
HOSPICE NEWS NETWORK

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

Volume 29, Number 8 August 19, 2025

A Service of State Hospice Organizations

HOSPICE NOTES

~ **Don Pendley, who retired as Director of Hospice and Palliative Care for the Home Care & Hospice Association of New Jersey in 2016, after previously serving for 23 years as President of the New Jersey Hospice and Palliative Care Organization, died on August 9.** His leadership and vision helped countless individuals live and die with dignity in their homes. Don also served on the Board of Directors of the National Hospice and Palliative Care Organization. Don's niece, Rebecca Bower Ferguson, posted warm memories on Don's Facebook page and an obituary is upcoming. (Facebook, 8/18, <https://www.facebook.com/don.pendley.58>)

~ **CMS issued a "CPI Hospice Fast Facts" that outlines key data on Medicare hospice spending, which totaled over \$27 billion for about 1.8 million beneficiaries.** The report highlights increased oversight by the Center for Program Integrity to address fraud and billing issues. The document offers a high-level summary to raise awareness rather than provide detailed policy guidance. The one-page report is online at the link below. (CMS, July 2025, <https://www.cms.gov/files/document/cpi-hospice-fast-facts>)

~ **"Medicare Program; FY 2026 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Program Requirements" was published in *Federal Register* on 8/5.** The final rule (effective October 1, 2025) updates the hospice wage index, payment rates, and aggregate cap for fiscal year 2026, increasing hospice payments by about 2.6% and maintaining protections like the hospice floor and a 5% cap on wage index reductions. It clarifies that physician members of hospice interdisciplinary groups may recommend admissions and restores face-to-face attestation requirements, including the provider's signature and date, aligning with original intent. Technical corrections adjust telehealth recertification rules through September 30, 2025 and correct minor errors, while also advancing updates to the Hospice Quality Reporting Program, the HOPE instrument, and the transition to digital reporting. (*Federal Register*, 8/5, <https://www.federalregister.gov/documents/2025/08/05/2025-14782/medicare-program-fy-2026-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting>)

~ **"How Trump's Immigration Policies Could Impact Hospices, Patients" explores the potential negative effects of recent immigration policies on hospice care access and workforce.** The article highlights concerns over Medicaid cuts and immigration enforcement,

which may exacerbate health disparities among underserved populations, particularly affecting Hispanic communities. California State Sen. María Elena Durazo emphasized that these policies could lead to delayed care due to fear of ICE raids. The article also discusses the impact on the hospice workforce, noting that immigrant workers are crucial in meeting the cultural needs of diverse patient populations. (*Hospice News*, 8/8, <https://hospicenews.com/2025/08/08/how-trumps-immigration-policies-could-impact-hospices-patients/>)

~ **“Dignity at risk: hospice care faces critical worker shortage amidst policy challenges” highlights the urgent need for healthcare workers in hospice and palliative care.** The article discusses the projected demand for over 820,000 new jobs by 2033, driven by a growing population in need of care. Holly Nye from Crescent Hospice emphasizes the necessity for education and placement for patients, while Christian McDaniel from the Medical University of South Carolina notes the emotional toll on staff. The article also addresses the impact of policy changes, such as the “Big Beautiful Bill,” and immigration crackdowns on the workforce. (*WCIV*, 07/23, <https://abcnews4.com/news/local/dignity-at-risk-hospice-care-faces-critical-worker-shortage-amidst-policy-challenges>)

~ **“Private Equity in Hospice Care Spurs Workers to Strike” highlights the challenges faced by hospice workers in California amid private equity involvement.** After 29 months without a contract, workers at Memorial Hospice and Hospice of Petaluma, represented by the National Union of Healthcare Workers, went on strike due to stalled negotiations with Providence, their operator. Concerns include a merger with private-equity-owned Compassus, which workers fear will worsen conditions and care quality. The union demands fair pay and manageable caseloads to maintain care standards. (*Capital & Main*, 07/30, <https://capitalandmain.com/private-equity-in-hospice-care-spurs-workers-to-strike>)

~ **“Hospice East Bay Workers Hold One-Day Strike Amid Contract Dispute” highlights a strike by workers at Hospice East Bay in Pleasant Hill, California, demanding progress on their first union contract.** The strike, held on July 29, comes nearly two years after organizing, with caregivers citing issues like understaffing, increased caseloads, and resistance to proposals for preserving benefits and ensuring safe staffing ratios. The nonprofit faces financial pressure from reduced Medicare and Medicaid reimbursements, and employees fear a planned affiliation with a Florida-based hospice chain could impact care quality. Management remains committed to bargaining and service continuation. (*KQED*, 07/29, <https://catherwood.library.cornell.edu/wit/hospice-east-bay-workers-hold-one-day-strike-amid-contract-dispute/>)

~ **“Millions of Drivers Worldwide to See Capital Caring Kids Message” highlights a new initiative by DC’s-based Capital Caring Health to raise awareness for pediatric hospice care through the LeadStory app.** This app, installed in millions of car touch screens, will feature a 30-second video about Capital Caring Kids, one of the largest pediatric hospice programs in the U.S., emphasizing their mission to care for children regardless of financial ability. Steve Cone, Vice President of Development, underscores the importance of public support due to limited insurance coverage for such services. (*Capital Caring Health*, 07/28, <https://www.capitalcaring.org/millions-of-drivers-worldwide-to-see-capital-caring-kids-message/>)

