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

~ "Dingell Introduces Bill to Remove Financial Barriers for Hospice Patients" highlights new legislation aimed at improving access to essential care for hospice patients. U.S. Representative Debbie Dingell has introduced the Improving Access to Transfusion Care for Hospice Patients Act, which mandates the Center for Medicare and Medicaid Innovation to test a model allowing separate payments for blood transfusions outside the hospice all-inclusive per diem under Medicare. This initiative seeks to eliminate the financial dilemma faced by patients needing both hospice care and transfusions. The bill has garnered support from various healthcare organizations, emphasizing its potential to enhance patient dignity and care quality. (*Congresswoman Debbie Dingell*, 07/15, https://debbiedingell.house.gov/news/documentsingle.aspx?DocumentID=7109)

~ "California Adopts Sweeping Emergency Regulations for Hospice Providers" outlines new comprehensive regulations affecting hospice agencies in California. Effective June 22, 2026, these rules establish detailed licensing, staffing, and operational standards, including a 12:1 nurse-to-patient ratio and a two-hour response time for patient needs. The regulations, prompted by a history of hospice fraud, require immediate compliance with no grandfathering, and California Department of Public Health plans to make them permanent. Providers must conduct gap analyses and prepare for unannounced inspections. The article below explores these and other changes include in the new legislation. (*Epstein Becker Green*, 7/13, https://www.ebglaw.com/insights/publications/california-adopts-sweeping-emergency-regulations-for-hospice-providers-what-the-new-rules-require-and-how-to-prepare)

~ The article "Medicare's Hospice Bill Doubled Over the Last Decade" highlights inefficiencies in Medicare's hospice payment system, which may be costing taxpayers billions. The U.S. Government Accountability Office (GAO) reports that Medicare's spending on hospice care nearly doubled from $15.5 billion to $27.5 billion between 2015 and 2024. This increase is partly due to a 32% rise in hospice enrollment and longer average stays. However, the payment method—paying per day rather than per visit—creates financial incentives for hospices to minimize care says the article. The GAO suggests Congress should consider directing CMS to revise this payment system to enhance efficiency and reduce fraud. (*U.S. GAO*, 07/14, gao.gov/blog/medicares-hospice-bill-doubled-over-last-decade)

~ "New York State Legislation Seeks to Block For-Profit Hospice Growth" discusses legislative efforts to limit for-profit hospice expansion in New York. The proposed bills aim to prohibit new for-profit hospices and restrict existing ones from increasing capacity, addressing

concerns over care quality and industry trends. Jeanne Chirico, president of the Hospice and Palliative Care Association of New York State, noted growing momentum for the legislation, partly due to concerns about for-profit proliferation affecting care integrity. The bills are currently under review, with one set for a Senate vote. (*Hospice News*, 3/28, hospicenews.com/2025/03/28/new-york-state-legislation-seeks-to-block-for-profit-hospice-growth)

~ "Compassus, Providence Execs: Greater Transparency Needed on Hospice Quality" highlights the need for increased transparency to rebuild public trust in hospice care amid fraud concerns. Executives from Compassus and Providence Health System emphasize that fraud narratives can deter patients from utilizing hospice services, which are already underutilized. Compassus CEO Mike Asselta notes that only 53.1% of Medicare decedents received hospice care in 2024, often for less than three weeks. Strengthening quality reporting and vetting new providers are suggested to enhance trust. (*Hospice News*, 6/29, hospicenews.com)

~ "Pathways Hospice VP: Stringent Regulations Can Take Us Away from Patients" discusses the challenges faced by hospice providers due to regulatory burdens and staffing shortages. Marianne Buss, the new VP of Clinical Services at Pathways Hospice, emphasizes the importance of workforce retention and the impact of stringent regulations on patient care. She highlights the need for competitive salaries and leadership that mentors and empowers staff. Buss also points out that regulatory requirements can detract from patient interaction, a core aspect of hospice care. The article underscores the necessity of integrating technology like AI to streamline processes and enhance patient care. (*Hospice News*, 07/06, hospicenews.com/2026/07/06/pathways-hospice-vp-stringent-regulations-can-take-us-away-from-patients).

