HOSPICE NEWS NETWORK

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

Volume 30, Number 4 April 7, 2026

A Service of State Hospice Organizations

HOSPICE NOTES

~ **The Centers for Medicare & Medicaid Services (CMS) proposed updates to the Medicare hospice payments and regulations for FY 2027, aiming to enhance transparency and oversight.** The proposed rule includes a 2.4% increase in hospice payment rates and introduces a Service and Spending Variation Index (SSVI) to monitor non-hospice spending during hospice care. CMS also suggests making the hospice election statement addendum mandatory for all beneficiaries to ensure transparency about non-covered services. Additionally, a new icon will identify hospices failing to meet quality reporting requirements on Medicare.gov. (*CMS Newsroom*, 04/02, cms.gov/newsroom/fact-sheets/fiscal-year-fy-2027-hospice-wage-index-payment-rate-update-hospice-quality-reporting-program)

~ **The Alliance and LeadingAge are warning that CMS's proposed 2.4% Medicare payment increase for 2027 is insufficient to keep pace with rising labor, supply, and operational costs, potentially threatening access to care.** Industry leaders say inflation and workforce shortages are driving expenses well beyond the proposed rate, putting financial strain on hospice organizations. Some providers caution that without a larger adjustment, they may be forced to limit services, reduce staff, or withdraw from certain markets. The concern is especially acute for smaller or rural hospices that already operate on thin margins. While the increase would add an estimated $785 million in total payments, many in the field argue it does not adequately reflect the true cost of delivering end-of-life care. (*Hospice News,* 4/3, https://hospicenews.com/2026/04/03/hospice-groups-2-4-proposed-pay-raise-threatens-care-delivery/)

~ ***Hospice News* partnered with** Hospice Analytics to published the "Hospice News 50" report that highlights major trends shaping the U.S. hospice industry, focusing on the largest providers ranked by Medicare hospice claims. The report finds that the sector has shifted significantly from a nonprofit, volunteer-based model to one increasingly dominated by for-profit companies, private equity ownership, and large health systems. The report shows continued consolidation, with a small number of large organizations accounting for a substantial share of Medicare hospice spending. It also emphasizes the growing role of "payviders," which combine insurance and care delivery functions and are reshaping reimbursement and service models. Overall, the analysis portrays a rapidly evolving industry driven by financial consolidation, investment activity, and changing care delivery structures. The link below shares more about the report and offers a pdf of the report in exchange for completion of a brief informational survey. (*Hospice News,* https://hospicenews.com/flagship-report/hospicenews50/)

~ **In a March 10 meeting of U.S. House Committee on Energy and Commerce Subcommittee on Oversight and Investigations, Deputy Administrator and COO Centers for Medicare and Medicaid Services Kim Brandt offered testimony.** After noting the valuable services of many hospices, Brandt addressed the issue of fraud among unscrupulous providers. The testimony and related OIG materials describe hospice fraud as a significant and growing problem within Medicare and Medicaid, involving schemes such as enrolling patients who are not terminally ill, billing for higher levels of care than were actually provided, and paying kickbacks for patient referrals. It highlights cases where hospice operators and even physicians falsified certifications or documentation to qualify ineligible patients, resulting in millions of dollars in improper payments. The report also emphasizes that some hospices provide minimal or inappropriate care while still receiving full reimbursement, particularly through aggressive use of routine home care billing. Federal oversight agencies note that fraud schemes are increasingly sophisticated, sometimes involving networks of providers and rapidly changing business structures to avoid detection. Overall, the testimony portrays hospice fraud as both financially damaging to federal programs and harmful to vulnerable patients who may receive inadequate or misleading end-of-life care. (Testimony of Kim Brandt, 3/10, https://d1dth6e84htgma.cloudfront.net/03_17_2026_OI_Hearing_Witness_Testimony_Brandt_27650dea5c.pdf)

~ **MedPAC's March 2026 Report to Congress is now online and a link to the complete report is included below. The hospice chapter of the report with link also included below, highlights that:** For fiscal year 2027, the Congress should eliminate the update to the 2026 Medicare base payment rates for hospice. In 2024, more than 1.8 million Medicare beneficiaries (including more than half of decedents) received hospice services from about 6,700 providers, and Medicare hospice expenditures totaled $28.3 billion. The share of decedents using hospice increased to 52.9 percent in 2024, up from 51.7 percent in 2023, reaching a new high. The aggregate FFS Medicare margin for 2023 was 8.0 percent, down from 9.8 percent in 2022. In 2024, cost growth slowed, with hospices' average cost per day increasing by 1.1 percent. The projected 2026 FFS Medicare margin is 9 percent. For profit hospices accounted for 82% of hospices, with average total cost per day= $147. Nonprofit hospices accounted for 16% of hospices (N= 1,070) in 2024, with average total cost per day= $214. Government hospices accounted for 2% of hospices in 2024. Urban hospices accounted for 88% of hospices in 2024, with average total cost per day= $170. Rural hospices accounted for 12% of hospices in 2024, with an average total cost per day= $156. (MedPAC, March 2026 Report to Congress, https://www.medpac.gov/wp-content/uploads/2026/03/Mar26_MedPAC_Report_To_Congress_SEC.pdf; MedPAC, March 2026 Report to Congress, Hospice Chapter, https://www.medpac.gov/wp-content/uploads/2026/03/Mar26_MedPAC_Report_To_Congress_SEC.pdf)

~ **"Debating Patient Autonomy Surrounding End-of-Life Choices, Hospice Care" explores the complexities of patient autonomy in end-of-life decisions.** The article highlights the tension between respecting patient choices and the medical oath to do no harm, as noted by Dr. Rhea Rogers. Gerontologist Sam Cradduck emphasizes the importance of respecting a patient's right to choose their destiny, while Amy O'Rourke points out the disconnect between patient desires and hospital practices. The piece also discusses the influence of cases like Brittany Maynard's on the national conversation about medical aid in dying. (*Aging Untold*, 03/13, https://www.aginguntold.com/2026/03/13/debating-patient-autonomy-surrounding-end-of-life-choices-hospice-care/)

