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

~ "Allina Health hospice nurses begin seven-day unfair labor practice strike" updates the ongoing labor dispute involving more than 60 hospice nurses represented by SEIU Healthcare Minnesota & Iowa. After a one-day strike in July, nurses began a seven-day strike September 11 after more than a year of negotiations failed to produce a first contract. Key unresolved issues include compensation for extended hours, holiday pay, staffing and caseloads, and flexible scheduling. Allina Health says it remains committed to reaching a sustainable agreement and is using available licensed and contract nurses to maintain patient care during the walkout. The strike is scheduled to continue through September 17. (CBS Minnesota, 09/10/26, https://www.cbsnews.com/minnesota/news/allina-health-hospice-nurses-set-to-begin-strike-friday/)

~ "CMS Recalculating 2027 Hospice Payment Rates Due to Error" highlights a significant adjustment in hospice payment rates due to a technical error by the U.S. Centers for Medicare & Medicaid Services (CMS). The error affected the Fiscal Year 2027 hospice wage index, prompting CMS to recalculate the wage index and payment rates for all care levels. This recalibration may impact hospice providers who have already prepared budgets and operational plans based on the initial rates. Arlene Maxim from Axxess advises hospices to verify the corrected wage index and update their financial projections accordingly. (*Hospice News*, 9/8, hospicenews.com/2026/09/08/cms-recalculating-2027-hospice-payment-rates-due-to-error)

~ "Nearly Half of Veterans With Stage IV Cancer Die Without Hospice" highlights a concerning trend in hospice care access for veterans. The study reveals that 44.27% of veterans with Stage IV cancer did not receive hospice care, a situation exacerbated by the COVID-19 pandemic, with no significant recovery observed post-pandemic. The analysis underscores the need for improved hospice access, suggesting automated palliative care consultations and standardized referral protocols as potential solutions. This issue is identified as a critical quality priority for the Veterans Health Administration. (*Federal Practitioner*, 09/03, medscape.com/viewarticle/nearly-half-veterans-stage-iv-cancer-die-without-hospice-2026a1000v6v)

~ "Hospice Physician: Pain Management Growing More Complex for Families" highlights the increasing challenges families face in managing pain for hospice patients. The article discusses how families often struggle with accessing essential pain medications due to pharmacy closures, limited stocks, and misconceptions about opioid use. Dr. Michael Barnett emphasizes

the need for education on appropriate medication usage and the importance of an interprofessional team approach in hospice care. He also notes the critical role of pharmacies as part of the care team to ensure timely access to medications. (*Hospice News*, 8/7, hospicenews.com/2026/08/07/hospice-physician-pain-management-growing-more-complex-for-families)

~ "CMS Hospice Payment Suspensions Slamming Vendors" highlights the severe impact of CMS's payment suspensions on hospice vendors, including pharmacies and DME companies. The suspensions, initiated due to suspected fraud, have led to financial strain, with some hospices closing or reducing staff. Affected vendors report significant business losses and are struggling to maintain operations. The article notes that some legitimate hospices were inadvertently caught in the suspensions, exacerbating the situation. Vendors hope for resolution as CMS continues its investigations. (*Hospice News*, 8/21, hospicenews.com)

~ "Federal Courts' Hospice Rulings a 'Hugely Persuasive' Impact" discusses a significant federal court decision affecting hospice providers. The U.S. Court of Appeals for the Sixth Circuit ruled in favor of hospices in a case concerning eligibility criteria and reimbursement, which could influence future regulatory oversight. This ruling, the first of its kind at the appellate level, addresses the limitation of liability provision in the Social Security Act, often referred to as the "safe harbor" provision. The decision may shift the balance in favor of providers amid increased scrutiny. (*Hospice News*, 8/20, hospicenews.com/2026/08/20/federal-courts-hospice-rulings-a-hugely-persuasive-impact).

