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# 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**

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## HOSPICE NOTES

~ **“Why Hospice Is Approaching AI Differently Than the Rest of Healthcare” explores the cautious and intentional adoption of AI in hospice care.** Ernesto Lopez, writing for 1520ai says, “Leaders are understandably cautious about introducing technologies that could expose protected health information or create uncertainty about data ownership, storage and use.” Hospice documentation, he says, does not just create a clinical record but a regulatory document and financial safeguard as well. Nevertheless, “AI can help,” he asserts (1520ai, 01/03, <https://www.1520.ai/ai-in-hospice>)

~ **“Hospice of the Valley GUIDE program supports caregivers” highlights a new Medicare model aimed at assisting dementia patients and their families.** The GUIDE program, part of Hospice of the Valley’s Supportive Care for Dementia, offers respite care to reduce caregiver stress and enhance patient quality of life. Since its launch in July 2024, the program has served nearly 400 patients, providing over 3,600 hours of support. Caregivers have experienced significant stress reduction, with the program offering much-needed breaks and social interaction for patients. ([azbigmedia.com](https://www.azbigmedia.com/12/10/dementiacampus.org/news-stories/hospice-of-the-valley-guide-program-supports-caregivers), 12/10, [dementiacampus.org/news-stories/hospice-of-the-valley-guide-program-supports-caregivers](https://www.dementiacampus.org/news-stories/hospice-of-the-valley-guide-program-supports-caregivers))

~ **“Hospice Reaffirms Commitment To Care Amid New State Law” highlights Chautauqua Hospice & Palliative Care’s (CHPC) dedication to supporting terminally ill patients as New York implements Medical Aid in Dying legislation.** CHPC emphasizes its mission to provide expert care and emotional support, stating it will not participate in administering aid-in-dying medications but will offer guidance and educational materials. CEO Mike Testa underscores the importance of living final days in peace, surrounded by loved ones. CHPC calls for increased state investment in hospice care infrastructure. (*Post Journal*, 12/31, <https://www.post-journal.com/news/local-news/2025/12/hospice-reaffirms-commitment-to-care-amid-new-state-law/>)

~ **A December, 2025, CMS “MLN Fact Sheet” adds newly enrolled hospices in Georgia and Ohio to the list of states of Arizona, California, Nevada, and Texas, to a period of enhanced oversight.** CMS says it has received “numerous reports of hospice fraud, waste, and abuse,” and adds that, “The number of enrolled hospices has increased significantly in these states, raising serious concerns about market oversaturation.” The goal of this enhanced oversight is to reduce overall hospice fraud, waste, and abuse. The fact sheet is online at the link below. (CMS, 12/2025, <https://www.cms.gov/files/document/mln7867599-period-enhanced-oversight-new-hospices-arizona-california-nevada-texas-georgia-ohio.pdf>)

~ **An End of Life University** podcast, “**The Legacy of Hospice in the U.S. and Around the World with Dr. Robert Buckingham**,” explores the origins and global expansion of the hospice movement. Dr. Robert Buckingham, a pioneer in the U.S. hospice movement, discusses his role in founding the first hospice program in the country and developing 81 hospice programs worldwide, including the first for children with AIDS in Thailand. The episode also addresses current threats to hospice care and the historical philosophy behind it. Dr. Buckingham emphasizes the importance of hands-on care and reflects on lessons learned from dying patients. (*End of Life University*, 01/05, [eolupodcast.com](http://eolupodcast.com))

~ **“In or Out: The Hospice, Medicare Advantage Conundrum”** explores the ongoing debate over integrating hospice care into Medicare Advantage (MA) plans. Despite growing MA enrollment, hospice remains excluded, requiring beneficiaries to switch to traditional Medicare for hospice services. While recent legislative efforts, such as the Medicare Advantage Reform Act, propose including hospice in MA, the effort faces opposition due to concerns about care delays and reduced patient choice. The article highlights differing views, with some seeing a carve-in as a chance to enhance care quality and palliative care integration. (*Hospice News*, 01/02, [hospicenews.com/2026/01/02/in-or-out-the-hospice-medicare-advantage-conundrum/](http://hospicenews.com/2026/01/02/in-or-out-the-hospice-medicare-advantage-conundrum/))