~ “The Hidden Burdens of Hospice Care” explores the challenges faced by families during end-of-life care, emphasizing the need for hospice to remain a philosophy of care rather than a service model. The article highlights concerns raised by Dr. Sandeep Jauhar and Ken Ross about the risk of hospice care becoming overly medicalized and bureaucratic, potentially losing its core values of compassion and human connection. Ross recalls his mother, Elisabeth Kübler-Ross, warning Congress in 1972 about these very issues, urging a recommitment to the founding principles of hospice. (*The New York Times*, 3/21, nytimes.com)

~ Two Teleios podcasts, “Gone From My Sight: Barbara Karnes on What Happens in the Final Days of Life,” Parts one and two, explore the insights of hospice pioneer Barbara Karnes on the dying process and the role of healthcare professionals. In part 1, a conversation with Chris Comeaux, Karnes emphasizes the importance of a human-centered approach in hospice care, focusing on presence, education, and compassion rather than solely treating disease. She describes hospice professionals as “invisible conductors” who guide families through fear and uncertainty, highlighting the significance of preparation and support in shaping end-of-life experiences. In part 2, Karnes reframes dying as a natural transition rather than a medical failure, highlighting that fear often arises from misunderstanding. She stresses that education is crucial in helping families navigate this sacred time with confidence. Karnes addresses common misconceptions, such as fears around morphine, and underscores that pain is caused by disease, not dying itself. Her guidance aims to refocus hospice care on the human experience rather than systems and regulations. She also discusses her booklet, *Gone From My Sight*, which has become a trusted resource worldwide. (*Teleios Collaborative Network*, 3/25, teleioscn.org; 3/27 telioscn.org)

~ **A *Washington Times* article, “What the dying can teach us — Hospice nurses bring end-of-life care into the open,”** describes how hospice nurses are helping bring conversations about death into the open, using their firsthand experience to reduce fear and misunderstanding of the dying process. It explains that many nurses see death not as something to avoid discussing, but as a natural part of life that can be understood and even approached with a sense of peace. By sharing what they witness—such as how the body gradually shuts down and how patients often become more comfortable near the end—they aim to reassure families and patients. The piece emphasizes that education about dying can replace anxiety with acceptance, helping people feel more prepared and less alone. It also highlights the emotional insights nurses gain, noting that many patients focus on relationships, meaning, and unresolved feelings at the end of life. Overall, the article argues that openness about death, guided by hospice professionals, can lead to more compassionate and informed end-of-life care. (*Washington Times,* 3/31, https://www.washingtontimes.com/news/2026/mar/31/dying-teach-us-hospice-nurses-bring-end-life-care-open/)

~ “Private Equity, AI, and the Future of End-of-Life Care” is a two-part Teleios podcast that explores the transformative forces impacting hospice care, including private equity, AI, and rising healthcare costs. In part 1, Chris Comeaux and Cordt Kassner discuss the tension between hospice’s gold-standard care model and the operational challenges faced by providers. They highlight systemic issues like stagnant reimbursement structures and workforce limitations, questioning whether consolidation trends enhance or erode hospice’s human-centric nature. The episode urges leaders to innovate while preserving the core values of dignity and humanity in end-of-life care. In part 2, the two discuss the tension between financial performance and mission-driven care, questioning if healthcare can balance economic sustainability with dignity and compassion. The episode highlights policy shifts, such as Medicare payment reforms and regulatory scrutiny, emphasizing transparency and accountability. It also showcases innovations like pediatric care and 'bucket list' programs, urging leaders to focus on humanity in hospice care. (*Teleios Collaborative Network*, 4/1, teleioscn.org)

~ "What to Know About Hospice and Palliative Care in Wisconsin" emphasizes the importance of understanding hospice care and addressing common misconceptions. The article highlights that hospice is not a place but a model of care aimed at comfort rather than cure, and it can be provided in various settings. Alisa Gerke, board chair of Wisconsin Hospice and Palliative Care Collaborative, notes the societal taboo associating hospice with death, which often delays care. Families are encouraged to ask detailed questions about provider relationships, response times, and services offered. (*Civic Media*, 03/31, civicmedia.us)

~ The article "Hospice CARE Act Looks to Reform Medicare Hospice Benefits" discusses new legislation aimed at modernizing the Medicare hospice benefit. Introduced by Rep. Linda T. Sánchez and Sen. Mark Warner, the Hospice Care Accountability, Reform and Enforcement (CARE) Act seeks to combat hospice fraud and expand essential services and caregiver support. The bill proposes increased oversight, transparency in hospice ownership, and enhanced patient care standards. It also aims to provide patients with timely explanations of benefits to prevent fraudulent billing. The National Partnership for Healthcare and Hospice Innovation supports the bill but suggests further discussion on payment reforms. (*HomeCare Magazine*, 03/18, https://www.homecaremag.com/news/hospice-care-act-looks-reform-medicare-hospice-benefits)

~ "Docu-Series Goes 'Behind-the-Curtain' of Hospice Work" aims to attract future clinicians and dispel myths about hospice care. Funded by the Nebraska Health Care Foundation, the series highlights the real work of hospice teams, aiming to influence public perception and improve recruitment and retention. NHCF President Jalene Carpenter emphasizes the need for a robust workforce, stating, "Very few people go behind the curtain." The series, available on major streaming platforms, has sparked interest in similar initiatives across several states and is being integrated into educational curricula. (*Hospice News*, 3/10, hospicenews.com/2026/03/10/docu-series-goes-behind-the-curtain-of-hospice-work)

~ "Hospices' Challenging 2026 Outlook" discusses the significant hurdles hospices face, including regulatory oversight, labor shortages, and financial pressures. Diana Franchitto, CEO of HopeHealth, highlights the need for creative recruitment and service diversification to address these challenges. Sheila Clark of CHAPCA emphasizes the impact of regulatory changes and fraud on hospice operations, noting that "the scammers, the fraudsters are really impacting what our space is here." The article underscores the need for hospices to adapt to a rapidly evolving healthcare landscape. (*Hospice News*, 3/17, hospicenews.com/2026/03/17/hospices-challenging-2026-outlook)