~ **“U.S. Hospice Market to Grow at 7.73% CAGR, Reaching USD 49.08 Billion by 2030” highlights the significant growth expected in the U.S. hospice market, driven by an aging**

population and rising chronic conditions. The integration of palliative care is revolutionizing hospice services, says the article, by enhancing personalized end-of-life care and addressing comprehensive patient needs, including physical, emotional, and spiritual concerns. This approach fosters informed decision-making and aligns treatment with individual preferences, promoting patient dignity. Ethical dilemmas and specialized programs for diverse patient needs are also discussed. (*Yahoo Finance*, 07/25, <https://finance.yahoo.com/news/u-hospice-market-grow-7-081400515.html>)

~ **“Gilchrist and Inova Partner to Bring Expert Hospice Care to Northern Virginia” announces a strategic joint venture to expand hospice care in the region.** This collaboration between Inova, a leading nonprofit healthcare system, and Gilchrist, Maryland’s foremost provider of geriatric, palliative, and hospice care, aims to deliver integrated, compassionate care starting early 2026. Catherine Hamel, President of Gilchrist, highlights the partnership as a “powerful alignment of values and vision” to support patients’ medical, emotional, and spiritual needs. The initiative seeks to reduce care gaps and prevent unnecessary hospital readmissions. (*Gilchrist Cares*, 08/06, <https://gilchristcares.org/thegilchristblog/gilchrist-and-inova-partner-to-bring-expert-hospice-care-to-northern-virginia/>)

~ **“National Alliance: Proposed 2.4% Hospice Payment Update Would Create Shortfall” discusses concerns over CMS’s proposed hospice payment increase.** The National Alliance for Care at Home argues that the increase for FY 2026 is insufficient to cover rising costs, citing a 4.9% shortfall in payment rates from 2021 to 2025. They also express concerns about new physician attestation requirements, which could add compliance burdens. The Alliance supports allowing hospice team physicians to determine care admission but calls for delaying the HOPE quality tool implementation. (*Hospice News*, 6/11, <https://hospicenews.com/2025/06/11/national-alliance-proposed-2-4-hospice-payment-update-would-create-shortfall/>)

~ **“Online Reputation Management Crucial for Hospices, Home-Based Care Providers” highlights the importance of maintaining a strong digital presence for hospice providers.** According to a report by Transcend Strategy Group, online reputation can significantly influence patient decisions and census volumes. Tony Kudner emphasizes that the personalization of care in home settings makes online reputation even more critical. The report reveals that 65% of adults use online research for medical information, often encountering reviews before official websites. Hospices are encouraged to develop internal systems to manage online feedback effectively, ensuring responsiveness and addressing concerns with empathy. (*Hospice News*, 7/18, <https://hospicenews.com/2025/07/18/online-reputation-management-crucial-for-hospices-home-based-care-providers/>)

~ **“DOL Proposes Rolling Back Minimum Wage, Overtime Rules for Hospice, Home Health Aides” discusses a new rule proposed by the U.S. Department of Labor that could exempt hospice, home health, and personal care aides from minimum wage and overtime requirements.** This proposal aims to eliminate regulations from 2013, potentially affecting over 3.7 million workers. The Labor Department suggests this could reduce home-based care costs and improve access by incentivizing market entry. However, concerns arise about potential negative impacts on worker morale and turnover due to longer hours and reduced pay. Public comments are open until September 2. (*Hospice News*, 7/23, <https://hospicenews.com/2025/07/23/dol-proposes-rolling-back-minimum-wage-overtime-rules-for-hospice-home-health-aides/>)

~ **“New Horizons and Persistent Obstacles for Hospice Volunteerism” explores the evolving landscape of hospice volunteer programs.** While the COVID-19 pandemic significantly disrupted many volunteer initiatives, leading to closures and reduced participation, recent developments indicate a resurgence in volunteerism. Innovative approaches, such as virtual training sessions and flexible scheduling, have been implemented to adapt to changing circumstances and attract new volunteers. Challenges also continue, including the need for comprehensive training. Despite obstacles, the commitment of volunteers remains a cornerstone of hospice care, providing essential support to patients and families during critical times. (*Hospice News*, 8/15, <https://hospicenews.com/2025/08/15/new-horizons-and-persistent-obstacles-for-hospice-volunteerism/>)

~ **“CMS’ New WISeR Model Poses Hospice Billing Concerns” discusses the implications of the Wasteful and Inappropriate Service Reduction (WISeR) Model on hospice billing.** The model, starting January 1, 2026, aims to curb Medicare fraud and waste by leveraging AI and machine learning technologies. It will focus on services that may be prone to fraud or offer low value to beneficiaries. Concerns arise over increased scrutiny and potential financial strain on hospices, echoing past issues with audit programs. The model’s introduction coincides with heightened regulatory focus on fraud in states like California and Texas. (*Hospice News*, 07/24, <https://hospicenews.com/2025/07/24/cms-new-wiser-model-poses-hospice-billing-concerns/>)

~ **“Hospice Companies Laud CMS Anti-Fraud Efforts” highlights the support from hospice providers for CMS’s initiatives to combat fraud in the industry.** Providers like AccentCare and Elara Caring express optimism about CMS’s Fraud Defense Operations Center, which uses AI to detect fraudulent activities. Dr. Mehmet Oz, CMS administrator, emphasizes the local nature of fraud, citing over 1,000 potentially fraudulent operations in Los Angeles. Providers believe these efforts will enhance program integrity and public trust, ultimately benefiting high-quality care delivery. (*Hospice News*, 07/25, <https://hospicenews.com/2025/07/25/hospice-companies-laud-cms-anti-fraud-efforts/>)