~ **“Uncovering the Hidden Compliance Hurdles in Hospice AI Documentation”** explores the challenges and opportunities of using AI tools in hospice documentation. The article highlights that many AI tools are not specifically designed for hospice, leading to compliance issues and regulatory scrutiny. Dr. Brian Haas emphasizes that AI can support hospice clinicians by reducing cognitive load and improving documentation quality, but it must be tailored to hospice-specific needs. The article also discusses the importance of human interaction in AI development to ensure compliance and person-centered care. (*Hospice News*, 01/02, [hospicenews.com](http://hospicenews.com))

~ **“CMS Launches New LEAD Model”** introduces a new Accountable Care Organization-focused payment model aimed at enhancing care collaboration and outcomes, particularly at the end of life. The Long-term Enhanced ACO Design (LEAD) model, replacing the ACO REACH demonstration, will run from 2027 to 2036 and is designed to improve care coordination among diverse healthcare providers, including hospices. Katy Barnett from LeadingAge highlights that the model’s flexible capitated payment system could incentivize hospice and palliative care partnerships. The model aims to support high-needs patients with increased incentives and flexibilities. (*Hospice News*, 01/06, [hospicenews.com/2026/01/06/cms-launches-new-lead-model/](http://hospicenews.com/2026/01/06/cms-launches-new-lead-model/))

~ **“Complying with GIP Rules After a Hospital Stay”** highlights the importance of regulatory compliance for hospices transitioning patients to General Inpatient (GIP) care. The U.S. Centers for Medicare & Medicaid Services (CMS) specifies that GIP is suitable for patients needing pain control or symptom management that cannot be provided elsewhere. These stays should be short-term, and hospices are often audited if they exceed six days. In order to strengthen compliance, involving physicians in real-time documentation is recommended. (*Hospice News*, 01/09, [hospicenews.com/2026/01/09/complying-with-gip-rules-after-a-hospital-stay/](http://hospicenews.com/2026/01/09/complying-with-gip-rules-after-a-hospital-stay/))

~ **“Insights from the FY 2026 Hospice Final Rule: Important Changes to Hospice Face-to-Face Attestation Requirements”** outlines significant updates to the F2F attestation process for hospice providers. Effective October 1, 2025, the new rule mandates that the F2F attestation

be signed and dated, and allows the clinical note to serve as the attestation, reducing administrative burdens. The timing of the F2F encounter remains unchanged, and providers are advised to maintain consistency in documentation practices to ensure compliance. This change is seen as a practical improvement for hospice providers. (*Husch Blackwell*, 01/08, [huschblackwell.com/newsandinsights/insights-from-the-fy-2026-hospice-final-rule-important-changes-to-hospice-face-to-face-attestation-requirements](https://huschblackwell.com/newsandinsights/insights-from-the-fy-2026-hospice-final-rule-important-changes-to-hospice-face-to-face-attestation-requirements))

~ **As hospice providers prepare for meaningful change as rising demand and limited clinical resources challenge the sector's ability to deliver care, Croí Health CEO Renee McInnes, urges adaptation and innovation for the future.** The industry is navigating workforce shortages and reimbursement pressures while redefining how hospice services integrate with broader patient-centered models of care. There's a focus on evolving standards that balance compassionate end-of-life support with sustainable operations in a landscape of shifting regulations and demographic trends. This evolution reflects ongoing efforts to maintain quality and access as hospice continues to play a vital role in the healthcare continuum. (*Hospice News*, 1/9) <https://hospicenews.com/2026/01/09/croi-health-ceo-hospice-evolution-on-the-horizon/>)

~ **“New Mexico ‘imposter nurse’ takes plea deal in identity fraud and medical care case” reports on a significant legal case involving a nurse assistant in Albuquerque.** April Hernandez pleaded guilty to identity theft and fraud after illegally providing care to hospice patients, nearly causing a fatal incident with a morphine overdose. She stole the identities of three nurses to perform these unauthorized medical duties. Hernandez has been sentenced to a year in the Metropolitan Detention Center and must pay over \$192,000 to the New Mexico Health Care Authority. (*KRQE News 13*, 01/07, [krqe.com/news/crime/new-mexico-imposter-nurse-takes-plea-deal-in-identity-fraud-and-medical-care-case](https://krqe.com/news/crime/new-mexico-imposter-nurse-takes-plea-deal-in-identity-fraud-and-medical-care-case))