~ "Hospice Organizations Call for Medicare Provider Enrollment Moratorium In California" highlights a coalition's plea for federal intervention to address Medicare fraud in California. The coalition, including the California Hospice and Palliative Care Association, has urged CMS Administrator Dr. Mehmet Oz to impose a moratorium on provider enrollments, particularly in Los Angeles County, due to rampant fraud. Sheila Clark, CEO of CHAPCA, emphasized that fraud not only wastes taxpayer dollars but also harms patients and legitimate providers. The letter underscores the need for immediate action to protect beneficiaries and maintain Medicare integrity. (*Hospice News*, 3/20, hospicenews.com/2026/03/20/hospice-organizations-call-for-medicare-provider-enrollment-moratorium-in-california)

~ "Two Louisiana Bills Would Bolster Hospice, Health Care Oversight" discusses legislative efforts to enhance accountability in Louisiana's health care facilities. Senate Bill 273 focuses on hospice care, mandating clearer care plans and improved communication, while House Bill 554 proposes increased fines for regulatory violations. State Rep. Wilford Carter emphasized that the bills aim to ensure providers adhere to safety standards, with penalties potentially doubling for serious infractions. Some say these measures could improve documentation and accountability. (*Hospice News*, 03/20, hospicenews.com)

~ "Keys to Reinvigorating Hospice Quality" discusses the need for evolutionary changes in hospice quality standards to address health care disparities among an aging population. Dr. Kimberly Curseen emphasizes the importance of patient-centered, inclusive care models to improve quality of life for terminally ill patients. Dr. Ira Byock highlights fraud as a significant challenge, advocating for quality-based standards and regulatory guardrails. Staffing shortages and the need for regulatory changes to support education and transparency are also discussed. (*Hospice News*, 3/24, hospicenews.com/2026/03/24/keys-to-reinvigorating-hospice-quality)

~ "Sustaining the 'Rare Species' of Inpatient Hospices" explores the challenges faced by inpatient hospice facilities, including staffing shortages, reimbursement issues, and competitive pressures. The article highlights that inpatient hospices provide essential round-the-clock care for terminally ill patients but face financial difficulties due to insufficient reimbursement, with costs averaging $1,250 per day against $700 in reimbursement. Dr. David Carlyle notes that closures often result from financial losses and staffing challenges. The article underscores the need for better integration of hospice care within the broader healthcare system to ensure sustainability. (*Hospice News*, 03/26, hospicenews.com/2026/03/26/sustaining-the-rare-species-of-inpatient-hospices)

~ "Hospices Breaking Barriers in Rocky Regulatory Climate" discusses the challenges hospices face due to increased regulatory scrutiny and media attention on fraudulent activities. These issues have exacerbated misconceptions about hospice care, making it difficult for providers to improve access and growth. James Dismond, CEO of MiraSol Health, emphasizes the importance of communication in overcoming these barriers. Dr. Sonja Richmond of Blue Ridge Care highlights the need for diversification in outreach and hiring to align with community needs. Rexanne Domico of Interim HealthCare stresses the importance of preparedness and transparency in quality outcomes to build reputation. (*Hospice News*, 4/1, hospicenews.com/2026/04/01/hospices-breaking-barriers-in-rocky-regulatory-climate)

~ A"2026 Outlook Survey" highlights significant shifts in hospice care, focusing on staffing, compliance, technology, and referral dynamics. Nearly 40% of providers identify staffing as their primary challenge, while AI adoption and predictive analytics are rapidly advancing. The survey also notes that HOPE compliance is reshaping documentation priorities. These insights are crucial for hospice leaders as they prepare for the future. With provision of simple information, the ebook of the survey is online at the link below. (*Hospice News*, 2026, hospicenews.com/ebook/hospice-care-in-2026)

~ "Hospice care is about living well for the time that remains, not giving up" aims to dispel common misconceptions about hospice care. The article highlights that hospice is not about dying but about enhancing quality of life for the time remaining. Amy O'Rourke emphasizes that Medicare covers hospice services, providing free access to doctors, social workers, and chaplains. Patients must have a prognosis of six months or less to qualify, but they can be discharged if their condition improves. Hospice focuses on comfort and dignity, offering services at home or in hospitals, and includes 13 months of bereavement support for families. (*Aging Untold*, 03/20, kptv.com)

~ "Hospice of Amador & Calaveras addresses statewide hospice fraud concerns, reaffirms commitment to ethical, community-based care" highlights the organization's dedication to maintaining trust and transparency amidst statewide hospice fraud issues. In light of recent reports on inappropriate practices in California, Executive Director Samantha M. Lukow emphasizes that "hospice care is built on trust, dignity and compassion." The California organization, recognized for high satisfaction levels, reassures the community of its ethical standards and encourages informed decision-making when selecting hospice services. (*Ledger Dispatch*, 03/30, ledger.news)

~ "CMS clarifies hospice revocations, face-to-face encounters" provides important updates for hospice practitioners regarding patient care transitions and recertification requirements. The Centers for Medicare & Medicaid Services (CMS) clarified that hospice patients do not need to wait to re-elect hospice benefits after revocation, provided they meet eligibility criteria. However, they cannot re-elect care from the same organization on the same day. Additionally, CMS explained that a clinical note can fulfill the attestation requirement for face-to-face encounters, which is part of the recertification process. This update aims to clear confusion around immediate re-election and documentation requirements. (*McKnight's Home Care*, 03/24, mcknightshomecare.com/news/cms-clarifies-hospice-revocations-face-to-face-encounters)