~ **“92-year-old man turns grief into comfort for others” highlights how Howard Jones, a 92-year-old retiree, channels his grief into creating comfort for families in hospice care.** After losing his wife, Estella, Jones began painting cardinals on rocks, which he delivers to grieving families at Hildebrandt Hospice Care Center. The cardinal, a symbol of spiritual significance, is believed to carry the spirit of the departed. Jones has painted over 500 cardinals, providing solace and connection to families. His dedication is fueled by a lifetime of love and the memory of his wife. (*Spectrum News 1*, 8/04, <https://spectrumlocalnews.com/nys/watertown/news/2025/08/04/92-year-old-man-turns-grief-into-comfort-for-others>)

~ **“National Alliance CEO Dr. Steve Landers: Hospice Reform Should Mean More Care, Not Less” discusses the need for hospice reform to focus on expanding care rather than reducing it.** Dr. Steve Landers emphasizes the importance of home-based respite care and improved payment systems for high-acuity palliative services like dialysis and palliative radiation. He warns against integrating hospice into Medicare Advantage, arguing it would undermine patient choice and reduce timely access to care. The article highlights the opposition from major hospice organizations to such reforms. (*Hospice News*, 07/28, <https://hospicenews.com/2025/07/28/national-alliance-ceo-dr-steve-landers-hospice-reform-should-mean-more-care-not-less/>)

~ **“Unknown, Chaotic, Crisis: Hospice Leaders Reflect on Trump’s Big Bill” discusses the potential impacts of the recently passed ‘One Big Beautiful Bill Act’ (OBBBA) on the hospice sector.** The bill includes \$1 trillion in Medicaid cuts over the next decade, raising concerns about sustainability, referral management, and health equity. Nancy Littlefield, CEO of Hospice of the Piedmont, emphasizes the need for hospices to proactively address unmet needs, particularly for underserved communities. Susan Ponder-Stansel of Alivia Care highlights the financial challenges posed by Medicaid funding changes, which could lead to more uninsured patients and strain on hospices. Ken Albert of Andwell Health Partners warns of significant Medicaid reimbursement reductions already occurring in some states. (*Hospice News*, 07/28, <https://hospicenews.com/2025/07/28/unknown-chaotic-crisis-hospice-leaders-reflect-on-trumps-big-bill/>)

~ **“Nick Westfall to Step Down as VITAS Chairman, CEO” reports on the leadership transition at VITAS Healthcare as Nick Westfall steps down from his roles.** Joel Wherley will succeed him as president and CEO, effective December 1, 2025. Westfall’s departure comes amid financial challenges, including patient admission and payment capitation issues that have impacted growth. VITAS is adjusting its patient mix and expanding in Florida to address these concerns. The company anticipates future growth through strategic acquisitions and regulatory approvals. (*Hospice News*, 07/30, <https://hospicenews.com/2025/07/30/nick-westfall-to-step-down-as-vitas-chairman-ceo/>)

~ **“5 Top Types of Quality Data Hospices Should be Watching” highlights key metrics hospices should track to enhance relationships with payers and referral partners.** The article emphasizes the importance of monitoring live discharges, levels of care, visit frequency and timeliness, patient and caregiver experience, and length of stay. Dr. Ira Byock notes, “We have to align our business models and budget with reliably delivering excellent care.” These measures are crucial as hospices navigate potential inclusion in value-based payment programs, despite current exclusions from Medicare Advantage. (*Hospice News*, 7/31, <https://hospicenews.com/2025/07/31/5-top-types-of-quality-data-hospices-should-be-watching/>)

~ **“GUIDE Models Gives Hospices ‘Peek’ Into the Future of Medicare Reimbursement” explores the potential impact of the Guiding an Improved Dementia Experience (GUIDE) payment model on hospice reimbursement.** This eight-year value-based care demonstration offers fixed monthly payments for each patient, emphasizing collaborative care and caregiver support. Amy Etzel from The Connecticut Hospice highlights that GUIDE is revolutionary in addressing unpaid caregiver burdens and could expand beyond dementia care. Edo Banach suggests it could transform Medicare reimbursement by reducing costs and improving care quality. Jenna Morgenstern-Gaines notes significant Medicare savings and improved satisfaction ratings. (*Hospice News*, 7/31, <https://hospicenews.com/2025/07/31/guide-models-gives-hospices-peek-into-the-future-of-medicare-reimbursement/>)

~ **“Medical Aid in Dying Laws: What Hospices Need to Know” underscores that most individuals opting for medical aid in dying—and the hospice providers caring for them—must navigate a complex framework of legal obligations and ethical duties.** These duties include having clarity around state-specific laws, considerations of coordination of care, and ensuring patient autonomy alongside regulatory compliance. The article emphasizes the importance of hospice policies being clearly communicated, especially in jurisdictions where transparency about MAID participation is legally mandated, to ensure patients can make fully

informed end-of-life decisions. (*Hospice News Network*, 8/13, <https://hospicenews.com/2025/08/13/medical-aid-in-dying-laws-what-hospices-need-to-know>)

~ **“How Proposed Home Health Cuts Could Impact Hospices” discusses the potential ripple effects of CMS’s proposed 6.4% cut to home health payments for 2026 on hospices.** The cuts, amounting to \$1.135 billion, are part of a pattern that has seen reductions for four consecutive years. Dr. Steven Landers criticizes CMS for failing providers and patients reliant on home health services. Although hospices are not directly affected, Alliance staff also note that changes in home health often predict trends in hospice care, such as increased scrutiny on fraud and patient assessments. Providers offering both services may need to adjust strategies to mitigate financial impacts. (*Hospice News*, 8/01, <https://hospicenews.com/2025/08/01/how-proposed-home-health-cuts-could-impact-hospices/>)