~ **The National Partnership for Healthcare and Hospice Innovation hosted leaders from the Centers for Medicare & Medicaid Services, including CMS Administrator Dr. Mehmet Oz, for an on-the-ground listening tour at Nathan Adelson Hospice to hear firsthand from clinicians, staff, and community stakeholders about challenges in hospice program integrity and patient care.** CMS officials engaged directly with providers to better understand how fraud, waste, and abuse concerns affect quality and access, with NPHI leadership highlighting ways oversight could be improved without unduly burdening mission-driven providers. Discussions also touched on how aspects of the current hospice benefit might unintentionally invite misuse and how targeted policy changes could protect patients, families, and taxpayer dollars. NPHI emphasized that bringing federal decision-makers into care settings helps ensure that regulatory strategies are informed by real-world experience and aligned with nonprofit hospice needs. (*National Partnership for Healthcare and Hospice Innovation*, 01/09, <https://www.nphihealth.org/cms-listening-tour/>)

~ **“The Complex Quandary Over Hospice Relatedness,” in *Hospice News*, explains that determining whether a patient’s conditions and treatments are “related” to their terminal diagnosis in hospice care is increasingly complicated and has serious implications for Medicare reimbursement and patient care.** Payments for “unrelated” services have risen dramatically, prompting calls for clearer reimbursement reforms and concerns over duplicate Medicare spending. Increasing regulatory scrutiny and concerns about audits and possible repayment are adding pressure on hospice providers. Experts suggest hospices should err on the

side of considering conditions related when they significantly influence the patient's plan of care to ensure comprehensive support for patients. (*Hospice News*, 12/5, <https://hospicenews.com/>, 12/05/2025, the-complex-quandary-over-hospice-relatedness)

~ **California's ABC7News says, "US Department of Justice and Dr. Oz targeting California over alleged medical fraud."** Though the article speaks of widespread fraud, hospices are specifically mentioned by Dr. Mezmet Oz in a 1/9 press conference in Los Angeles. “The patients don't realize they're signing up for hospice, so they're giving up their medical ability to take care of themselves. They're moving outside the health care system, where doctors no longer will care for them because they're in hospice,” Oz said, in a similar article in New York Times, “he believed foreign-based gangs were perpetrating fraud in hospice and home health care programs, but he did not provide detailed examples.” Find the stories online at the link below. (*ABC7News*, 1/9, <https://abc7.com/post/us-department-justice-dr-oz-targeting-california-alleged-medical-fraud/18379958/>; *New York Times*, 1/9, <https://www.nytimes.com/2026/01/09/us/politics/dr-oz-visits-california-to-target-fraud.html>)

~ **The National Alliance for Health Care at Home also attended a listening session in Los Angeles, CA, with Dr. Mehmet Oz, Administrator of the Centers for Medicare & Medicaid Services (CMS), Kim Brandt, Deputy Administrator Chief Operating Officer, and Director of the Center for Program Integrity for CMS, and Chris Klomp, Deputy Administrator for CMS and Director of the Center for Medicare, to discuss fraud, waste, and abuse in home health and hospice.** The Alliance, in partnership with Leading Age, “submitted a letter to Dr. Mehmet Oz regarding Recommendations to Strengthen Home Health and Hospice Program Integrity.” Links to press release from the Alliance, and a copy of the letter sent to CMS are below. (The Alliance, <https://allianceforcareathome.org/alliance-joins-dr-oz-cms-leadership-to-strengthen-program-integrity-in-home-health-and-hospice/>; <https://allianceforcareathome.org/wp-content/uploads/Final-Alliance-and-LeadingAge-Home-Health-and-Hospice-Program-Integrity-Recommendations.pdf>)

~ ***Hospice News* offers “5 Hospice Trends to Watch in 2026,” noting several key industry shifts, including a renewed wave of mergers and acquisitions that may reshape competitive landscapes and create opportunities for scale and operational resilience.** Providers are increasingly embracing artificial intelligence and other technologies to improve efficiency, administrative workflows, and care delivery as financial pressures and workforce shortages persist. Operating efficiency and cost management are becoming central to survival, with organizations exploring new models to streamline care while maintaining quality in the face of reimbursement and regulatory challenges. Workforce strategies that attract and retain skilled clinicians remain critical, and adapting to a complex payer and policy environment will shape how hospices deliver services and sustain access in the coming year

## PALLIATIVE CARE NOTES

~ **“Reconnecting at the End: The Healing Power of Nature in Hospice and Palliative Care” explores the profound impact of nature on patients and caregivers in hospice settings.** The article highlights how simple interactions with nature, such as sunlight, bird sounds, or a breeze, can significantly reduce pain, anxiety, and stress. Evidence supports that nature-inspired

environments improve psychological well-being and reduce caregiver burnout. Organizations like Root in Nature advocate for therapeutic horticulture to enhance quality of life. These insights underscore the importance of integrating nature into care strategies. (*ehospice*, 01/05, [https://ehospice.com/canada\\_english\\_posts/reconnecting-at-the-end-the-healing-power-of-nature-in-hospice-and-palliative-care/](https://ehospice.com/canada_english_posts/reconnecting-at-the-end-the-healing-power-of-nature-in-hospice-and-palliative-care/))