~ The article "National Alliance: Hospice, Home Health Moratoria Curbing Access to Care" discusses the impact of CMS's six-month moratoria on Medicare enrollment for home health and hospice services. The National Alliance for Care at Home argues that these moratoria are limiting access to care, particularly in rural and underserved areas, and are financially straining providers. The Alliance highlights that 38% of Medicare beneficiaries referred for home healthcare did not receive services, leading to higher mortality and readmission rates. The Alliance surge CMS to adopt more targeted fraud prevention measures instead of broad moratoria. (*Hospice News*, 9/9, hospicenews.com/2026/09/09/national-alliance-hospice-home-health-moratoria-curbing-access-to-care)

~ "Hospice 'Anomalies' Uncovered in AI-Guided Regulation" discusses the increasing use of AI by federal agencies to enhance regulatory oversight in hospice care. The article highlights how AI-driven algorithms are employed by entities like CMS and the OIG to detect fraudulent activities, emphasizing the need for hospices to develop internal compliance mechanisms. The article underscores the importance of understanding AI trends to mitigate risks such as long hospice stays or repeated recertifications. The evolving regulatory landscape, influenced by both state and federal AI requirements, presents a complex compliance environment for providers. (*Hospice News*, 09/10, hospicenews.com/2026/09/10/hospice-anomalies-uncovered-in-ai-guided-regulation)

~ "Talking Legislation with the National Alliance" highlights key legislative priorities affecting hospice care, as discussed by Denis Fleming, Jr., the chief government affairs officer for the National Alliance for Care at Home. The article underscores bipartisan interest in addressing program integrity, with specific attention to the Hospice Cares Act and other bills. Fleming emphasizes the importance of opposing any integration of hospice benefits into Medicare Advantage. The discussion reflects ongoing efforts to stabilize payment rates and

improve home-based care. (*Inside Hospice*, 09/04, https://www.insidehospice.com/p/talking-legislation-with-the-national)

~ "SOS: Goldilocks, The Three Bears, and CHC" explores the complexities of determining the appropriate level of Continuous Home Care (CHC) in hospice settings. The article highlights a past lawsuit involving Vitas, which settled for $75 million due to improper CHC practices, including enrolling ineligible patients. The challenge lies in identifying the 'just right' amount of CHC, as data shows significant variability among hospices. The piece suggests that state surveys and additional documentation requests could help ensure quality care and appropriate CHC levels. (*Joan Teno - SOS Hospice- STATs*, 08/24, joanteno.substack.com)

~ "A New Market for AI: Preparing Families for Hospice Care" explores how artificial intelligence (AI) tools are being developed to assist family caregivers in understanding and accessing hospice services. The article highlights the potential of AI to bridge the 'access gap' for families, especially those underserved, by providing guidance on hospice resources, care coordination, and advanced care planning. Tools like LifeGuide and Central Health Intelligence are noted for improving family satisfaction and facilitating early end-of-life conversations. Experts emphasize the need for AI tools to ensure patient safety and privacy, with human oversight being crucial. (*LeadingAge*, 09/09, leadingage.org/a-new-market-for-ai-preparing-families-for-hospice-care)

~ "Home health, hospice deal-making on track to soar in 2027, report predicts" highlights a potential resurgence in mergers and acquisitions within the home health and hospice sectors by 2027. The Braff Report anticipates a significant increase in deal-making activity, reaching pre-pandemic levels, despite a federal Medicare moratorium. The report notes, "Home health and hospice activity is trending up after four consecutive years of declines." (*McKnight's Home Care*, 08/31, mcknightshomecare.com)

~ "Nearly One in Five Medicare Hospice Patients Now Leaves the Program Alive Rather Than Through Death" highlights the increasing trend of live discharges from hospice care. The article reports that 19.1% of Medicare hospice patients were discharged alive in fiscal year 2025, up from 16.9% in 2021. This rise is attributed to factors such as changes in prognosis and geographic relocations. The piece emphasizes the importance of understanding hospice eligibility rules, noting that "living longer than six months is not by itself grounds for discharge." Families are encouraged to ask about recertification processes and consider appealing if they disagree with a discharge decision. (*Medical Daily*, 09/12, medicaldaily.com/hospice-live-discharge-medicare-eligibility-rules-families-477416)