~ **“Confronting Hospice Fraud: Attorney General Bonta Launches Public Awareness Campaign to Protect Californians and Prevent Abuse Within Hospice Care System” highlights a new initiative by California Attorney General Rob Bonta to combat hospice fraud.** The campaign aims to educate the public and provide resources for reporting fraudulent activities, which often exploit vulnerable individuals. The initiative includes educational materials, community forums, and a dedicated helpline to empower families and healthcare providers. Bonta emphasizes, “Hospice care should be about compassion, not corruption.” (*State of California - Department of Justice*, 08/06, <https://oag.ca.gov/news/press-releases/confronting-hospice-fraud-attorney-general-bonta-launches-public-awareness>)

~ **“Georgia may be next for enhanced hospice oversight, regulatory affairs expert predicts” highlights potential increased scrutiny for hospice providers in Georgia.** Katie Wehri, a regulatory affairs expert with the Alliance, suggests that Georgia could soon be under the Centers for Medicare & Medicaid Services’ Provisional Period of Enhanced Oversight (PPEO) due to a high number of new hospices. Currently, California, Arizona, Nevada, and Texas are under PPEO, and California is a hotspot for hospice fraud. Regulatory experts advise providers to prepare for audits by understanding the auditing entity and focus, and to seek specialized legal assistance if audited. (*McKnight’s Home Care*, 07/29, <https://www.mcknightshomecare.com/news/georgia-may-be-next-for-enhanced-hospice-oversight-regulatory-affairs-expert-predicts/>)

~ **“Dignity at Risk: Hospice Care Faces Critical Worker Shortage Amidst Policy Challenges” highlights the growing concern over workforce shortages in hospice care.** The article discusses how these shortages are impacting the quality of care provided to patients at the end of life. The article emphasizes the need for policy changes to address these challenges and ensure that hospice care remains dignified and effective. (*MSN*, 10/15, <https://www.msn.com/en-us/health/other/dignity-at-risk-hospice-care-faces-critical-worker-shortage-amidst-policy-challenges/ar-AA1JauRg>)

~ **“HopeHealth CEO on Hospice, Palliative Care, and the Future of Serious Illness Support in Rhode Island” features Diana Franchitto discussing her journey and HopeHealth’s initiatives.** Franchitto highlights the organization’s partnership with Brown University, which aims to educate future physicians on serious illness and end-of-life care. She emphasizes the importance of integrating hospice and palliative care into the broader healthcare system to

improve accessibility and quality. (*Rhode Island PBS*, 7/22, <https://www.ripbs.org/news-culture/health/hopehealth-ceo-on-hospice-palliative-care-and-the-future-of-serious-illness-support-in-rhode-island>)

~ **“Decades-old SLO County hospice nonprofit suddenly collapsed. What happened?” explores the abrupt closure of Wilshire Health and Community Services after 80 years of operation.** The California nonprofit, which provided hospice and home health care, cited financial collapse due to a failed acquisition, revenue loss, and a federal Medicare settlement over long-term hospice patient overstay. Vendors allege deception, with some owed substantial debts, and Wilshire now faces potential lawsuits and bankruptcy. The closure has left many employees and vendors in difficult situations. (*San Luis Obispo Tribune*, 08/01, <https://www.sanluisobispo.com/news/business/article310824740.html>)

~ **“Closing the Gap: Addressing Social Determinants of Health and Racial Disparities in Hospice Care” explores the impact of social determinants on hospice access and highlights racial disparities in care.** The blog post emphasizes that factors like housing, income, and education significantly affect health outcomes, and notes that racial disparities persist in hospice access, particularly in diverse states like California, Texas, and Florida. Ancora Compassionate Care’s initiative to engage with religious leaders in the Black community is cited as a positive step towards inclusivity. The article underscores the need for hospice organizations to consider social determinants to enhance care equity. (*Teleios Collaborative Network*, 8/4, <https://www.teleioscn.org/blog/closing-the-gap-addressing-social-determinants-of-health-and-racial-disparities-in-hospice-care>)

~ **“A Strategic Path Forward for Hospice and Palliative Care with Dr. Ira Byock” is a Teleios webinar that explores the challenges and potential future of hospice and palliative care.** Dr. Ira Byock discusses the impact of corporatization on the field, emphasizing the need to maintain core values and high-quality care. He proposes a strategic framework that includes publishing clear standards, making data available, driving quality-based competition, and embracing the field’s authentic brand of care. This discussion serves as a wake-up call for leaders and practitioners to safeguard the future of hospice and palliative care. (*Teleios Collaborative Network*, 7/23, <https://www.teleioscn.org/tcntalkspodcast/a-strategic-path-forward-for-hospice-and-palliative-care-with-dr.-ira-byock>)

~ **“The Path to the Future May be the Un-obvious - Top News Stories, July 2025” is a Teleios webinar that explores the critical challenges and opportunities facing hospice care today.** The article highlights the impact of financial pressures, Medicare fraud, technological disruptions, and evolving consumer expectations on the hospice industry. Hosts Chris Comeaux and Cordt Kassner discuss the importance of disaster preparedness and maintaining an authentic brand amidst these changes. The episode underscores the need for reflection and action as the field stands at a pivotal inflection point. (*Teleios Collaborative Network*, 8/6, <https://www.teleioscn.org/tcntalkspodcast/the-path-to-the-future-may-be-the-un-obvious-top-news-stories-july-2025>)