~ **“Empowered Endings to Build New Palliative Care Brand” discusses the expansion of Empowered Endings into the palliative care sector.** Founded by Dr. Bob Uslander, the California-based company aims to provide comprehensive care for seriously ill patients, focusing on those upstream of end-of-life. The new palliative care brand will offer detailed assessments, education, and personalized care plans, initially targeting the San Diego and southern California regions. Uslander emphasizes the importance of community outreach and education as part of their strategy to support patients beyond traditional health care systems. (*Hospice News*, 1/8, [hospicenews.com/2026/01/08/empowered-endings-to-build-new-palliative-care-brand](https://hospicenews.com/2026/01/08/empowered-endings-to-build-new-palliative-care-brand))

~ **“New York’s aid-in-dying law is missing something: the doctors who can make it work” highlights the critical need for more palliative care specialists in neurology as New York implements its Medical Aid in Dying Act.** The article emphasizes that while the law provides patients the right to request aid in dying, it lacks the necessary clinical infrastructure, particularly in neuropalliative care, to support patients with neurological diseases. The piece argues for investment in neuropalliative care fellowships and better integration of end-of-life training into neurology residencies to ensure meaningful patient autonomy. (*STAT*, 01/09, [statnews.com/2026/01/09/neuropalliative-care-new-york-medical-aid-in-dying-law](https://statnews.com/2026/01/09/neuropalliative-care-new-york-medical-aid-in-dying-law))

~ ***Better Magazine* presents an article that profiles George Mark Children’s House, a pioneering pediatric palliative care facility in San Leandro, California, founded in 2004 as the first freestanding center of its kind in the United States.** This is still a model too rare, says the article. “An estimated 3 million children in the U.S. are considered medically fragile with complex medical conditions, yet there are only seven specialized pediatric palliative care facilities in the country. Many of the 285 children’s hospitals in the U.S., however, do provide palliative care services.” George Mark Children’ House, say the article, continues to influence the growth of pediatric palliative care nationally while advocating for broader access to this compassionate model of care. (*Better Magazine*, 1/9, <https://better.net/life/health/george-mark-childrens-house-pediatric-palliative-care/>)

~ ***Hospice News* offers a webinar, on 1/27, to explore the key forces reshaping palliative care as the field moves toward 2026, with expert perspectives on where care delivery is headed.** Panelists will discuss emerging clinical models, evolving policy and reimbursement environments, changing patient needs, and innovations expected to influence practice in the near future. The session aims to help attendees better understand both the opportunities and challenges facing palliative care organizations in a rapidly shifting landscape. Speakers will also examine the business, clinical, and regulatory headwinds and tailwinds affecting the field. Led by leaders in palliative care practice, policy, and journalism, the webinar offers practical insights to support strategic planning and informed decision-making. Registration is required and is online at the link below. (*Hospice News*, <https://event.on24.com/wcc/r/5185764/9F5249680F4E458F60F58DF4EB191E66>)

## END-OF-LIFE NOTES

~ “**Medical Aid in Dying Legislation and the Limits of Prognostic Science**” explores the complexities of end-of-life decisions, particularly the challenges of predicting a six-month prognosis for terminally ill patients. The article highlights the tension between empirical science and value-based judgments in medical aid in dying (MAID) legislation, noting that while safeguards exist, the reliability of six-month prognostic predictions is questionable. It argues that these predictions often overestimate mortality, especially in diseases with variable trajectories, and that ethical decisions should not be solely based on clinical estimates. (*American Council on Science and Health*, 01/02, <https://www.acsh.org/news/2026/01/02/medical-aid-dying-legislation-and-limits-prognostic-science-49895>)

~ “**What We Get Wrong About Death, According To End-Of-Life Workers**” explores common misconceptions about the dying process and the realities faced by hospice and palliative care professionals. The article highlights that death often differs from cinematic portrayals, with dying being a gradual process rather than a sudden event. Hospice nurse Penny Smith notes, “It’s usually more of a process where they go into that unresponsive state.” The piece also emphasizes the importance of advance care planning and understanding individual preferences for end-of-life care. (*HuffPost*, 12/30, [huffpost.com/entry/death-misunderstandings-palliative-hospice-care](https://huffpost.com/entry/death-misunderstandings-palliative-hospice-care))