~ "AI in Hospice: What Every Leader Needs to Know," Teleioscn podcasts parts one and two, explore the integration of artificial intelligence in hospice care, emphasizing the need for cautious adoption. In a discussion with Ernesto Lopez, Chris Comeaux highlights AI's potential to enhance mission-driven care by improving decision-making and supporting caregivers. However, they stress the importance of human oversight, as AI outputs can be inaccurate and require validation. The conversation underscores that AI should be an accelerator, not a replacement, for quality hospice care. In part two, the discussion focuses on how AI can enhance compliance, reduce audit risks, and improve patient care quality. Lopez emphasizes the need for 'Hospice-native AI,' tailored specifically for hospice workflows, to address documentation gaps and streamline compliance processes. The conversation also provides guidance on responsibly adopting AI, including selecting the right technology partners and identifying suitable use cases. (*Teleios Collaborative Network*, 3/11, teleioscn.org; 3/13, teleioscn.com)

HOSPICE FRAUD NOTES

~ A *CBS News* investigation highlights cases where individuals were fraudulently enrolled in hospice without their knowledge, including a doctor who discovered her Medicare identity had been used to bill for care she never needed. The investigation found widespread warning signs in California, such as large numbers of hospice agencies clustered in small areas and questionable billing practices, yet many remain licensed and operating. Advocates say fraudulent providers not only waste taxpayer money but can also harm real patients by disrupting or denying legitimate care. State officials acknowledge the problem and have taken some enforcement actions, but critics argue that oversight and response to red flags have been too slow. Overall, the piece raises concerns about systemic failures in regulating the hospice industry and the need for stronger accountability. (*YouTube,* 3/10, https://www.youtube.com/watch?v=cmdzRBWYdHE)

~ **"In Fight Against Fraud, Leading National Organizations Urge CMS to Take Action While Protecting Legitimate Providers and Patient Access" highlights a call to action by major organizations to address fraud in Medicare hospice and home health programs.** The National Alliance for Care at Home, LeadingAge, and others commend CMS for its efforts to combat fraud but stress the importance of protecting legitimate providers and patient access. They emphasize that the crisis is due to a few bad actors and not a failure of the care models. The organizations advocate for a balanced approach to enforcement to maintain trust in the sector. (*National Alliance for Care at Home*, 03/25, https://allianceforcareathome.org/in-fight-against-fraud-leading-national-organizations-urge-cms-to-take-action-while-protecting-legitimate-providers-and-patient-access/)

~ **"Dr. Oz pledges to tackle hospice fraud: 'Do not steal from the American people'" highlights Dr. Mehmet Oz's commitment to combat hospice fraud by decertifying providers engaged in fraudulent activities.** As the Trump administration's administrator for the Centers for Medicare and Medicaid Services, Oz aims to address the misuse of taxpayer funds by targeting illegitimate hospice providers, particularly in California. The investigation revealed that over 700 hospices in LA County are flagged for potential fraud. Oz emphasizes the need for bipartisan cooperation to resolve this issue, stating, 'All of us together are going to have to make some tough decisions.' (*CBS News*, 03/13, cbsnews.com/news/dr-oz-pledges-to-tackle-hospice-fraud/)

~ **"Hospice where staggering 97% of terminal patients survive is accused of defrauding Medicare for $7.45 million" reports on a significant hospice fraud case in California.** The FBI arrested a couple, Gladwin and Amelou Gill, accused of billing Medicare fraudulently while operating a hospice with an unusually high survival rate. This case is part of a broader investigation into hospice fraud in Los Angeles County, where over 700 hospices have shown red flags for fraudulent activities. The Justice Department has charged eight individuals, highlighting the ongoing issue of hospice fraud nationwide. (*CBS News*, 04/02, https://www.cbsnews.com/sanfrancisco/news/hospice-fraud-arrests-justice-department-california/)

~ **"After CBS Exposes Hospice Fraud, Industry Calls for Five Priority Guardrails to Protect Patients" highlights the urgent need for reform in the hospice industry following a CBS investigation into fraud.** Robin Heffernan, CEO of Empassion Health, advocates for stronger oversight and public-private partnerships to enhance transparency and accountability. She proposes five key guardrails, including ownership transparency, continuous data monitoring, and independent quality validation, to protect patients and restore trust. Heffernan emphasizes that "hospice fraud is not just a financial or taxpayer issue, it is a patient and family protection issue." (*Yahoo Finance*, 03/25, https://finance.yahoo.com/sectors/healthcare/articles/cbs-exposes-hospice-fraud-industry-141300314.html)

~ **"Hospice Advocates Praise Anti-Fraud Efforts, Urge Caution" highlights the balance needed in combating fraud while ensuring patient access to care.** Several organizations, including the National Alliance for Care at Home and LeadingAge, commend CMS for targeting fraud in Medicare hospice programs but stress the importance of protecting reputable providers and patient access. They emphasize that fraud is perpetrated by a minority and not indicative of the hospice model's integrity. The National Partnership for Healthcare and Hospice Innovation suggests a temporary moratorium on new hospice enrollments to curb fraud. (*HomeCare Magazine*, 03/26, homecaremag.com/news/hospice-advocates-praise-anti-fraud-efforts-urge-caution)

~ **"Congress to Investigate Hospice Fraud" reports on the U.S. House of Representatives Committee on Oversight and Government Reform's investigation into widespread hospice fraud in California.** The committee has requested documents from Governor Gavin Newsom to assess the state's oversight of federally funded hospice programs. California has seen a 1,500% increase in hospice providers in Los Angeles County since 2010, with allegations of overbilling Medicare by $105 million in one year. Fraudulent activities include enrolling patients without their knowledge and illegal kickbacks. California has responded with a moratorium on new hospice licenses and a task force to combat fraud. (*Hospice News*, 3/24, hospicenews.com/2026/03/24/congress-to-investigate-hospice-fraud)

~ **"No One Is Safe' in CMS' Fraud Fight" highlights the U.S. Centers for Medicare & Medicaid Services' (CMS) aggressive measures against hospice fraud, which may inadvertently affect legitimate providers.** The article discusses how CMS's broad anti-fraud efforts, including enhanced oversight and audits, are impacting hospices, particularly in fraud-prone states like California and Texas. Concerns are raised about the lack of transparency in CMS's methods and potential biases against certain immigrant communities. Industry leaders urge CMS to adopt a more targeted approach to protect honest providers and maintain patient care access. (*Hospice News*, 3/25, hospicenews.com/2026/03/25/no-one-is-safe-in-cms-fraud-fight)