~ **“America, there is a new Medicare scam” warns about fraudulent activities targeting Medicare beneficiaries, particularly involving hospice services.** The article highlights a scam where individuals falsely claim to represent Medicare, offering ‘free’ hospice gifts to collect personal information. It emphasizes that Medicare will never randomly contact individuals for personal details and advises reporting suspected fraud to 800-MEDICARE. (*Chattanooga Times*

Free Press, 07/26, <https://www.timesfreepress.com/news/2025/jul/26/toni-says-america-there-is-a-new-medicare-scam/>)

~ **A recent study published in *The Journals of Gerontology: Series B* investigates racial disparities in end-of-life experiences among older adults, focusing on the roles of hospice utilization and advance care planning.** The research reveals that Black individuals are less likely to receive hospice care compared to White individuals, and when they do, it is often of shorter duration. This disparity contributes to poorer perceived death quality and increased family distress among Black decedents. The study underscores the need for targeted interventions to promote equitable access to hospice services and advance care planning across racial groups. (*The Journals of Gerontology: Series B*, 7/26, <https://academic.oup.com/psychsocgerontology/advance-article/doi/10.1093/geronb/gbaf137/8213989>)

~ **“Hospices Navigating Ethically Complex End-of-Life Situations” explores the multifaceted challenges hospices face in providing goal-concordant care amidst ethical, legal, and operational complexities.** Jeanne Chirico of HPCANYS emphasizes the importance of staff education and proactive policy development to address these challenges. The article highlights the need for interdisciplinary collaboration and specialized knowledge, particularly when dealing with vulnerable populations such as those experiencing homelessness or substance abuse. Ethical frameworks focusing on autonomy, beneficence, nonmaleficence, and justice are crucial for informed decision-making. Leadership plays a pivotal role in fostering an organizational culture that supports ethical care delivery. (*Hospice News*, 07/25, <https://hospicenews.com/2025/07/25/hospices-navigating-ethically-complex-end-of-life-situations/>)

~ **“Medical Aid in Dying Laws: What Hospices Need to Know” highlights the importance for hospice providers to understand the legal and ethical complexities of medical aid in dying (MAID) laws.** With over 85% of MAID participants being hospice patients, providers must navigate these laws, which vary by jurisdiction and are often misunderstood. Yelena Zatulovsky from AccentCare emphasizes the need for policies that align with agency values while supporting patient choices. The article stresses the importance of staff training and open conversations to address patient needs and ensure compliance. (*Hospice News*, 8/13, <https://hospicenews.com/2025/08/13/medical-aid-in-dying-laws-what-hospices-need-to-know/>)

PALLIATIVE CARE NOTES

~ **End of Life University offers podcast “Ep. 512 Navigating a Life-Changing Diagnosis: Action Steps with Hsien Seow PhD” introduces a workbook and free workshop toolkit designed to aid individuals facing life-changing diagnoses.** Dr. Hsien Seow, a palliative care researcher, discusses the workbook’s components, including reflections, exercises, and FAQs, aimed at empowering patients and families. The toolkit, described as a ‘workshop in a box,’ is particularly beneficial for doulas and hospice providers, promoting a public health palliative care approach. (*End of Life University*, 08/04, <https://eolupodcast.com/2025/08/04/ep-512-navigating-a-life-changing-diagnosis-action-steps-with-hsien-seow-phd/>)

~ **The University of Colorado School of Medicine has been awarded a five-year, \$64 million NIH grant to launch the ASCENT (Advancing the Science of Palliative Care Research Across the Lifespan) Consortium, designed to fill critical gaps in palliative care research by providing coordinated resources, expertise, and infrastructure to investigators nationwide.** Under the leadership of Jean Kutner, the consortium brings together teams from CU Anschutz, NYU, Duke, Mount Sinai, and the University of Pennsylvania. The aim is to build a robust national research community, develop new methodologies, support career development, and facilitate dissemination and implementation of findings to improve care for individuals with serious illness across all ages. (Anschutz School of Medicine, 8/5, <https://news.cuanschutz.edu/medicine/ascent-palliative-care-consortium>)

~ **“Certified Child Life Specialists in Hospice and Palliative Care Organizations: A State of the Profession” explores the current landscape and growth opportunities for Certified Child Life Specialists (CCLSs) in these settings.** The study surveyed 191 CCLSs, revealing that most are young, female, and work in urban/suburban pediatric programs. Key themes identified include role clarification, staffing, funding, training, professionalism, and self-care. The findings underscore the need for professional development to address these challenges and enhance the role of CCLSs in hospice and palliative care. (*American Journal of Hospice and Palliative Care*, 11/12, <https://pubmed.ncbi.nlm.nih.gov/39530488/>)

~ **“Benefits of Emergency Department-Initiated Goals of Care Conversations and Palliative Care Consultations Among Older Adults with Chronic or Serious Life-Limiting Illnesses” highlights the positive impact of early palliative interventions in emergency settings.** The study found that initiating goals of care (GOC) conversations and palliative consultations in the emergency department (ED) significantly reduced the total length of stay and excess days in acute care, while increasing the odds of hospice discharge. These findings suggest that ED-initiated palliative care can lead to improved patient outcomes and cost savings. (*J Am Coll Emerg Physicians Open*, 5/29, <https://pubmed.ncbi.nlm.nih.gov/40520509/>)

