility Concerns" highlights a report by the U.S. Department of Health and Human Services Office of the Inspector General (OIG) urging CMS to consider certain hospice patients as high-risk in eligibility reviews. The OIG found that Medicare Administrative Contractors (MACs) overlooked new hospice patients without prior inpatient or emergency room visits, potentially saving CMS $255.1 million. The report emphasizes the need for strong clinical documentation and oversight to ensure appropriate use of the Medicare hospice benefit. Stakeholders caution against creating barriers to timely hospice access. (*Hospice News*, 06/24, hospicenews.com)

~ "SOS: Problems with the Non Hospice Spending Component of the SSVI," by Joan Teno, highlights significant issues with the current non-hospice spending measure proposed by CMS. The measure excludes Medicare Advantage data and disproportionately affects larger hospice programs, potentially misrepresenting their performance. Adjustments for program size reveal that these discrepancies largely disappear, indicating the measure's current form is misleading. The article suggests that the SSVI should not be publicly reported until further research validates its effectiveness as a screening tool. (*Joan Teno - SOS Hospice- STATs*, 06/22, https://joanteno.substack.com/p/sos-problems-with-the-non-hospice)

~ "California hospice providers laud state's newly proposed emergency regulations" highlights the California Hospice and Palliative Care Association's (CHAPCA) support for new regulations aimed at enhancing oversight and preventing fraud in hospice care. The regulations, effective June 22, empower the California Department of Public Health to deny licenses, investigate complaints, and enforce stricter controls on hospice operations. The regulations are seen as a critical step in combating fraud but require robust enforcement and resources to be effective. (*McKnight's Home Care*, 6/22, mcknightshomecare.com/news/california-hospice-providers-laud-states-newly-proposed-emergency-regulations)

~ "Hospice Medicare Suspension or Medicaid Suspension? Your Seven Next Steps" outlines the critical actions hospice providers should take when facing payment suspensions from CMS due to suspected false claims. The article emphasizes the importance of billing compliance and the severe financial impact of unwarranted suspensions. Dr. Nick Oberheiden

advises that providers must act swiftly to determine the validity of fraud allegations and file timely rebuttals. The piece also highlights the federal government's intensified focus on fraud enforcement under the second Trump administration, which can lead to unwarranted consequences for compliant providers. (*The National Law Review*, 6/25, https://natlawreview.com/article/hospice-medicare-suspension-or-medicaid-suspension-your-seven-next-steps)

~ "NPHI Calls for Thoughtful Hospice Payment Reform that Rewards High-Quality Care" highlights the National Partnership for Healthcare and Hospice Innovation's (NPHI) response to a recent GAO report on Medicare hospice payments. NPHI advocates for modernizing the Medicare Hospice Benefit to better align with patient needs and reward high-quality care. They propose reforms to reduce incentives for poor-quality care and emphasize the importance of maintaining access to compassionate hospice services. NPHI expresses concerns about potential reimbursement reductions suggested in the GAO report, emphasizing the need for a payment policy that supports interdisciplinary care. (*National Partnership for Healthcare and Hospice Innovation*, 06/16, nphihealth.org)

~ The article "Medicare Could Have Saved $255.1 Million Related to Hospice Services for Certain New Hospice Enrollees" highlights significant financial inefficiencies in Medicare payments for hospice services. An audit by the Office of Inspector General found that CMS made payments for new hospice enrollees who did not meet eligibility requirements, estimating potential savings of $255.1 million. The audit revealed that 45 out of 100 reviewed certification periods lacked proper documentation, leading to unallowable payments. The report recommends CMS develop review procedures to prevent such payments. (*Office of Inspector General*, 06/23, https://oig.hhs.gov/reports/all/2026/medicare-could-have-saved-2551-million-related-to-hospice-services-for-certain-new-hospice-enrollees/)

~ Jim Parkers' "The Long Run: Hospice Payment Suspensions May Cost Medicare More Money" explores the potential financial implications of recent hospice payment suspensions by CMS. The article highlights concerns that these suspensions could inadvertently increase healthcare costs by shifting patients from hospice care to more expensive hospital settings. A hospice CEO questions the logic, asking, "Why not let me pay $220 to a hospice and let them take care of them at home? That's a huge cost savings." The piece calls for research into the outcomes of patients affected by these suspensions. (*Inside Hospice*, 06/18, substack.com)