~ "When a Hospice Patient Comes to the Hospital" explores the complexities of hospital care for patients enrolled in hospice. The article highlights the importance of understanding Medicare rules, which state that hospice patients waive Medicare payments for services related to their terminal illness, except under specific conditions. It emphasizes the need for clear communication between hospitals and hospice agencies to determine the patient's status and financial responsibility. Revocation of hospice services requires a written statement from the patient or representative, not the hospice agency. This understanding aids in proper billing and care coordination. (*ICD10monitor*, 08/17, medlearn.com/icd10monitor/when-a-hospice-patient-comes-to-the-hospital)

~ "The Hospice Moratorium: What CMS Is Really Signaling About the Future/ Part One," a TCNtalks podcast, explores the implications of the CMS hospice moratorium and its potential long-term impact on the industry. The speakers discuss how the moratorium is not just a temporary pause but a significant shift in oversight due to concerns about fraud, rapid market expansion, and transactional hospice models. Dr. Jennifer Kennedy highlights that the moratorium could be extended as CMS strengthens enrollment screening and program-integrity efforts. The challenge remains for CMS to eliminate fraudulent activities without hindering legitimate providers, especially those expanding into underserved areas. The podcast emphasizes that even after the moratorium ends, heightened oversight will persist. (*Teleios Collaborative Network*, 09/02, teleioscn.org)

~ "The Hospice Moratorium: What CMS Is Really Signaling About the Future | Part Two" discusses the implications of the hospice moratorium and the future landscape for hospice providers. Chris Comeaux and Cordt Kassner, in conversation with Dr. Jennifer Kennedy, highlight that the end of the moratorium will not mean a return to business as usual. Instead, new providers will face a more rigorous environment with increased scrutiny and data-driven risk assessments. The podcast emphasizes that compliance and quality must be integrated into organizational culture, and that AI and analytics could help distinguish between fraudulent and legitimate providers. The focus remains on maintaining compassionate, patient-centered care amidst these changes. (*Teleios Collaborative Network*, 09/04, teleioscn.org/anatomy-of-leadership/the-hospice-moratorium-what-cms-is-really-signaling-about-the-future-part-two)

~ "Hospice Wage Index, the Final Rule, and the Signals CMS Is Sending | Part One" explores the implications of the 2027 Hospice Final Rule beyond reimbursement updates. Chris Comeaux, along with experts Annette Kiser and Judi Lund Person, delves into CMS's focus areas such as the Hospice Election Statement Addendum, telehealth reporting, and the Service and Spending Variation Index (SSVI). The discussion emphasizes the importance for hospice leaders to understand their data and metrics to anticipate CMS's future directions. Notably, non-hospice Medicare spending exceeded $2 billion in 2024, highlighting the need for strategic planning. (*Teleios Collaborative Network*, 8/19, teleioscn.org)

~ "Hospice Wage Index, the Final Rule, and the Signals CMS Is Sending | Part Two" continues the discussion of what the FY 2027 Hospice Final Rule may reveal about CMS's longer-term direction for hospice care. Chris Comeaux, Annette Kiser, and Judi Lund Person examine increasing CMS scrutiny of hospice data, including utilization patterns, the Service and Spending Variation Index (SSVI), PEPPER reports, cost reporting, and documentation of services considered unrelated to the terminal diagnosis. The discussion stresses that hospice leaders should know their own data before regulators identify potentially concerning patterns. The speakers also see signs that CMS may be laying groundwork for future payment reform, greater emphasis on outcomes, and more data-driven oversight of hospice providers. They encourage hospices to strengthen collaboration among clinical, compliance, quality, finance, and operations teams while using technology and AI thoughtfully. The central message is to prepare now for where CMS appears to be heading over the next several years rather than simply reacting to each new regulation. (*Teleios Collaborative Network*, 8/22, teleioscn.org)

~ "Hospice care is more than the final days we imagine" explores the profound impact of hospice care on patients' end-of-life experiences. The article highlights the stories of Arthur Ferdinand and Patricia Bullaro, who find solace in their passions and daily routines despite terminal diagnoses. Ferdinand, a NASCAR enthusiast, cherishes his final days surrounded by

memorabilia, while Bullaro, battling pancreatic cancer, finds joy in simple activities like Mahjong. The piece underscores the importance of personalized care and the emotional support hospice provides, allowing patients to live meaningfully until the end. (*USA TODAY*, 8/27, usatoday.com/picture-gallery/news/nation/2026/08/27/compassionate-hospice-care-photos/90497459007)