~ **“Tele-Palliative Care Offers Access to Needed Support” explores the growing role of telehealth in palliative care, highlighting its potential to improve access and patient-centered care.** The article discusses how tele-palliative care can reduce travel stress, accommodate patient schedules, and lower no-show rates, while also allowing providers to assess home environments and integrate interpreters for better communication. Despite challenges like technology access and regulatory hurdles for prescribing controlled substances, tele-palliative care is seen as a transformative approach to delivering compassionate care. (*RAND*, 07/18, <https://www.rand.org/pubs/commentary/2025/07/tele-palliative-care-offers-access-to-needed-support.html>)

~ **A recent study published in *Palliative Medicine* examines caregiver-reported barriers and facilitators to hospice enrollment for individuals with dementia.** The research synthesizes qualitative evidence to understand the challenges and supports influencing timely hospice care decisions. Findings highlight the need for improved communication, education, and support systems to enhance end-of-life care for dementia patients. (*Palliative Medicine*, 7/25, <https://journals.sagepub.com/doi/full/10.1177/02692163251353013?ui=cs9wb>)

END-OF-LIFE NOTES

~ **“What Dying Patients Teach a Hospital Florida Chaplain About Faith”** explores the role of spirituality in end-of-life care through the experiences of Chaplain Joon Park at Tampa General Hospital. Park, who transitioned from atheism to Christianity, emphasizes that faith often becomes a crucial support system for patients facing death. He notes, “When love shows up, God shows up,” highlighting how spiritual experiences can manifest in various forms, from seeking divine intervention to expressing anger at God. Park’s journey underscores the profound impact of spiritual care in hospice settings. (*CBS News*, 07/31, <https://www.cbsnews.com/news/what-dying-patients-teach-a-hospital-florida-chaplain-about-faith/>)

~ **“Director’s Corner Launches Ask Mort™, an AI Assistant for End-of-Life Care Providers”** introduces a new AI tool designed to support funeral homes, crematories, cemeteries, hospice providers, and pet aftercare services. Ask Mort™ automates routine inquiries and administrative tasks, allowing staff to focus on compassionate care. It provides 24/7 support, answers frequently asked questions, and offers personalized onboarding for families. The AI assistant is custom-trained for accuracy and includes an analytics dashboard to track trends and efficiency. Angela Human, Founding Partner, highlights its role in enhancing empathetic support. (*citybuzz*, 07/23, <https://www.citybuzz.co/2025/07/23/directors-corner-launches-ask-mort-an-ai-assistant-for-end-of-life-care-providers/>)

~ *CNN* offers a lengthy story of the evolution of beliefs for hospice social worker Scott Janssen that grew from his experiences with hospice patients and families. Janssen has worked with hospice for 33 years, and the experiences he has shared with patients and families have moved him from being an atheist to a changed view of faith and the afterlife. Details and the process of evolution are shared in the story. (*CNN*, 8/17, <https://archive.is/20250817114726/https://www.cnn.com/2025/08/17/us/atheist-hospice-deathbed-visions-faith-cec>)

~ **End of Life University’s “Ep. 510 Training Death Literacy Educators with Francesca Lynn Arnoldy”** explores a new initiative aimed at enhancing community understanding of death through education. Francesca Lynn Arnoldy, a doula and researcher, discusses her program for training Death Literacy Educators, emphasizing the need for educators who can foster knowledge and awareness about death. The training includes curricula, tools for workshops, and marketing strategies, and highlights the importance of storytelling in death education. This initiative is supported by a grant from Compassion & Choices. (*End of Life University*, 07/21, <https://eolupodcast.com/2025/07/21/ep-510-training-death-literacy-educators-with-francesca-lynn-arnoldy/>)

~ **End of Life University’s “Ep. 511 Being with Dying: Teaching Death to Medical Students with Kevin Dieter MD”** explores innovative educational programs designed to prepare medical students for end-of-life care. Dr. Kevin Dieter, a family medicine and hospice physician, developed a virtual learning module called “Being with Dying” at Northeast Ohio Medical University. This program aims to teach medical and pharmacy students the essential skills needed to support dying patients. Dr. Dieter emphasizes that “dying is more than a medical event” and highlights the importance of presence and learning from patients. The course is designed to be replicable by other institutions. (*End of Life University*, 07/28,

<https://eolupodcast.com/2025/07/28/ep-511-being-with-dying-teaching-death-to-medical-students-with-kevin-dieter-md/>)

~ **End of Life University’s podcast episode “Ep. 513 Why (Death-Aware) Spirituality Matters Now More than Ever” explores the significance of integrating spirituality with an awareness of death in today’s society.** Host Dr. Karen Wyatt emphasizes the need for a spirituality that is “Death-Aware, Ego-Wise, and Rooted in Love” to address current crises of grief, meaning, and moral guidance. The episode offers three simple practices to achieve these spiritual goals. (*End of Life University*, 8/11, <https://eolupodcast.com/2025/08/11/ep-513-why-death-aware-spirituality-matters-now-more-than-ever/>)

~ **“Hochul weighs political risk of aid-in-dying bill” discusses the challenges faced by Gov. Kathy Hochul regarding New York’s Medical Aid in Dying Act.** The bill, which would allow terminally ill patients access to access life-ending medication, has garnered strong support from advocates and voters but faces opposition from religious groups and conservatives. As a practicing Catholic and with an eye on reelection, Hochul must navigate public opinion, personal beliefs, and political risks. The decision could significantly impact her leadership and her 2026 campaign. (*FingerLakes1.com*, 07/18, <https://www.fingerlakes1.com/2025/07/18/hochul-weighs-political-risk-of-aid-in-dying-bill/>)