~ "Hospice, Ethics & Capitalism: A Powerful Conversation with UVA Darden School of Business | Part One" explores the intersection of compassionate care, ethical responsibility, and financial sustainability in the hospice industry. The discussion, led by Teleios' Chris Comeaux with guests Lauren Kaufmann and Stephen Maiden, delves into whether nonprofit hospice organizations have unique structural advantages over for-profit models. Key themes include community trust, volunteerism, and mission-driven culture, which can translate into more personalized care. The conversation emphasizes that leadership, culture, and governance are crucial in fulfilling the mission of delivering exceptional care. In part two of the podcast, the speakers delve into whether financial incentives in modern healthcare align with hospice's mission of compassion. The discussion highlights the role of AI, the influence of private equity, and the challenge of maintaining quality in end-of-life care. Key insights include the importance of AI augmenting rather than replacing care, and the risks of mission drift through small compromises. The conversation underscores the need for courageous leadership to preserve dignity and ethical care (*Teleios Collaborative Network*, 6/17,

https://www.teleioscn.org/tcntalkspodcast/hospice-ethics-capitalism-a-powerful-conversation-with-uva-darden-school-of-business-part-one; and 6/19, https://www.teleioscn.org/tcntalkspodcast/part-two-hospice-ethics-capitalism-a-powerful-conversation-with-uva-darden-school-of-business)

~ "Vance's fraud task force is sweeping up legitimate small businesses" highlights the unintended consequences of a federal crackdown on fraudulent hospices. The article reports that the task force, led by Vice President JD Vance, has suspended about 800 hospices in Los Angeles, but in doing so, has also affected legitimate small businesses. The owner of a local agency, which began accepting patients from suspended providers, unexpectedly found his own business targeted. This situation underscores the complexities and potential collateral damage in efforts to combat fraud. (*The Washington Post*, 6/15, washingtonpost.com/politics/2026/06/15/vances-fraud-task-force-is-sweeping-up-legitimate-small-businesses)

PALLIATIVE CARE NOTES

~ The article "SOS: Complex Palliative Service, High Intensity Service, Special Modalities for Palliation? Or Should we just call it Concurrent CARE?" explores the challenges and potential solutions for integrating costly palliative treatments into hospice care. It highlights the financial barriers that prevent hospices from offering services like chemotherapy and dialysis, despite their inclusion in the Medicare Benefits Policy Manual. The article discusses the Hospice CARE Act of 2026, which aims to increase reimbursement for such treatments, and MedPAC's recommendation for a new model to ensure access while minimizing fraud. The need for a balanced payment model that supports both for-profit and non-profit hospices is emphasized. (*Joan Teno - SOS Hospice- STATs*, 06/29, https://joanteno.substack.com/p/sos-complex-palliative-service-high)

~ **A study in *Academic Emergency Medicine* found that palliative care consultations and advance care planning were underused among older adults with cancer treated in the emergency department, despite many patients having serious illness**. Patients who received these services were more likely to receive care aligned with their goals, including greater hospice use and less intensive end-of-life treatment. The authors conclude that the emergency department offers an important opportunity to expand palliative care and advance care planning for patients with advanced cancer. (*Academic Emergency Medicine,* 6/17, https://onlinelibrary.wiley.com/doi/10.1111/acem.70357)

~ "How Mayo Clinic Adopted an Innovative AI Tool for Palliative Care Utilization" highlights the implementation of an AI tool to enhance palliative care services for hospitalized patients. Developed by Mayo Clinic and Bayesian Health, the AI tool analyzes over 300 variables to identify patients who could benefit from palliative care, addressing the issue that 60% of eligible patients do not receive these services. The tool has led to a 44% increase in timely palliative care consults, improving patient outcomes and reducing clinician burden. Mayo Clinic anticipates further enhancements as the AI continues to learn and adapt. (*HealthLeaders Media*, 06/10, https://www.healthleadersmedia.com/cmo/how-mayo-clinic-adopted-innovative-ai-tool-palliative-care-utilization)

END-OF-LIFE NOTES

~ "Drummer Girl: How a Child's Near-Death Experience Changed Her Life," an *End Of Life Universe* podcast, explores the profound impact of a childhood near-death experience (NDE) on Sally Dukes' spiritual journey. The episode delves into how Dukes' NDE at age three sparked a lifelong quest for understanding life and death, leading her to write a memoir, *Drummer Girl: A Story of Life After Death*. Dukes shares her experiences of isolation following the NDE and how it shaped her views on death, ultimately reducing her fear of it. She also discusses how medicine often pathologizes such extraordinary experiences. (*End of Life University*, 06/22, eolupodcast.com/2026/06/22/ep-552-drummer-girl-how-a-childs-near-death-experience-changed-her-life)