~ "VITAS Medical Director: Improve Hospice Referrals for Cancer Patients" discusses strategies to enhance hospice referrals for cancer patients, emphasizing the importance of timely goals-of-care conversations. Dr. Ileana Leyva highlights that the increasing availability of therapeutic interventions, such as immunotherapy and clinical trials, often delays hospice referrals. She notes that "many of these treatments are not curative" but can delay disease progression, leading to late hospice referrals. Leyva advocates for improved medical education to facilitate better communication about care goals, which is now being integrated into medical curricula. (*Hospice News*, 07/16, hospicenews.com/2026/07/16/vitas-medical-director-improve-hospice-referrals-for-cancer-patients).

~ "What Hospice Can Learn from Home Health Value-Based Purchasing," appearing on Joan Teno's Substack, explores the potential for hospice to adopt a value-based purchasing model similar to home health. The article highlights that while home health uses a model where Medicare payments are adjusted based on quality performance, hospice is not yet at this stage. Current hospice quality measures include family experience surveys and claims-based measures, with the HOPE tool still developing. The article suggests that hospice should focus on ensuring these measures are meaningful and aligned with patient care goals before considering payment adjustments. (*Joan Teno - SOS Hospice- STATs*, 07/13, https://joanteno.substack.com/p/what-hospice-can-learn-from-home)

~ "Hospice in the Spotlight – Audits, PEPPER, and Patient Autonomy" discusses recent developments affecting hospice care, including fraud schemes and audits. The article

highlights a $6.5 billion DOJ fraud takedown involving hospice services and a critical OIG audit revealing Medicare overpayments for ineligible hospice patients. The author, physician Ronald Hirsch, criticizes the audit criteria, noting that many improper claims were due to paperwork deficiencies rather than ineligibility. The piece underscores the importance of respecting patient autonomy and ensuring compliance with hospice practices. (*RACmonitor*, 07/01, medlearn.com/racmonitor/hospice-in-the-spotlight-audits-pepper-and-patient-autonomy).

~ "Michigan home health and hospice providers caught in Medicare enrollment pause" highlights the impact of a national moratorium on new Medicare enrollments for hospice and home health agencies. The Centers for Medicare and Medicaid Services (CMS) initiated this six-month pause to combat healthcare fraud, but Michigan providers, who were not part of the problem, are facing unintended consequences. Laura Haynes, CEO of the Michigan HomeCare and Hospice Association, expressed concerns about access delays for patients in rural areas, emphasizing that "Michigan patients are the ones absorbing the consequences of a national policy response." (*The Michigan Independent*, 07/10, michiganindependent.com)

~ "Hospice Sues Medicare Over Denied Claims Worth Over $1 Million" highlights a legal battle between an Arizona hospice and Medicare over denied claims. Infinity Hospice Care has filed a lawsuit in the US District Court for the Northern District of Texas, alleging that Medicare, through its private claims processor, unjustly denied over 200 claims for hospice services, totaling more than $1 million. The hospice argues that the denials were based on audits that did not align with the Medicare Administrative Contractor's payment criteria. The case underscores ongoing challenges in hospice reimbursement processes. (*Bloomberg Law*, 7/1, news.bloomberglaw.com/litigation/hospice-sues-medicare-over-denied-claims-worth-over-1-million)

~ In her Substack, Dr. Joan Teno explores the new HOPE assessment requirement that requires hospices to rate patients' pain as none, mild, moderate, or severe with the long-term goal of comparing pain outcomes across hospice programs. Teno argues that these comparisons may be unreliable because hospices can use different pain assessment tools that do not translate consistently into the same severity categories, particularly for patients who cannot communicate their pain. She also notes that changes in a patient's condition may require switching from self-reported to observational pain scales, making it difficult to accurately measure improvement over time. Another concern is that the assessment does not capture each patient's personal goals for pain control, even though some patients knowingly accept moderate pain to avoid medication side effects. Teno also points out that CMS has previously abandoned public pain outcome measures because of concerns about overtreatment, raising questions about whether this new approach will succeed. She concludes that CMS may ultimately focus more on symptom follow-up and symptom impact than on pain severity alone, a topic she plans to address in a future article. (*Joan Teno - SOS Hospice- STATs,* 7/20, https://substack.com/home/post/p-207770492)