~ **A Geripal podcast episode “Death Anxiety: Dani Chammas & Keri Brenner” explores the concept of death anxiety and its impact on patients and clinicians.** The discussion highlights that death anxiety is not a pathological condition but an existential concern inherent to the human experience. It manifests differently in individuals, influencing behaviors and choices, and can lead to personal growth or debilitating fear. The podcast emphasizes the importance of clinicians understanding their own relationship with mortality to better support patients. The conversation also touches on the role of death anxiety in shaping the field of palliative care. (*GeriPal*, 07/17, <https://geripal.org/death-anxiety-dani-chammas-keri-brenner/#summary>)

~ **Researchers conducting a routine EEG on an 87-year-old epilepsy patient captured the very first recorded brain activity surrounding the moment of human death.** The patient suffered a sudden heart attack during the scan, and scientists managed to record approximately 15 minutes of neural activity before, during, and after his death. Notably, they observed a surge in gamma brain waves in the final seconds—activity resembling deep dreaming or memory recall—which lends tentative credibility to the age-old notion of a “life review” unfolding as we die. The article below explores this more deeply. (*Psychology Today*, 8/15, <https://www.psychologytoday.com/us/blog/social-instincts/202508/what-happens-when-we-die>)

~ **“System Wide Goals of Care Implementation: A Podcast with Ira Byock, Chris Dale, and Matt Gonzales” discusses a multi-year initiative to improve goals-of-care conversations within the Providence Health Care System.** This project, spanning 51 hospitals, increased documentation of these conversations from 7% to 85% for ICU patients. Key strategies included organizational alignment, clinical leadership partnerships, EHR upgrades, and communication training. The initiative highlights the importance of aligning treatment with patient goals and has shown significant improvements in care quality. (*GeriPal*, 07/24, <https://geripal.org/system-wide-goals-of-care-implementation-a-podcast-with-ira-byock-chris-dale-and-matt-gonzales/>)

~ **“Why Terminal Cancer Patients Still Receive Aggressive Treatment” explores the persistence of aggressive therapies in terminal cancer patients despite advancements in**

hospice and palliative care awareness. The study found no decline in aggressive treatments from 2014 to 2019, attributing this to physician and patient factors, including physicians' management philosophies and patients' overoptimism about treatment outcomes. The article suggests that a neutral party should discuss prognosis and treatment options with patients to ensure informed decision-making. It also highlights the importance of early palliative care discussions. (*KevinMD*, 7/31, <https://kevinmd.com/2025/07/why-terminal-cancer-patients-still-receive-aggressive-treatment.html>)

~ **“How to Perform a Regret Audit” by Jordan Grumet, M.D., explores a simple yet profound question to help individuals live with purpose and minimize regrets.** The article introduces the concept of a ‘regret audit,’ a tool that asks, ‘If you found out you were going to die tomorrow, what would you regret never having the time, energy, or courage to do?’ This question, inspired by the Latin phrase *memento mori*, encourages individuals to confront their mortality and prioritize what truly matters. Grumet emphasizes that regret is deeply personal and often stems from inaction rather than failure. The regret audit serves as a ‘purpose anchor,’ guiding individuals to take meaningful steps toward their values. (*Psychology Today*, 07/20, <https://www.psychologytoday.com/us/blog/the-regret-free-life/202507/how-to-perform-a-regret-audit>)

~ **“He Said, ‘I Want to Live.’ But He Refused Care” explores the ethical complexities surrounding end-of-life decisions for unrepresented patients.** The article discusses Mr. Young, a patient with advanced cancer and paranoid schizophrenia, who initially refused a CT scan due to distrust in the healthcare system. The ethics team determined that forcing treatment would be traumatizing, opting instead to build trust, which led to Mr. Young consenting to the scan. The scan confirmed terminal cancer, prompting discussions on hospice care and code status. The case highlights the challenges of honoring patient autonomy while navigating systemic biases and ethical dilemmas. (*The Hastings Center*, 08/13, <https://www.thehastingscenter.org/he-said-i-want-to-live-but-he-refused-care/>)

~ **“UCF Professor Seeks to Improve End-of-Life Care for Dementia Patients With Data Tool” highlights Latarsha Chisholm’s efforts to enhance care for dementia patients in nursing homes.** Chisholm, an associate professor at UCF, is developing tools to help nursing homes determine the right time for transitioning dementia patients to hospice care. She emphasizes the importance of conversations about end-of-life care, noting that “many patients with advanced dementia can no longer speak for themselves.” Her research aims to use the Mitchell Index to predict mortality risk and facilitate timely care discussions. (*University of Central Florida News*, 07/29, <https://www.ucf.edu/news/ucf-professor-seeks-to-improve-end-of-life-care-for-dementia-patients-with-data-tool/>)

~ **“Life after death? A wave of states move to legalize human composting” explores the growing trend of human composting as a sustainable alternative to traditional burial and cremation.** The article highlights how states like Washington, New York, and California have legalized this process, which transforms human remains into nutrient-rich soil. Advocates like Katrina Spade emphasize its environmental benefits and personal significance, while critics, including the U.S. Conference of Catholic Bishops, express concerns over respect for the deceased. This shift reflects a broader change in funeral practices, aligning with personal values and environmental consciousness. (*USA TODAY*, 08/09, <https://www.usatoday.com/story/news/nation/2025/08/09/states-legalize-human-composting/85454339007/>)