~ "Addressing loneliness at end of life improves quality of life" highlights the critical need for senior living operators to tackle loneliness among residents nearing the end of life. A UK literature review of 15 studies, published in *Palliative Medicine*, emphasizes that loneliness exacerbates depressive symptoms, frailty, and severe end-of-life symptoms like pain and anxiety. Researchers recommend routine loneliness screenings and targeted interventions to enhance social engagement as a core component of care. (*McKnight's Senior Living*, 06/09, mcknightsseniorliving.com)

~ "AI End-of-Life Navigation Takes Flight" explores how new AI tools are transforming family caregiving at the end of life by providing better education and support. The article highlights LifeGuide, an AI app designed to assist family caregivers with stage-by-stage navigation of terminal illness, care coordination, and documentation. Lorenz Valdez, founder of LifeGuide, emphasizes the importance of AI in closing access gaps and improving caregiver support, while cautioning against replacing clinical judgment. Dr. Brian Haas notes AI's potential to enhance hospice awareness and streamline end-of-life discussions. (*Hospice News*, 6/26, hospicenews.com/2026/06/26/ai-end-of-life-navigation-takes-flight).

~ "The Illusion Of Choice At The End Of Life" by Jennifer Obel, M.D., explores the complexities and emotional challenges faced by families and physicians in end-of-life care. The article highlights the difficulty in discussing death openly, noting that "though every one of us will die, we are remarkably unwilling to talk about it." Obel shares personal experiences with her parents' terminal illnesses, emphasizing the gap between medical advice and patient acceptance. The piece also touches on the limited use of medical aid in dying, despite its potential to offer control to terminally ill patients. (*HuffPost*, 06/21, huffpost.com/entry/dad-dying-cancer-medical-aid_n_6a26e04ce4b0626f4fe03ef6)

~ "When the right end-of-life care is hardest to access" highlights the financial and systemic barriers to accessing appropriate end-of-life care in the U.S. Dr. Denise Mohess discusses a case where a 100-year-old patient with severe dementia faced challenges in receiving home-based hospice care due to high costs of needed care at home, despite Medicare covering more expensive hospital interventions. The article underscores the paradox of the healthcare system that funds invasive care but not supportive home care, emphasizing the need for policy changes to expand home-based care and support family caregivers. (*KevinMD*, 6/17, kevinmd.com)

~ "Nobody Told Us": Inequities in End-Of-Life Dementia Care" explores the persistent inequities faced by minoritized communities in accessing high-quality end-of-life care for

dementia patients. The study highlights that despite increased hospice enrollment, racial, ethnic, and LGBTQ communities encounter significant barriers, including systemic racism and communication challenges. Notably, 60% of participants reported hospice use, but only a small fraction received extended care. The article underscores the need to prioritize equity in improving care for dementia patients and their caregivers. (*Journal of Pain and Symptom Management*, 06/26, https://www.sciencedirect.com/science/article/abs/pii/S0885392426002460)

~ "People Are Living Better at the End of Their Lives, New Study Finds" highlights a significant improvement in the quality of life during the later years of life in the U.S. According to a study by the National Bureau of Economic Research, people are not only living longer but also experiencing fewer physical and cognitive limitations. The study, which analyzed data from 1993 to 2017, found that life expectancy at age 66 increased by 2.4 years, with these years being healthier. This trend is attributed to delayed aging rather than prolonged dying, suggesting a positive shift in end-of-life experiences. However, the financial implications include increased spending on Medicare and Social Security. (*Time*, 06/23, time.com/article/2026/06/23/end-of-life-longevity-study)

~ "A young mother couldn't accept she was dying, until her grandpa appeared to her" explores the profound impact of end-of-life visions on acceptance of death. Hospice physician Megan O'Shea Farrell shares her experience with a 28-year-old patient who found peace through a vision of her grandfather. Farrell emphasizes the importance of discussing such visions with patients, as they "often provide a window into the experience of dying that might otherwise be missed." This narrative underscores the potential of these experiences to aid in emotional and psychological acceptance at the end of life. (*The Washington Post*, 6/19, washingtonpost.com/lifestyle/2026/06/19/an-end-of-life-vision-helped-young-mother-accept-her-death)