~ "When the Expert Becomes the Daughter: Lessons from My Father's Hospice Journey" shares personal insights from Annette Lee's experience transitioning from a hospice consultant to a daughter during her father's hospice care. Lee emphasizes the importance of leadership and compassionate care, urging hospice leaders to consider not just the quality of care but also the lasting impression on families. Key leadership challenges include reviewing admission processes, ensuring team competency, and enhancing caregiver education. Lee's

reflections aim to inspire improvements in hospice care delivery. (*Provider Insights*, 7/10, providerinsights.com)

~ "AI, Hospice Fraud Crackdown & Medicare's Future—The Biggest Healthcare Stories of 2026 | Part One" is a Teleios podcast that explores the transformative forces reshaping healthcare, focusing on AI, regulatory changes, and Medicare reform. The podcast highlights how AI is becoming a strategic disruptor, enhancing clinical roles and operational efficiency without replacing human care. It also discusses intensified regulatory oversight aimed at eliminating fraud and improving transparency in hospice care. The financial challenges facing Medicare and the hospice industry's rapid growth amid consolidation are also examined. Leadership, rather than politics, is emphasized as crucial for navigating these changes. (*Teleios Collaborative Network*, 7/1, teleioscn.org)

~ "Part Two | AI, Hospice Fraud Crackdown & Medicare's Future—The Biggest Healthcare Stories of 2026" explores the transformative forces reshaping hospice and healthcare. Chris Comeaux and Cordt Kassner discuss how AI is redefining healthcare roles, emphasizing that it should augment rather than replace human care. They highlight the intensifying regulatory oversight focusing on quality and transparency, and the growing importance of adaptability in leadership. The conversation encourages leaders to anticipate changes rather than merely react, offering insights into the evolving hospice marketplace. (*Teleios Collaborative Network*, 7/3/26, teleioscn.org)

~ The article "Survival Variation and Predictors of Length of Stay in US Hospice Patients" explores the variability in survival rates among hospice patients and the factors influencing their length of stay. The study, using data from 472,000 patients, highlights that while hospice care is intended for those with a life expectancy of six months or less, many patients survive beyond this period. It emphasizes the role of demographics, medical conditions, and care levels in determining survival. The research also notes that medication use, particularly analgesics, increases significantly as patients near death, suggesting a potential marker for clinical decline. The findings underscore the need for improved predictive tools to enhance hospice care planning and patient outcomes. (*IntechOpen*, 06/25, intechopen.com/online-first/1246437)

~ "Oversight Needed on Physician-Assisted Suicide for Hospice Patients, Lawmakers Say" highlights concerns about the need for more regulation and oversight in physician-assisted suicide practices within hospice care. Lawmakers, including Senators James Lankford and Tim Kaine, emphasize the importance of protecting vulnerable populations from discrimination and coercion. They urge HHS and CMS to implement reporting requirements to monitor these practices, ensuring compliance with federal restrictions and safeguarding patient rights. The article underscores the ethical debate surrounding physician-assisted suicide and the call for increased investment in palliative care. (*MedPage Today*, 7/10, medpagetoday.com)

~ "Hundreds of Fraudsters Busted for Bilking Billions" reports on a major crackdown by state and federal agencies targeting healthcare fraud, including hospice-related schemes. The U.S. Justice Department's initiative charged 455 individuals, including 90 medical professionals, for false claims amounting to $6.5 billion. Notably, a hospice kickback scheme in Arizona involved $4 billion in fraudulent claims. The DOJ's efforts, which include data analytics, aim to hold all criminal actors accountable, seizing over $182 million in assets. This initiative highlights ongoing concerns about hospice program integrity in states like California,

Arizona, and Nevada. (*Hospice News*, 6/30, hospicenews.com/2026/06/30/hundreds-of-fraudsters-busted-for-bilking-billions)

PALLIATIVE CARE NOTE

~ "CMS Proposed Rule: Understanding Palliative Care in Home Health" discusses recent CMS actions that could expand palliative care access through home health services, though with limitations. The proposed 2027 rule allows home health providers to use specific billing codes for community-based palliative care, distinct from hospice. Stakeholders, including the National Partnership for Healthcare and Hospice Innovation, welcome this as a step forward but note that eligibility requirements, such as being homebound, limit access. Further guidance from CMS is expected later this year. (*Hospice News*, 7/10, hospicenews.com)