~ **"Hospice of Southern West Virginia is offering free Hospice Aide training for qualified applicants" aims to recruit individuals interested in providing care for hospice patients.** The training is available at no cost and is designed for those who wish to work in patients' homes and at Bowers Hospice House. Applicants must meet specific requirements, including having a high school diploma or equivalent, reliable transportation, and passing a WV Cares background check and drug screening. Applications are currently open, and training will commence on the first day of employment. (*WOAY-TV*, 08/26, woay.com)

~ **"READOUT: FinCEN Holds Engagement to Eliminate Hospice Fraud in California" highlights efforts by the U.S. Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) to address health care benefits fraud, including hospice care exploitation.** On August 17, FinCEN convened law enforcement and financial institutions to discuss emerging fraud schemes targeting federal and state health insurance programs. The event included a training session on using Bank Secrecy Act data to combat fraud, emphasizing the growing complexity of fraud networks. FinCEN encourages financial institutions to stay informed through alerts and advisories. (*FinCEN.gov*, 08/19, fincen.gov/news/news-releases/readout-fincen-holds-engagement-eliminate-hospice-fraud-california)

PALLIATIVE CARE NOTES

~ **The latest issue of the "Pediatric e-Journal" explores how cultural and religious differences impact pediatric hospice and palliative care.** This edition emphasizes the importance of understanding spirituality as a key component of care, noting that "spiritual care is a necessary and often complex component of palliative care." Articles within the issue discuss the role of spiritual assessments, the integration of faith in coping mechanisms, and the unique challenges faced by caregivers in diverse cultural contexts. The journal aims to spark broader discussions on these critical topics. (*Pediatric e-Journal*, 08/26, https://allianceforcareathome.org/wp-content/uploads/Pediatric-e-Journal-Issue-84-How-Cultural-or-Religious-Differences-Affect-Care-August-2026.pdf)

~ **"National Alliance VP: Palliative Care Should Occur Throughout Continuum" discusses the recent CMS clarification that palliative care can be provided through the home health benefit.** Katie Wehri, VP for regulatory affairs at the National Alliance for Care at Home, emphasizes that this recognition by CMS highlights the need for expanded home-based care solutions. While this clarification may stimulate discussions about palliative care, it does not create a new benefit, and patients must still meet home health eligibility criteria. Wehri suggests CMS could further expand access by considering a community-based palliative care benefit. (*Hospice News*, 9/3, hospicenews.com/2026/09/03/national-alliance-vp-palliative-care-should-occur-throughout-continuum)

~ **"Promising Signs: CMS Has Palliative Care on the Brain" discusses recent developments indicating that the U.S. Centers for Medicare and Medicaid Services (CMS) is considering**

expanding access to palliative care. CMS has clarified that palliative care is available through the home health benefit and is exploring new pathways for access through various proposed rules. These include requests for information on palliative care in hospice, end-stage renal disease, and the physician fee schedule. CMS is seeking feedback on patient eligibility, service elements, and payment for interdisciplinary services, signaling potential policy changes to enhance palliative care delivery. (*Inside Hospice*, 8/27, https://www.insidehospice.com/p/promising-signs-cms-has-palliative)

~ "Palliative Care Is About Living Better — Not Giving Up" highlights the misconceptions surrounding palliative care and its distinction from hospice care. Dr. Sara Dost from Hartford HealthCare emphasizes that palliative care is about enhancing quality of life and providing support at any stage of a serious illness, not just at the end of life. She describes it as "supportive care" that helps manage symptoms and aids in decision-making, offering an "extra layer of support." Dr. Dost encourages early engagement with palliative care to maximize its benefits. (*Patch*, 8/31, https://patch.com/connecticut/westport/palliative-care-living-better-not-giving)