~ **"Red flags in hospice care: Protecting patients — and medical practices — from fraud" highlights the growing concerns of hospice fraud and its implications for primary care physicians.** The article discusses how the increasing number of Medicare-certified hospice providers and unchanged payment structures have created vulnerabilities that can be exploited by fraudulent operators. It emphasizes the importance of primary care physicians being vigilant about the hospices they refer to, as referrals are the entry point for patients. Physicians are encouraged to ask questions about eligibility verification and care management to protect patients and maintain trust. (*Medical Economics*, 03/09, https://www.medicaleconomics.com/view/red-flags-in-hospice-care-protecting-patients-and-medical-practices-from-fraud)

~ **"Feds Charge 15 in SoCal Hospice Fraud Crackdown" highlights a significant federal crackdown on hospice fraud in Southern California, involving 15 defendants accused of fraudulent Medicare claims.** Among those charged are Gladwin and Amelou Gill, who allegedly submitted over $5.2 million in false claims, and Lolita Minerd, accused of billing Medicare for non-terminal patients. The crackdown is part of a broader initiative to combat health care fraud, with Vice President JD Vance emphasizing the administration's commitment to addressing misuse of social programs. (*MyNewsLA.com*, 04/02, mynewsla.com/crime/2026/04/02/feds-charge-15-in-socal-hospice-fraud-crackdown)

~ **"California Targeted in House Committee Investigation of Hospice Fraud" highlights a significant probe into alleged fraud within California's hospice programs.** The U.S. House Committee on Oversight and Government Reform has requested documents from Governor Gavin Newsom, citing a "well-documented history of fraud" in the state's hospice services. Key concerns include a disproportionate number of hospice providers in Los Angeles County and alleged Medicare overbilling. The investigation underscores the need for stringent compliance and oversight in hospice care, as federal and state agencies remain vigilant against fraud. (*National Law Review*, 04/03, https://natlawreview.com/article/california-targeted-house-committee-investigation-hospice-fraud)

~ **The National Partnership for Healthcare and Hospice Innovation (NPHI) has urged CMS to impose a temporary nationwide moratorium on new hospice provider enrollments to combat fraudulent operators.** In a letter to CMS officials, NPHI highlighted the exploitation of the Medicare hospice benefit by fraudulent providers, which undermines trust and threatens program integrity. NPHI's CEO, Tom Koutsoumpas, emphasized that the issue is not with the hospice model but with a subset of providers exploiting the system. The proposed moratorium aims to allow CMS to focus on identifying and removing fraudulent providers while maintaining access to high-quality care. (*National Partnership for Healthcare and Hospice Innovation*, 03/25, nphihealth.org)

~ **The National Partnership for Healthcare and Hospice Innovation (NPHI) has issued an official statement addressing recent media coverage on hospice fraud and federal enforcement efforts.** The statement emphasizes that the issue is not partisan but rather about maintaining program integrity and ensuring quality care for patients. NPHI is collaborating with the Administration and CMS to eliminate fraudulent providers while preserving access to high-quality hospice care. Tom Koutsoumpas, NPHI's CEO, stated, "We are encouraged to see decisive steps being taken to crack down on fraud." The organization remains committed to working with federal leaders to protect the hospice benefit. (*National Partnership for Healthcare and Hospice Innovation*, 03/20, nphihealth.org)

~ **The article "Report: Over 40% of hospice centers in L.A. County 'show multiple indicators' of fraudulent activity" highlights significant concerns about hospice fraud in Los Angeles County.** According to a *CBS News* analysis, over 700 of the approximately 1,800 hospice agencies in the area exhibit multiple fraud indicators, such as suspicious geographic clustering and excessive Medicare billing. Despite California's efforts to revoke licenses and enforce regulations, fraudulent activities persist. California has extended its moratorium on new hospice licenses through January 2027 to address these issues. (*One America News Network*, 03/13, https://www.oann.com/newsroom/report-over-40-of-hospice-centers-in-l-a-county-show-multiple-indicators-of-fraudulent-activity/)

~ **"Warner, Sánchez Introduce Bicameral Bill to Strengthen Hospice Care for Patients, Protect Against Fraud" outlines a new legislative effort to modernize the Medicare hospice benefit.** The *Hospice CARE Act* aims to address fraud and improve patient care by implementing program integrity measures and payment reforms. Key provisions include increased oversight of new hospices, revised payment structures to incentivize in-person care, and expanded access to palliative treatments. The bill also introduces a transitional inpatient respite benefit to aid patients moving from hospital to hospice care. (*Press Releases*, 3/17, https://www.warner.senate.gov/public/index.cfm/2026/3/warner-s)

~ **"Most newly enrolled California hospice agencies flagged for fraud, CMS says" highlights significant concerns about fraudulent activities among new hospice agencies in California.** According to CMS, three-fifths of these agencies have lost billing privileges, and 35% of the remaining ones are under corrective action. The Fraud Defense Operations Center has been instrumental in identifying irregular billing practices, leading to over $1.8 billion in payment suspensions. CMS's efforts are part of a broader initiative to combat healthcare fraud, which is rampant across various sectors. (*Washington Examiner*, 03/18, washingtonexaminer.com/policy/healthcare/4495468/most-new-california-hospice-agencies-flagged-fraud-cms)

~ **Federal prosecutors allege that a network of hospice operators in Southern California orchestrated a $50 million fraud scheme by enrolling patients who were not terminally ill into hospice care.** According to investigators, some individuals were lured with cash payments, free services, or incentives—such as monthly stipends—to sign up, even though they did not qualify for end-of-life care. The scheme allegedly involved kickbacks to recruiters and marketers, along with fraudulent Medicare billing for services that were either unnecessary or never provided. Officials emphasized that the fraud not only caused significant financial losses but also undermined trust in hospice care, which is intended for seriously ill patients at the end of life. The investigation is part of a broader effort to target widespread healthcare fraud and hold those responsible accountable. (*Fox News,* 4/3, https://www.foxnews.com/us/healthy-patients-allegedly-lured-into-50m-hospice-scam-feds-expose-cash-kickbacks-fake-care https://www.mcknightshomecare.com/news/eight-arrested-in-50m-hospice-fraud-scheme-as-oversight-intensifies/)