~ “**Can We Talk?**” explores the impact of a community-based training program designed to enhance serious illness communication (SIC) among healthcare providers. The study involved 77 clinicians who participated in a 1.5-hour training session, resulting in a significant increase in their confidence to conduct SICs, as measured by the End-of-Life Professional Caregiver Survey. The training also led to a 63% increase in the identification of palliative bridge patients, highlighting the effectiveness of brief, structured interventions in aligning care with patient preferences. (*Home Healthcare Now*, 01/26, [https://journals.lww.com/homehealthcareonline/abstract/2026/01000/\\_can\\_we\\_talk\\_\\_\\_a\\_community\\_based\\_training\\_to.3.aspx](https://journals.lww.com/homehealthcareonline/abstract/2026/01000/_can_we_talk___a_community_based_training_to.3.aspx))

~ “**Physicians’ end-of-life choices: a surprising study**” explores the nuanced decisions doctors make regarding end-of-life care, particularly in cases of advanced cancer and Alzheimer’s disease. The study reveals that many physicians prefer euthanasia or physician-assisted dying (PAD) over aggressive medical interventions like CPR or mechanical ventilation. Factors influencing these choices include legislation, societal beliefs, and personal values. The article highlights ethical concerns about how physicians’ personal beliefs might affect patient autonomy and the information provided during end-of-life planning discussions. (*KevinMD*, 01/03, [kevinmd.com/2026/01/physicians-end-of-life-choices-a-surprising-study.html](https://kevinmd.com/2026/01/physicians-end-of-life-choices-a-surprising-study.html))

~ “**CMS weighs advance care planning quality measure for nursing homes**” discusses a new potential quality measure for nursing homes focused on advance care planning. CMS is considering a measure that would evaluate the percentage of patients with documented advance care planning by discharge. This initiative aligns with the MAHA initiative, emphasizing healthcare priorities like chronic illness and wellness. Amy Stewart from the American Association of Post-Acute Care Nurses highlights the importance of advance care planning in preventing unnecessary hospitalizations. The measure could be included in future CMS rules, impacting skilled nursing facilities’ Quality Reporting and Value-Based Purchasing Programs.

(McKnight's Long-Term Care News, 12/16, <https://www.mcknights.com/news/cms-weighs-advance-care-planning-quality-measure-for-nursing-homes/>)

~ **In “What I Saw When I Peeked Over the Edge of Consciousness,” Jessica Grose explores, at the International Association for Near-Death Studies conference, the transformative experiences of those with near-death-experiences.** The article highlights how these individuals, marked by bright green ribbons reading ‘Experiencer,’ share profound stories of survival and spiritual encounters. Evan Mecham, the president-elect of IANDS, recounts his near-death experience, describing it as a moment of ‘gratitude and love for a creator.’ Such experiences often lead to significant life changes, including increased kindness and mindfulness. (*The New York Times*, 01/07, [nytimes.com](https://www.nytimes.com))

~ **“Dying With Dignity” explores the challenges faced by families seeking hospice care in the U.S., highlighting systemic barriers that hinder timely access to end-of-life support.** The article emphasizes that hospice care is often delayed due to strict metrics and a fragmented healthcare system, which can prevent patients from receiving compassionate care. The author shares a personal story of advocating for her father’s dignity and comfort, despite arbitrary criteria that denied him hospice care. The piece calls for integrating palliative care earlier and clarifying hospice pathways to ensure families are not overwhelmed or denied support. (*Psychology Today*, 01/07, [psychologytoday.com/us/blog/the-other-side-of-the-white-coat/202512/dying-with-dignity/amp](https://www.psychologytoday.com/us/blog/the-other-side-of-the-white-coat/202512/dying-with-dignity/amp))

~ **“The Phenomenon of End-of-Life Dreams and Visions Through the Eyes of Nurses” explores the profound experiences of nurses witnessing end-of-life dreams and visions (ELDVs) in dying patients.** This qualitative study, conducted with eight nurses from Western Massachusetts, reveals that these experiences often evoke feelings of awe, humility, and privilege. Nurses see themselves as guides, providing emotional and spiritual support during the dying process. Despite the historical documentation of ELDVs, a taboo persists, making nurses hesitant to share these experiences due to fears of judgment. (*Omega (Westport)*, 11/26, <https://pubmed.ncbi.nlm.nih.gov/41292346/>)