END-OF-LIFE NOTES

~ "Medicare pushes end-of-life discussions in hospitals" highlights a new proposal by the Trump administration to formalize the recording of Medicare patients' end-of-life care preferences. The initiative aims to integrate these preferences into electronic health records by 2028, potentially affecting Medicare reimbursements by 2030. This measure seeks to normalize advance care planning, encouraging discussions about options like 'do not resuscitate' orders and durable power of attorney. Despite its potential benefits, some providers express concerns about its implementation and impact on patient care. (*Axios*, 6/29, axios.com/2026/06/29/medicare-end-of-life-discussions-hospitals)

~ "Supporting Mental Health in End-of-Life Care" by Associate Professor Sarah Yardley highlights the integration of mental health services into palliative care to enhance patient well-being. The article discusses a New York initiative where dual-trained clinicians in psychiatry and palliative care collaborate with chaplains, psychologists, and social workers to provide comprehensive care. This model addresses existential distress and complex mental health conditions, emphasizing the importance of relationship-centered care. Yardley proposes ideas like universal distress screening and peer support roles to improve care delivery. (*ehospice*, 06/29, https://ehospice.com/international_posts/supporting-mental-health-in-end-of-life-care-associate-professor-sarah-yardley/)

~ **Jeannie Meyer, a UCLA Health palliative care nurse, transformed her own childhood experience with homelessness and the loss of her father on Los Angeles' Skid Row into a lifelong commitment to improving end-of-life care for people experiencing homelessness.** She founded the Hearing Their Voice initiative to help unhoused individuals complete advance healthcare directives so their medical wishes are known and respected. Recognizing that trust had to come before conversations about end-of-life planning, Meyer and her colleagues first connected people with practical resources such as medical, dental, vision, and pet care. Since its launch, the program has distributed more than 1,000 advance directives in Los Angeles and has inspired similar efforts in other cities across the country. Meyer has also helped establish

Hospice Under the Bridge, which partners with hospice organizations to provide compassionate care for unhoused individuals wherever they choose to spend their final days. Her work is grounded in the belief that every person, regardless of housing status, deserves dignity, respect, and the opportunity to have their voice heard at the end of life. (*UCLA Health,* 7/15, https://www.uclahealth.org/news/article/personal-experience-fuels-jeannie-meyers-commitment-helping)

~ "How Illinois Plans to Fine Tune End-of-Life, Palliative Care" discusses legislative efforts to enhance support for end-of-life patients in Illinois. The Illinois General Assembly is advancing four bills focused on improving hospice and palliative care, including medication delivery, advance care planning, and care for incarcerated individuals. Sponsored by Rep. Nicolle Grasse, these bills aim to "expand access, improve patient care, and strengthen accountability." Notably, House Bill 3849 would allow hospice employees to deliver medications, and House Bill 2397 mandates reporting on hospice care in prisons. (*Hospice News*, 3/27, hospicenews.com/2025/03/27/how-illinois-plans-to-fine-tune-end-of-life-palliative-care)

~ "Improving Trauma-Informed End-of-Life Support for Indigenous Populations" highlights the need for culturally sensitive hospice care to address disparities faced by indigenous communities. The article emphasizes the importance of trauma-informed care and culturally diverse staffing to build trust and improve hospice utilization among Native Americans, who are the least likely to enroll in hospice care. Dr. Sophina Manheimer Calderon underscores the significance of understanding historical trauma and fostering collaborative relationships between tribal and hospice care teams to enhance access and outcomes. (*Hospice News*, 06/29, hospicenews.com)

~ "An End-of-Life Care Approach Defining a New Standard of Care" discusses the Institute for Healthcare Improvement's (IHI) initiative to create a comprehensive care continuum for patients transitioning from curative to end-of-life care. The IHI Leadership Alliance's End-of-Life Care/Ending-Life Care Accelerator aims to dismantle barriers between care providers, focusing on interventions like Medical Aid in Dying (MAiD) and palliative sedation. Research by the Completed Life Initiative highlights noncompliance issues in California and Washington state hospices regarding state law requirements for intervention listings. (*Journal of the American Medical Directors Association*, 06/26, https://www.jamda.com/article/S1525-8610(26)00131-3/abstract)