~ **The Centers for Medicare & Medicaid Services (CMS) has proposed new transparency measures aimed at strengthening oversight of hospice providers amid ongoing concerns about fraud and inappropriate utilization.** A key element is the creation of a Service and Spending Variation Index, which uses claims-based data to flag providers with unusual patterns in spending or care that may warrant closer scrutiny. The proposal would also require hospices to give all patients a clear addendum at the time of enrollment explaining which services and items are not covered, improving understanding of benefits and potential out-of-pocket costs. CMS plans to publicly identify providers that fail to meet quality reporting requirements through a consumer-facing indicator on the Medicare Care Compare website. (*South Florida Hospital News and Healthcare Reprot,* 4/4, https://southfloridahospitalnews.com/cms-proposes-new-transparency-measures-to-strengthen-oversight-of-hospice-providers/)

~ **President Donald Trump announced that Vice President JD Vance would serve as a new "fraud czar," leading a federal task force focused on investigating alleged fraud across the country.** The announcement coincided with federal arrests in Los Angeles tied to a $50 million healthcare fraud scheme, which officials said was connected to the task force's early actions. The initiative stems from a broader executive order establishing a national anti-fraud task force, with Vance tasked with leading investigations into potential misuse of federal funds. The move has drawn political criticism, with opponents arguing it may be aimed at Democratic-led states and could politicize fraud enforcement efforts. (*Spectrum News 1,* 4/3, https://spectrumlocalnews.com/nys/rochester/news/2026/04/03/trump-names-vance--fraud-czar---says-he-will-focus-on-democratic-led-states)

PALLIATIVE CARE NOTES

~ **"Palliative Care Disparities Proliferating" highlights the growing disparities in palliative care access, particularly among pediatric and rural populations.** A study in *The Lancet Child & Adolescent Health* reveals that 96% of children needing palliative care reside in low and middle-income countries, with little change in serious health-related suffering over 30 years. In the U.S., rural cancer patients face significant barriers due to resource shortages, with only 14% of those needing palliative care receiving it. The article suggests that automated EHR systems and caregiver support programs could improve access and outcomes. (*Hospice News*, 3/19, hospicenews.com/2026/03/19/palliative-care-disparities-proliferating)

~ **"Expert Panel Updating NCHPC's Palliative Care Clinical Practice Guidelines" discusses the efforts of a 33-member panel to revise the guidelines for quality palliative care.** Originally established in 2004, these guidelines set national standards and have been updated four times. The current revision aims to address changes in the field, such as the impact of telehealth and the need for culturally appropriate care. Dr. Kristina Newport emphasizes the guidelines' mission to provide equitable access to high-quality serious illness care. The update reflects evolving practices and the need for a consistent framework across specialties. (*Hospice News*, 4/1, hospicenews.com/2026/04/01/expert-panel-updating-nchpcs-palliative-care-clinical-practice-guidelines)

~ **"Delivering Palliative Care in Mental Health Nursing Settings: A Systematic Review" explores the challenges and gaps in providing palliative care to individuals with mental illnesses in psychiatric settings.** The review highlights that access to palliative care for people with complex mental illnesses is significantly lower than for the general population, with barriers including stigma, lack of training, and poor integration of mental and physical health services. It emphasizes the need for early advance care planning and better communication with families. The study calls for mental health settings to be equipped to provide compassionate, person-centered palliative care. (*Journal of Psychiatric and Mental Health Nursing*, 03/06, https://onlinelibrary.wiley.com/doi/10.1111/jpm.70115)

~ **"The ASCENT Consortium: A New Resource to Support Palliative Care Science Across the Lifespan" highlights a significant initiative funded by the National Institutes of Health to advance palliative care research and practice.** The ASCENT Consortium aims to enhance care for seriously ill individuals by developing a national scientific infrastructure, generating new research, fostering career development, and disseminating findings. It seeks collaboration with various stakeholders, including caregivers, clinicians, and advocacy organizations, to improve palliative care across the lifespan. (*Journal of Pain and Symptom Management*, 02/11, https://pubmed.ncbi.nlm.nih.gov/41687687/)

END-OF-LIFE NOTES

~ **"More people are choosing the option to die under Oregon's Death with Dignity Act" highlights the increasing use of medically assisted death in Oregon.** According to new state data, 637 prescriptions for life-ending drugs were written last year, marking the highest number on record. This reflects a steady upward trend since the law's inception in 1997. The report also notes the expansion of the law to include out-of-state patients, with 37 non-residents receiving prescriptions in 2025. Despite the increase in prescriptions, not all recipients use the drugs, with some dying from their underlying illnesses. The majority of participants are older, white, and have cancer diagnoses. (*The Oregonian/OregonLive*, 04/02, oregonlive.com)

~ **The article "To Die by Medical Aid or Not: That Is Our Question" explores the complexities of medical aid in dying, focusing on ethical, cultural, and procedural challenges.** It highlights the Dutch experience with psychiatric euthanasia for youth, noting risks like developmental immaturity and social contagion. The article discusses distinctions between euthanasia and physician-assisted suicide, emphasizing the emotional impact of terminology. In the U.S., baby boomer demographics influence legalization trends, with moral ambivalence persisting. The rise of death doulas reflects gaps in traditional hospice care. (*Psychiatric Times*, 03/17, https://www.psychiatrictimes.com/view/to-die-by-medical-aid-or-not-that-is-our-question)