~ "The profound meaning and mystery of deathbed visions" explores the enigmatic experiences of individuals nearing the end of life, such as seeing deceased loved ones. The article shares the story of Shirley, who, as she was dying, repeatedly saw her long-lost grandmother. These visions are often reported by those at the end of life and can provide comfort to both the dying and their families. The phenomenon remains a mystery, with various interpretations ranging from psychological to spiritual. (*The Washington Post*, 06/19, washingtonpost.com/lifestyle/2026/06/19/deep-meaning-mystery-deathbed-visions)

GRIEF AND ADVANCE CARE PLANNING NOTES

~ "I was my mother's caregiver until her death. Four years later, I'm still struggling with the $17,000 medical debt" highlights the financial and emotional toll of caregiving. Julie Peck shares her experience of caring for her mother, who suffered multiple strokes, and the subsequent financial burden due to uncovered medical expenses. Peck reflects on the decision to delay hospice care, noting that earlier access could have alleviated costs and provided essential support. She emphasizes that hospice care is not just for the actively dying but can be beneficial much earlier. (*Yahoo Finance*, 06/20, finance.yahoo.com)

OTHER NOTES

~ "Americans Are in Denial About Elder Care" explores the misconceptions surrounding elder care in the U.S., emphasizing the persistent reliance on informal care from family despite the availability of formal services. The article highlights that even in countries like the Netherlands, with extensive public funding for elder care, informal care remains crucial. In the U.S., over 80% of those over 65 rely on kin, with two-thirds depending solely on informal care. The piece underscores the need for Americans to plan for aging by fostering community ties and preparing for the inevitable need for support. (*The Atlantic*, 6/23, theatlantic.com/family/2026/06/elder-care-kin-delusion/687666)

~ "A Day in the Life of a Mayo Clinic Medical Ethicist" explores the multifaceted role of Richard Sharp, a professor of biomedical ethics, in addressing ethical dilemmas in healthcare. Sharp's work involves research, mediation, and policy development to ensure ethical and fair healthcare practices. He emphasizes the importance of giving patients a voice, particularly in areas like genetic testing and AI in healthcare. Sharp notes that while the core commitments of bioethics remain unchanged, the field has become more politicized, especially concerning the fair distribution of health resources. (*Healthcare Brew*, 6/24, https://www.healthcare-brew.com/stories/a-day-in-the-life-of-a-mayo-clinic-medical-ethicist)

~ The article "New bill would allow Americans to report scams through central portal" discusses the introduction of the ReportScams.gov Act, aimed at creating a centralized portal for scam reporting. Introduced by Sens. Maggie Hassan and Rick Scott, the bill seeks to streamline the process for Americans to report scams by establishing a comprehensive Federal Scams Action Plan and a user-friendly website. The California Hospice and Palliative Care Association supports the bill, highlighting its potential to combat hospice and home health scams targeting vulnerable seniors. The portal will offer resources for scam prevention and education, and facilitate direct communication with law enforcement. (*McKnight's Home Care*, 06/18, mcknightshomecare.com/news/new-bill-would-allow-americans-to-report-scams-through-central-portal)

~ A two-part Teleios podcast, "Why Generations Clash at Work—And How Great Leaders Fix It" explores the generational differences that often lead to workplace conflicts and how leaders can address them. Chris Comeaux and generational expert Karen McCullough discuss how varying communication styles, views on commitment, and work-life balance contribute to misunderstandings among Baby Boomers, Generation X, Millennials, and Generation Z. McCullough emphasizes that these conflicts are rooted in differing perspectives rather than personal flaws, and offers practical insights for leaders in healthcare and other sectors to foster inclusive and effective multigenerational teams. In part two, generational expert Karen McCullough and host Chris Comeaux emphasize that workplace culture is shaped by daily interactions rather than policies. They highlight the importance of understanding individuals over generational labels and maintaining human connection amidst technological advancements. The conversation offers actionable insights for leaders to foster trust and adaptability across generations, crucial for enhancing team collaboration and preventing burnout. (*Teleios Collaborative Network*, 6/24, https://www.teleioscn.org/tcntalkspodcast/why-generations-clash-at-work-and-how-great-leaders-fix-it-part-one; 6/26, https://www.teleioscn.org/tcntalkspodcast/part-two-why-generations-clash-at-work-and-how-great-leaders-fix-it)

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