~ An *End of Life University* podcast, "After-Death Communication and Developing Intuition with Purnima Sinha," explores how personal experiences with near-death and after-death communication can enhance spiritual awareness and intuition. Purnima Sinha, with her extensive background in meditation and psychotherapy, shares how her mother's death and subsequent communications acted as a catalyst for her spiritual growth. She emphasizes the importance of love and gratitude in cultivating intuition and discusses how fear can obstruct intuitive communication. Sinha's insights are particularly relevant for those assisting individuals at the end of life. (*End of Life University*, 7/4, https://eolupodcast.com)

~ "Dignity Therapy: What Matters Most in End-of-Life Care?" explores the role of dignity therapy in preserving personal dignity for those with terminal illnesses. Developed by Harvey Max Chochinov, this therapy involves guided conversations that help patients share meaningful life aspects, such as important memories and values, which are then documented as a legacy. This approach not only aids in reducing existential suffering but also enhances emotional

well-being by addressing the psychological and spiritual needs of patients. The therapy's effectiveness extends beyond hospice care, benefiting various care settings by integrating clinical, relational, and existential dimensions. (*Medscape*, 07/07, medscape.com/viewarticle/dignity-therapy-what-matters-most-end-life-care-2026a1000mak)

~ "What Visions and Emotions Can We Expect Just Before Dying?" explores the phenomena of near-death experiences (NDEs) and introduces a new theory called the dying-moment dream hypothesis. This theory suggests that NDEs are akin to a dream-like state induced by the brain's activity as it nears death, influenced by an individual's emotional history. While most NDEs are reported as peaceful, some can be distressing, potentially reflecting unresolved trauma or guilt. The hypothesis remains speculative, with its claims about emotional history's impact on NDEs yet to be empirically tested. (*Psychology Today*, 07/01, psychologytoday.com)

~ "Most Americans Prefer to Die at Home, but the US Healthcare System Often Prevents It" explores the gap between end-of-life preferences and the reality imposed by the healthcare system. Despite a majority of Americans wishing to die at home, only one-third achieve this due to systemic barriers. The article highlights the need for patient-centered care, better end-of-life medical training, and improved insurance coverage. It also emphasizes the roles of palliative care providers and death doulas in shifting the focus from treatment to comfort and agency. The authors argue for early discussions about dying to align care with personal values. (*The Conversation*, 07/14, theconversation.com)

OTHER NOTES

~ The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule for the Calendar Year 2027 Home Health Prospective Payment System, detailing significant policy changes. The rule aims to update Medicare payment policies for home health agencies, focusing on reducing fraud and ensuring compliance. Key proposals include making all Medicare enrollment revocations retroactive and expanding grounds for revocation or denial of enrollment. Additionally, CMS proposes a temporary 3.0% adjustment to the home health base payment rate. The rule also aims to promote community-based palliative care services under Medicare home health benefits, distinct from hospice care. (*CMS Newsroom*, 07/01, cms.gov/newsroom/fact-sheets/calendar-year-cy-2027-home-health-prospective-payment-system-proposed-rule-fact-sheet-cms-1844-p)

~ "What's Broken in American Healthcare—and How to Fix It | Part One" explores the systemic issues in U.S. healthcare and proposes solutions for improvement. In this episode of *TCNtalks / Anatomy of Leadership*, Chris Comeaux and Dr. Don Berwick discuss the evolution from the Triple Aim to the Quintuple Aim, emphasizing the importance of patient experience, population health, workforce well-being, affordability, and health equity. Dr. Berwick highlights concerns about the financialization of healthcare and the moral injury among clinicians, advocating for a system that prioritizes value and patient-centered care. The conversation offers insights for leaders in healthcare committed to reform. (*Teleios Collaborative Network*, 7/8, teleioscn.org)

~ Part Two of "What's Broken in American Healthcare—and How to Fix It with Dr. Don Berwick" explores systemic issues in American healthcare, emphasizing the need for a shift

from profit-driven models to patient-centered care. Dr. Don Berwick, a former CMS Administrator, discusses how financial incentives and administrative waste have led to soaring costs and poor patient outcomes. He highlights the potential of hospice and palliative care as models for compassionate, person-centered healthcare. Berwick urges healthcare leaders to "lead with courage" and focus on the moral purpose of healthcare. (*Teleios Collaborative Network*, 7/10, teleioscn.org)

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

Hospice Analytics is the national sponsor of Hospice News Network for 2026. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of- life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see www.HospiceAnalytics.com.