~ **"The Good Deaths of Those Who Never Marry" explores the end-of-life experiences of lifelong single individuals, revealing they often die pain-free and at peace.** Research by Boston University social scientists Kafayat Mahmoud and Deborah Carr, published in the *Journals of Gerontology*, analyzed data from U.S. Medicare beneficiaries and found that never-married individuals generally fared as well as, if not better than, their married counterparts. The study highlights that lifelong singles were less troubled by sadness or anxiety and received high-quality personal care. This challenges common perceptions about the end-of-life quality for those without spouses or children. (*Psychology Today*, 3/8, psychologytoday.com/nz/blog/living-single/202603/the-good-deaths-of-those-who-never-marry)

~ **An article in *The Oregonian* reports that more people are choosing to use Oregon's Death with Dignity Act, reflecting a steady increase in participation over time as awareness and access have expanded.** The article explains that the law allows terminally ill adults with a prognosis of six months or less to request and self-administer prescribed medication to end their lives. The story highlights that many patients seek this option not primarily because of pain, but due to concerns about losing autonomy, dignity, and quality of life. It also notes recent policy changes, such as removing residency requirements, which have made the option available to more people, including those from other states. Physicians and advocates say the process includes safeguards like multiple requests and medical evaluations to ensure informed, voluntary decisions. Overall, the trend reflects growing acceptance of medical aid in dying as part of end-of-life care, while continuing to raise ethical and societal debates. (*The Oregonian,* 4/2,

~ **"How 'The Pitt' Can Prepare You for the End of Life" explores the realistic portrayal of death in the medical drama and its impact on viewers' understanding of end-of-life issues.** Dr. Shoshana Ungerleider, founder of End Well, highlights the show's commitment to depicting death authentically, noting that "mortality isn't a separate storyline in *The Pitt*; it's woven into everything." The series aims to transform perceptions of caregiving and end-of-life experiences by consulting with palliative care experts and creating a Palliative Care Tip Sheet for its creators. This approach encourages audiences to engage in meaningful conversations about death and advance care planning. (*Katie Couric Media*, 03/23, aol.com/articles/pitt-prepare-end-life-202229257.html)

~ **Mayo Clinic offers an online podcast, on Thursday, May 6, focused on exploring the nature of suffering and what role medicine should play when suffering cannot be fully relieved or cured.** It draws on research to examine how clinicians and bioethicists can better understand suffering beyond just physical symptoms, including its emotional and existential dimensions. The speaker emphasizes that medicine often aims to fix problems, but must also learn how to respond when problems cannot be solved. The discussion encourages healthcare professionals to think more clearly about their responsibilities in supporting patients facing unavoidable hardship. It also highlights the importance of compassionate presence and thoughtful care, even when medical intervention has limits. Overall, the event frames suffering as a central challenge in medicine that requires both scientific and humanistic approaches. More information and the stream address are found at the link below. (Mayo Clinic, https://www.urmc.rochester.edu/events/event-detail/52425740771242)

~ **An article in *Washington Post,*** explains that death doulas are non-medical professionals who support people and their families through the dying process, offering emotional, spiritual, and practical guidance at the end of life. They help create a calm, meaningful environment, advocate for patient comfort, and assist loved ones in navigating what can be an overwhelming experience. Many doulas emphasize that dying is a natural process, and understanding what to expect—such as decreased appetite, increased sleep, or changes in breathing—can reduce fear and confusion. They also note that emotional closure, open conversations, and even phenomena like a brief "rally" of energy or visions of loved ones can be common near death. The article highlights that hearing may persist until the very end, making reassurance and presence from loved ones especially meaningful. Overall, it suggests that planning ahead and talking openly about death can lead to a more peaceful and dignified end-of-life experience.

~ **"Centering End-of-Life Care Around What Matters Most" highlights the importance of goal-of-care discussions in facilitating earlier hospice access.** The article emphasizes the distinction between palliative and hospice care, noting that hospice care is appropriate when a patient's prognosis is six months or less. Dr. Laura Hoeksema of Cleveland Clinic Hospice underscores the need for honest conversations to preserve patient dignity and autonomy, allowing them to make informed decisions about their care. The hospice team provides comprehensive support, addressing physical, emotional, and spiritual needs. (*Cleveland Clinic*, 03/10, consultqd.clevelandclinic.org/centering-care-around-what-matters-most)

~ **"Mercer professors awarded grant to explore how to better support dying patients" highlights a new initiative to integrate faith and health in end-of-life care.** Mercer University professors Caroline Anglim and Paul Lewis received a $60,000 grant from Interfaith America to study how religion acts as a social determinant in dying well. The project will involve curricular development, community partnerships, and research to explore how religious and healthcare leaders can collaborate to support dying patients and their families. Dr. Lewis emphasizes the importance of palliative care, stating, "We're not going to abandon you even if we can't cure you." This initiative aims to enhance medical students' understanding of the intersection between religion and health. (*The Den*, 03/26, https://den.mercer.edu/mercer-professors-awarded-grant-to-explore-how-to-better-support-dying-patients/)

~ The article "AMGA Calls for Total-Cost-of-Care Model for End-of-Life Care" discusses the American Medical Group Association's (AMGA) recommendations for a comprehensive care model. The AMGA suggests that CMS should establish a total-cost-of-care model to improve patient satisfaction, resource management, and reduce costs associated with hospitalizations. The report highlights the need for a framework that addresses the holistic needs of patients, especially as hospice care shifts from a cancer-focused model to include non-cancer conditions. The AMGA also emphasizes the importance of partnerships with community organizations to support end-of-life care discussions. (*Healthcare Innovation*, 03/22, hcinnovationgroup.com)

~ The article "Gut punch: Cancer care for older adults often not aligned with what they value most" highlights a significant misalignment between the care older adults with advanced cancer receive and their personal values. A study found that these patients prioritize quality of life over survival by an 8-to-1 margin, yet clinical outcomes and treatment modifications do not reflect these preferences. Dr. Daniel R. Richardson notes, "This is a warning about the lack of preference responsiveness within the health care system." The findings suggest a need for systemic changes to better incorporate patient preferences into care plans. (*Healio*, 04/02, healio.com/news/hematology-oncology/20260401/gut-punch-cancer-care-for-older-adults-often-not-aligned-with-what-they-value-most)