~ "What Palliative Care Teaches Us About Living Well" explores the transformative impact of palliative care on patients' lives, emphasizing its role beyond end-of-life scenarios. The article highlights that palliative care can coexist with curative treatments, offering support for serious illnesses like cancer and cardiac disease. It underscores the importance of patient autonomy, as illustrated by a story where a patient's desire to play golf was fulfilled through creative solutions. The piece also addresses the challenges of accessing home-based palliative care due to insurance and geographic limitations. (*Psychology Today*, 9/2, psychologytoday.com)

~ "Patient and Caregiver Perspectives on Communication Quality in Tele-Palliative Care" explores the experiences of patients and caregivers with telehealth and in-person palliative care visits. The study, conducted through semi-structured interviews with 26 participants, reveals that while some find telehealth communication comparable to in-person care, others prefer the authenticity of face-to-face interactions. The convenience of telehealth often outweighs perceived communication differences, suggesting a hybrid model could effectively meet patient and caregiver needs. (*Journal of Palliative Medicine*, 8/31, rand.org/pubs/external_publications/EP71470.html)

END-OF-LIFE NOTES

~ "A stranger hired me to make his memorial video. Spending his final 3 weeks with him changed my life" explores the profound impact of documenting a person's final days. Nick Adams Pandolfo shares his experience with Larry Aaronson, an 85-year-old former teacher, who hired him to create a memorial video. Larry's life was marked by serendipity and deep connections, as evidenced by the many visitors who came to say goodbye. The experience taught Pandolfo the importance of leading with love and the lasting impact of how we make others feel. Larry passed peacefully, leaving a legacy of love and community. (*Business Insider*, 08/31, businessinsider.com)

~ "How Talking About Death Helps Us Live a Fuller Life" explores the profound impact of discussing mortality through the lens of E.K. Schrader's reflections on Max Ritvo's life and

teachings. Schrader recounts how Ritvo, a poet and comedian who faced terminal cancer, used humor to navigate his impending death, describing it as "a kind of wisdom." Ritvo's approach to life and death, emphasizing presence and acceptance, offers insights into living fully despite the inevitability of death. Schrader continues to learn from Ritvo's perspective, finding that considering mortality can enrich life. (*Literary Hub*, 08/21, lithub.com/how-talking-about-death-helps-us-live-a-fuller-life)

~ "Insurance Type and Quality of End-of-Life Care in Adults <65 Years With Hematologic Malignancies" explores disparities in end-of-life care based on insurance type. Co-authored by Edo Banach and published in the Journal of Pain and Symptom Management, the study analyzed 2,669 adults with blood cancers who died between 2016 and 2021. Findings indicate that Medicaid beneficiaries were less likely to experience high-intensity healthcare utilization and more likely to enroll in hospice and receive palliative care compared to those with commercial insurance. The study underscores the need for policy solutions focused on insurance to enhance end-of-life care. (*Foley Hoag LLP*, 08/18, https://www.mondaq.com/pressrelease/205742/edo-banach-co-authors-article-on-insurance-and-end-of-life-care-in-the-journal-of-pain-and-symptom-management)

~ **An article in *HuffPost* draws on hospice and palliative-care professionals to correct common misconceptions about dying and end-of-life care.** Natural death often does not resemble the peaceful, instantaneous deaths shown in movies; it is usually a gradual process in which a person becomes less responsive and the body slowly shuts down. Families sometimes struggle afterward with regret about what they did or did not do, which is one reason the experts encourage people to discuss their wishes and values before a crisis occurs. Hospice is frequently misunderstood as "giving up" or something that hastens death, when its purpose is to provide comfort, symptom relief and support for both the patient and family. Ultimately, death cannot be completely controlled or perfectly planned, and the people interviewed suggest that accepting this uncertainty—while still talking openly and preparing—can make the experience less frightening for everyone involved. The article emphasize that there is no requirement to become serene or "ready" for death: a person can deeply love life, not want to leave it, and still have a meaningful and well-supported dying experience. (*Huff Post,* 9/12, https://www.huffpost.com/entry/death-misunderstandings-palliative-hospice-care)