~ **“Commentary: Hospice is key to quality end-of-life care. Aid in dying makes investment more urgent” discusses the implications of New York’s new Medical Aid in Dying Act on hospice care.** The article emphasizes that while the act expands end-of-life choices, it also necessitates robust investment in hospice and palliative care to ensure dignity and compassion in patient care. Jeanne Chirico, president and CEO of the Hospice and Palliative Care Association of New York State and author of the article, highlights the need for workforce stabilization and public education to make hospice care accessible to all New Yorkers. The piece calls for policy alignment to support these services amid workforce shortages and regulatory demands. (*Times Union*, 12/31, <https://www.timesunion.com/opinion/article/medical-aid-dying-new-york-needs-investments-21259573.php>)

~ **The article “Changing your perception on aging can lead to greater well-being, psychologist says” explores how shifting views on aging can enhance mental and physical health.** Regina Koepp, a clinical psychologist, emphasizes that society often overlooks the benefits of aging, focusing instead on hardships. She highlights research by Dr. Becca Levy, which links negative beliefs about aging to increased risks of cardiovascular events and Alzheimer’s. Koepp suggests finding positive role models and embracing qualities like resilience and emotional regulation as key to aging well. (*Virginia’s Public Radio*, 01/08, [wvtf.org](https://www.wvtf.org))

~ **ABC15Arizona shares about Creighton University in Phoenix's use of an AI chatbot to teach students about discussing end-of-life care with patients.** The video about the chatbot is online at the link below. (ABC15, 12/22/25, <https://www.youtube.com/watch?v=T2Qpx0OY-vQ>)

~ **Medical ethicist Art Caplan discusses growing physician interest in using chatbots and artificial intelligence in direct patient care, noting that many clinicians are already using these tools to support clinical decision-making.** Caplan cautions that current chatbots are not ready to function as independent clinical authorities and should only be used as supplements, similar to informal curbside consultations. Chatbot information can be unreliable, Caplan notes, because it may draw from unvetted sources, and physicians remain fully responsible and legally liable for diagnoses and treatment decisions. He stresses the ethical importance of transparency and informed consent when using AI with patients, as well as strict attention to privacy since many chatbot systems were not designed for clinical use. Overall, Caplan views AI as a helpful aid for reminders and second opinions, but not a replacement for professional medical judgment. (Medscape, 12/30/25, <https://www.medscape.com/viewarticle/how-work-clinically-and-ethically-chatbots-and-ai-2025a1000zv0>)

## **GRIEF NOTE**

~ **“Uncovering International Gaps in Bereavement Care” highlights the unmet needs in bereavement support across different countries and the strategies being employed to address these challenges.** The article emphasizes the importance of community-based resources and consistent communication to support grieving families. Kelly Sammon, CEO of Grieving Gracefully, notes a significant gap between access and awareness, leading to complicated grieving experiences. Innovative approaches, such as virtual communication and culturally inclusive care, are being adopted to improve outcomes. The article underscores the need for trauma-informed and flexible bereavement programs. (Hospice News, 01/08, [hospicenews.com/2026/01/08/uncovering-international-gaps-in-bereavement-care](https://hospicenews.com/2026/01/08/uncovering-international-gaps-in-bereavement-care)

## **OTHER NOTES**

~ **The “Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications” extends telemedicine flexibilities for prescribing controlled medications through December 31, 2026.** This extension, issued by the DEA and HHS, aims to prevent a ‘telemedicine cliff’ that could disrupt patient access to care. The rule allows practitioners to prescribe Schedule II-V controlled substances via telemedicine without an in-person evaluation, maintaining access to care while permanent regulations are developed. This extension is crucial for patients in rural or underserved areas who rely on telemedicine. (Federal Register, 12/31, [federalregister.gov/d/2025-24123](https://federalregister.gov/d/2025-24123))

~ **“How to Work Clinically and Ethically With Chatbots and AI” explores the integration of AI in clinical settings, emphasizing its role as a supplementary tool rather than a replacement for human judgment.** Arthur L. Caplan, PhD, highlights that while 70% of surveyed physicians use chatbots for clinical decision-making, the technology is not yet reliable enough to be the sole source of medical advice. Caplan advises obtaining informed consent and ensuring privacy when using AI tools, as the responsibility for diagnosis and treatment remains

with the physician. (*Medscape*, 12/30, <https://www.medscape.com/viewarticle/how-work-clinically-and-ethically-chatbots-and-ai-2025a1000zv0>)

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](http://www.HospiceAnalytics.com).*

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