~ "New Program and Book Examine Best Practices Around End-of-Life Care for People Living With Alzheimer's Disease and Related Dementias (ADRD)" highlights the growing need for specialized hospice care for dementia patients. The Hospice Foundation of America (HFA) will host its 33rd annual *Living with Grief*® program on April 14, 2026, focusing on best practices for advanced dementia care. The event will address challenges in hospice care for dementia, emphasizing the importance of timely admission and public awareness. A new book, *Alzheimer's Disease and Dementia: A Guide for Hospice Clinicians*, offers insights into compassionate, person-centered care. (*Hospice Foundation of America*, 3/25, hospicefoundation.org/news/new-program-and-book-examine-best-practices-around-end-of-life-care-for-people-living-with-alzheimers-disease-and-related-dementias-adrd)

~ "The Legal, Constitutional, and Ethical Aspects of Medical Assistance in Dying in the State of New York" explores the implications of the recently approved Medical Aid in Dying Act. This legislation marks New York's first comprehensive recognition of the right for terminally ill, mentally competent adults to request life-ending medication under specific safeguards. The article discusses how this act places New York at the forefront of a national debate on whether the Fourteenth Amendment includes the right to medically assisted death. The paper argues that failing to implement the Act could represent a constitutional breach, impacting interpretations of personal liberty and state responsibility. (*World Scientific Reports*, 02/09, https://ojs.scipub.de/index.php/WSR/article/view/7801)

~ The "Society of Critical Care Medicine 2026 Guidelines on the Care and Management of Pediatric and Neonatal Intensive Care Patients at the End of Life" provides evidence-based recommendations for improving end-of-life care in pediatric and neonatal ICUs. These guidelines emphasize a multidisciplinary approach, focusing on advance care planning, palliative care consultation, systematic symptom management, bereavement support, and health equity. The panel issued five conditional recommendations and one good practice statement, aiming to enhance care quality and support for patients and families. (*Pediatric Critical Care Medicine*, 03/20, journals.lww.com/pccmjournal/fulltext/9900/society_of_critical_care_medicine_2026_guidelines.645.aspx)

~ "Recognizing the signs: What to expect as a loved one nears the end of life" provides guidance on identifying physical and emotional changes as death approaches. The article emphasizes the importance of understanding these signs to ease family fears, noting that common symptoms include fatigue, withdrawal, and decreased appetite. Dr. Rhea Rogers highlights that "the energy is gone," signaling the body's final stage. Communication remains crucial, as hearing is the last sense to fade. Families are encouraged to talk to their loved ones and not feel guilty if they are absent at the moment of passing. (*Aging Untold*, 3/20, kptv.com)

~ "Facing Death as a Doctor: Knowledge vs Nature" explores how physicians' professional experiences influence their end-of-life decisions. The article highlights that while physicians are slightly more likely to die at home or in hospice compared to the general population, they face similar financial, familial, and existential challenges. Dr. Janet Abrahm notes a common misconception among doctors that hospice is a 'one-way street.' The study underscores the importance of informed end-of-life choices and the role of hospice in providing comfort. (*Medscape*, 03/12, medscape.com/viewarticle/facing-death-doctor-knowledge-vs-nature-2026a10007pa)

GRIEF AND ADVANCE CARE PLANNING NOTES

~ "Ethical AI Considerations in End-of-Life Planning" explores the growing use of artificial intelligence (AI) in end-of-life planning and its associated ethical challenges. The article highlights how AI tools are aiding families in understanding hospice and grief support options, but also raises concerns about privacy risks and the lack of regulatory oversight. Sarah Saltee of 3Hopeful Hearts notes the potential for AI to alleviate logistical burdens on grieving families, yet warns of predatory risks. Experts emphasize the need for ethical AI practices, including data protection and meaningful control. The article underscores the importance of transparency and human oversight in AI applications for end-of-life care. (*Hospice News*, 02/20, hospicenews.com/2026/02/20/ethical-ai-considerations-in-end-of-life-planning)

~ "50 years ago, Karen Quinlan's coma sparked the movement for patients' rights near the end of life" highlights the landmark New Jersey Supreme Court decision that established patients' rights to refuse life-sustaining treatment. The case of Karen Ann Quinlan, who fell into a persistent vegetative state in 1975, led to a ruling that emphasized patient autonomy over physician paternalism. This decision paved the way for the creation of advance directive laws across all 50 states, allowing individuals to document their end-of-life care preferences. The article underscores the importance of these rights and encourages individuals to engage in advance care planning. (*The Conversation*, 03/23, theconversation.com/50-years-ago-karen-quinlans-coma-sparked-the-movement-for-patients-rights-near-the-end-of-life-277318)

~ "I just feel alone and by myself": how adolescents experience loneliness when their parent has cancer" explores the profound loneliness adolescents face when a parent is diagnosed with cancer. The study highlights various dimensions of loneliness, such as temporal, affective, and existential loneliness, exacerbated by limited communication and altered family dynamics. Adolescents often conceal their distress from peers, yet find solace in sharing experiences with those who understand their situation. The research underscores the importance of healthcare professionals identifying young dependents early to provide appropriate support and information. (*BMC Public Health*, 03/31, https://link.springer.com/article/10.1186/s12889-026-27112-x)

~ The article "Study: Families pleased after meeting nursing home advance care planning specialist" highlights the positive experiences of family caregivers who engaged with advance care planning (ACP) specialists. Published in the *Journal of the American Medical Directors Association*, the study involved 28 family caregivers of nursing home residents with dementia. It identified two primary themes: the role of family caregivers as surrogate decision-makers and their perspectives on ACP specialists. The study underscores the importance of ACP training programs, noting that families felt reassured knowing the residents' preferences were understood and acted upon. (*McKnight's Long-Term Care News*, 03/10, mcknights.com/news/study-families-pleased-after-meeting-nursing-home-advance-care-planning-specialist)

NOTE: Some URL links require subscription, membership and/or registration.

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