~ "Aging Luzerne County prison population cited as challenge" highlights the growing concern of managing older inmates with chronic health needs in facilities not designed for such care. Pennsylvania's Luzerne County Manager Romilda Crocamo emphasized that the aging prison population is leading to increased medical costs and challenges for staff untrained in geriatric and end-of-life care. She cited a case of an inmate with dementia to illustrate the issue. The county is exploring solutions like staff training and new prison facilities to better accommodate these needs. Crocamo stressed the urgency of addressing this issue without waiting for state intervention. (*Dallas Post*, 8/22, mydallaspost.com/news/193267/aging-luzerne-county-prison-population-cited-as-challenge)

~ "Being with Dying: Roshi Joan Halifax on Compassionate End-of-Life Care" explores the transformative power of presence in end-of-life care. The article highlights Halifax's approach, emphasizing that offering a steady, open presence is more generous than trying to fix or solve. Her teachings encourage caregivers to see death not as a failure but as a profound passage that can deepen our connection to life. Halifax's work, including the *Being with Dying* audio course, integrates mindfulness and compassion, guiding caregivers to meet death with

presence, clarity, and love. (*Sounds True*, 9/3, soundstrue.com/a/resources/blog/being-with-dying)

~ "Near-death experiences are real, say researchers of millions of cases" explores the phenomenon of near-death experiences (NDEs) and their implications for understanding consciousness after death. The article highlights personal accounts of individuals who have experienced NDEs, describing sensations of floating, encountering spiritual figures, and witnessing life events. Researchers like Dr. Bruce Greyson suggest that these experiences indicate consciousness may persist after physical death. Despite scientific attempts to explain NDEs as hallucinations, many who experience them believe they are genuine. (*USA TODAY*, 08/30, usatoday.com/story/life/health-wellness/2026/08/30/near-death-experiences-real/91339410007/)

GRIEF AND ADVANCE CARE PLANNING NOTES

~ "California's Advance Care Planning Bill Moves Forward" discusses recent legislative progress in California aimed at enhancing advance care planning. The bill, introduced by Sen. Catherine Blakespear, has passed the state Senate and awaits Gov. Gavin Newsom's consideration. It seeks to improve access to goal-concordant care by refining existing advance care planning forms, such as advance directives, DNR, and POLST forms. Sheila Clark of CHAPCA highlights the importance of ensuring that care aligns with patient wishes, emphasizing that "advance care planning cannot become another form or checkbox." (*Hospice News*, 9/1, hospicenews.com/2026/09/01/californias-advance-care-planning-bill-moves-forward)

~ "Family Caregivers Turn to Tech as Burden Soars" highlights the increasing reliance on technology by family caregivers to manage the growing demands of end-of-life care. The article discusses how hospices are adapting to these trends by enhancing care coordination and expanding caregiver education. MiraSol Health CEO James Dismond emphasizes the need for "upstream education and planning" and the importance of understanding technology's role in care delivery. The article also notes the financial and emotional strains on caregivers, with many facing significant costs and stress. (*Hospice News*, 9/8, hospicenews.com/2026/09/08/family-caregivers-turn-to-tech-as-burden-soars)

OTHER NOTES

~ Access to the article "Nick Shirley Rallies at California Capitol Against New Law Aimed to Protect Hospice Workers" is currently restricted. The webpage indicates that permission to view the content has been denied, preventing access to the details of the rally and the new law discussed. This limitation highlights the challenges in obtaining timely information on legislative actions affecting hospice care. (*ABC10*, 10/23, abc10.com)

~ The National Alliance for Care at Home has submitted comments on the CY 2027 Home Health Proposed Rule, highlighting concerns about ongoing payment reductions and their impact on care access. The Alliance appreciates CMS's proposal for a full annual payment update but criticizes the continued 9.37% reduction in the 30-day rate and the –3% temporary adjustment. The Alliance argues that these cuts, paired with rising costs, threaten access to home

health services. They urge CMS to reconsider the temporary adjustment and enrollment proposals that could harm legitimate providers. (*National Alliance for Care at Home*, 09/01, https://allianceforcareathome.org/alliance-submits-comments-in-response-to-cy-2027-home-health-proposed-rule/)

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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 Kassner, CEO, at 719-209-1237 or see www.HospiceAnalytics.com.