~ **“Expanding the Conceptualization of Bereavement in the Perinatal Period”** explores the emotional responses to various forms of perinatal loss, including miscarriage, ectopic pregnancy, stillbirth, and neonatal death. The article highlights the importance of perinatal palliative care for families facing life-limiting fetal diagnoses, emphasizing its role in supporting families through these challenging experiences. The authors argue that understanding and addressing perinatal bereavement is crucial for providing comprehensive care to affected families. (*Journal of Obstetric, Gynecologic & Neonatal Nursing*, 07/22, [https://www.jognn.org/article/S0884-2175\(25\)00229-1/abstract](https://www.jognn.org/article/S0884-2175(25)00229-1/abstract))

GRIEF AND ADVANCE CARE PLANNING NOTES

~ **In American culture, death is often treated as a taboo, avoided in both conversation and planning despite frequent personal thoughts about it.** An article in *Vox*, “The modern taboo that Americans just can’t seem to break,” explores this discomfort and says it stems from historical shifts such as the professionalization of death care and the use of euphemisms that obscure its reality. As a result, many people are unprepared for end-of-life decisions, emotionally and practically, which can lead to confusion, conflict, and regret. While some progress is being made through the death positive movement and growing interest in death doulas, most still struggle to speak openly about dying. However, says the article, engaging in these conversations can bring clarity, connection, and emotional relief, helping individuals live more meaningfully while preparing for the inevitable. (*Vox*, 7/24, <https://www.vox.com/advice/420785/death-taboo-fear-funeral-planning-will-advance-directive>)

~ **“10 Questions to Help You Plan for the End of Life”** offers guidance on initiating meaningful conversations about end-of-life preferences. The article emphasizes the importance of discussing topics such as decision-making, life support, and personal comfort to ensure that end-of-life care aligns with individual wishes. Dr. Shoshana Ungerleider highlights that “embracing mortality is one of the most life-affirming things you can do.” These discussions should begin in early adulthood and evolve over time, helping to avoid chaos during crises. (*TIME*, 07/25, <https://time.com/7302635/how-to-plan-end-of-life/>)

~ **“Parental Goals of Care for Children With Rare Diseases”** explores the complex medical decisions faced by caregivers of children with rare diseases, focusing on advance care planning conversations. The study identifies 13 themes of care goals, such as maintaining stability, reducing interventions, and partnering with medical teams, highlighting the holistic nature of parental aspirations. The research underscores the importance of high-quality conversations to help families articulate these goals, facilitating effective communication with healthcare providers. (*American Journal of Hospice and Palliative Medicine*, 07/02, <https://journals.sagepub.com/doi/abs/10.1177/10499091251356237>)

~ **“Have a Question About Death? A New Project May Have Answers”** introduces a *New York Times* series exploring death and dying in 2025. The series, initiated by editor Amelia Pisapia, aims to destigmatize conversations around death, offering resources for those grappling with mortality or loss. A key feature is an F.A.Q. titled “Let’s Talk About Death,” compiled from reader submissions, addressing topics like end-of-life care and the afterlife. Pisapia emphasizes the importance of discussing death, stating, “Figuring out what you want the end of

your life to look like doesn't have to be this daunting thing.” (*The New York Times*, 8/5, <https://www.nytimes.com/2025/08/05/insider/questions-about-death-times-project-faq.html>)

~ **“Do’s and Don’ts When a Loved One Is Dying” offers guidance on providing comfort and support during a loved one’s final days.** The article emphasizes the importance of overcoming discomfort around death by engaging in honest communication and offering specific help, such as asking about immediate needs or providing physical comfort. It advises against withholding pain medication due to addiction fears, stressing that “comfortable pain relief is most important at end of life.” These insights aim to reduce regrets and enhance the end-of-life experience for both the dying and their loved ones. (*Psychology Today*, 08/04, <https://www.psychologytoday.com/za/blog/the-narrative-nurse-practitioner/202506/dos-and-donts-when-a-loved-one-is-dying>)

OTHER NOTES

~ **“A long, beautiful time together”: Photo exhibit ‘Til Death Do Us Part’ captures the final year of a couple’s life, highlighting themes of love and loss.** Photographer Becky Wilkes documents her parents’ journey through hospice care during the pandemic, showcasing their renewed connection despite health challenges. The exhibit, on display at the Georgetown Art Center, emphasizes the beauty of life and the inevitability of death, resonating with those who have experienced love and loss. A community resource forum on elderly care accompanies the exhibit. (*KUT*, 7/21, <https://www.kut.org/life-arts/2025-07-21/a-long-beautiful-time-together-photo-exhibit-til-death-do-us-part>)

~ **The National Funeral Directors Association (NFDA) has released a groundbreaking report titled “Changing Consumer Preferences: A Generational Perspective on Attitudes Toward Funeral Service.”** This study explores how different generations in the U.S. perceive funeral services, revealing that younger generations, particularly Gen Z, view funeral directors as valuable experts. While cremation remains popular, Gen Z shows a stronger preference for traditional burial. The report also highlights that 91% of Americans believe discussing death is healthy, though discomfort persists. This report is available for free to funeral service professionals. (*National Funeral Directors Association*, 4/02, <https://nfda.org/news/media-center/nfda-news-releases/articletype/articleview/articleid/9545>)

~ **A group of 350 healthcare organizations has urged Congress to make Medicare telehealth flexibilities permanent, citing their critical role in expanding access to care for beneficiaries, especially in rural and underserved areas.** The current flexibilities, which were introduced during the COVID-19 pandemic, are set to expire in September 2025, prompting calls for swift legislative action to prevent disruption and ensure continued access to virtual healthcare services. (*MedCity News*, 8/15, <https://medcitynews.com/2025/08/extension-permanent-medicare-telehealth/>)

Thanks to Sheila Clark for contributions.

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

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