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

MEDPAC ISSUES RECOMMENDATIONS TO CONGRESS ON HOSPICE PAYMENTS

Each year, by law, the MedPAC Commission "reviews Medicare's fee-for-service payment policies and makes payment update recommendations" to Congress. These meetings were held on December 4-5 and advisory recommendations for the 2027 program year are expected to be voted on by Congress in January 2026.

This year, MedPAC recommends that Congress enact a 0% increase to hospice reimbursement for 2027. The recommendations based on MedPAC's assessment of adequacy in access, stability in the provision of hospice care, and indictors of hospice care. After their review, MedPAC determined that hospice payment rate increases are not needed at this time.

In her report on hospice to the Commission, Kim Neuman began by offering an overview of the Medicare hospice benefit. She then reviewed current hospice utilization and spending data, based on 2024. She reports that about 1.8 million beneficiaries, which is 54% of all decedents, elected to receive hospice. and providers offered 148 million days of care, receiving $28.3 billion in Medicare payments.

Hospice provider supply expanded, especially for-profits, hospice use increased, average length of stay grew, and utilization indictors, says Neuman, were overall positive. Additionally, quality of care indicators, Neuman reported, are stable or slightly improved.

Aggregate margins are positive, with about 8% in 2023 and a projected 9% in 2026. This indicates that payments, says Neuman, are at levels hospices can financially sustain.

With adequacy of hospice payments deemed to be positive, and with increased access, stable quality and positive financial margins, the recommendation is for Congress to freeze the ae hospice payment update for the next payment year. The recommendation will be considered and voted on now by Congress. (MedPAC, "Assessing payment adequacy and updating payments: Hospice Services," 12/5, https://www.medpac.gov/wp-content/uploads/2025/01/Tab-I-Hospice-Dec-2025.pdf)

HOSPICE NOTES

~ **"Hospital to Hospice: Managing Referrals and Relationships" is a new podcast offered in the Hospice Insight series by Husch Blackwell.** The episode explores the common scenario of hospital clinicians referring a dying patient to hospice care. The discussion focuses on key questions around hospice eligibility, selecting the appropriate level of hospice care, and aligning expectations between the patient, hospice provider, and hospital. Legal experts Meg Pekarske and Bryan Nowicki offer practical guidance on navigating these referrals effectively and managing challenges that can arise during the transition to hospice. The podcast is online now at the link below. (Husch Blackwell, 12/17, https://www.huschblackwell.com/newsandinsights/hospital-to-hospice-managing-referrals-and-relationships)

~ **New York Senator Liz Krueger responded to Governor Kathy Hochul's December 19, 2025, veto of S.3437, legislation that would have prohibited the establishment of new for-profit hospices in New York State, arguing that the bill was designed to protect vulnerable patients by ensuring high-quality, nonprofit end-of-life care.** She stressed that without legislative action, profit motives could undermine care quality for individuals at the end of life, and expressed disappointment that the governor did not sign the measure into law. Krueger reaffirmed her commitment to continuing the effort to restrict the growth of for-profit hospice providers in the state. (Senator Liz Kruger, 12/20, https://www.nysenate.gov/newsroom/press-releases/2025/liz-krueger/statement-senator-liz-krueger-governors-veto-bill-banning)

~ **"Last Visit First: The Future of the Hospice Physician" explores the evolving role of hospice medical directors amid new regulations and patient needs.** The podcast episode, hosted by Tom Maxwell, features Dr. Andrew Mayo and Dr. Tiffany Richter discussing the shift from the traditional 'paperwork doctor' model to a more dynamic role due to the HOPE assessment tool. This tool is described as a catalyst for improving hospice care by aligning measurement with meaningful outcomes. The discussion also highlights the challenges of regulatory gaps affecting patient access to care. (*Maxwell TEC*, 12/15, blog.maxwelltec.com/resources/last-visit-first-the-future-of-the-hospice-physician)

~ **"Hospice, Heal Thyself" by Ira Byock addresses the critical issues plaguing hospice care in the U.S., highlighting the need for reform in standards and practices.** The article discusses how dishonest practices and lack of regulation have led to variable quality in hospice care, with for-profit hospices often providing less comprehensive care. Byock argues for the establishment of explicit standards and quality measures by professional associations to ensure reliable care. Byock emphasizes that solutions should not be outsourced to Congress or CMS but should be driven by the hospice field itself. (*Health Affairs*, 12/18, healthaffairs.org/content/forefront/hospice-heal-thyself)

~ **"Trends in Hospice Use Among Older Adults With Dementia and Cancer by Race and Ethnicity 2011-2021" explores the patterns of hospice utilization among different racial and ethnic groups over a decade.** The study highlights disparities in hospice use, focusing on older adults with dementia and cancer, and underscores the importance of understanding these trends to improve equitable access to hospice care. The research provides valuable insights for healthcare providers aiming to address these disparities and enhance care quality for diverse populations. (*J Am Geriatr Soc*, 11/28, https://pubmed.ncbi.nlm.nih.gov/41313135/)

~ **"Quality, Leadership, and Personal Growth with Andrew Reed" explores the intersection of leadership and quality in hospice care through the lens of Andrew Reed's diverse experiences.** Reed, CEO and Chief Teaching Officer of Multi-View Incorporated, emphasizes that true excellence in hospice requires both "edge and empathy," suggesting that "profit should follow purpose, not push it around." His insights are drawn from his multifaceted career as a recording artist and business leader, highlighting the importance of sustainable systems and rigorous, heart-centered training. (*Teleios Collaborative Network*, 12/10, https://www.teleioscn.org/anatomy-of-leadership/quality-comes-from-within-with-andrew-reed-clone)

"Prison Hospice: From the Inmate Hospice Volunteers' Perspective" highlights how prison hospice programs—where incarcerated volunteers care for terminally ill fellow prisoners—can profoundly affect both patients and caregivers by fostering compassion, dignity, and human connection even in a restrictive environment. It uses the example of Bertrum "Herky" Burkett, an inmate caregiver whose empathy and dedication exemplified the impact of peer-to-peer end-of-life care. Research suggests these programs may offer benefits beyond care itself, including personal growth, rehabilitation, support for staff, and improved institutional compliance with end-of-life care needs. The piece also notes the need for more research on how inmate volunteers cope with grief and on expanding standardized hospice access in prisons. (*e-hospice,*12/6,https://ehospice.com/editorial_posts/prison-hospice-from-the-inmate-hospice-volunteers-perspective-a-snapshot-by-barry-r-ashpole/)

PALLIATIVE CARE NOTES

~ **"Small But Mighty: 5 Lessons from Smaller Teams Delivering High-Quality Palliative Care" highlights how smaller palliative care teams can achieve high-quality care through structure, creativity, and commitment.** The article emphasizes that consistency, micro-learning, peer networks, staying informed on policy changes, and demonstrating value are key strategies for success. Smaller teams are described as "engines of innovation," using CAPC resources to enhance training and patient care. These insights are crucial for teams looking to optimize their palliative care services. (*Center to Advance Palliative Care*, 12/16, capc.org/blog/small-but-mighty-5-lessons-from-smaller-teams-delivering-high-quality-palliative-care)

~ **"Center for Hospice Care's lifePACT program promotes inclusive opportunity for managing emotions and palliative care in the community" highlights a unique initiative offering psychoeducational courses to help individuals manage overwhelming emotions.** The lifePACT program, coordinated by Laura Baker, is open to the community and provides courses that teach coping skills for anxiety and depression, aiming to align responses with personal values. (*GreatNews.Life*, 12/16, https://greatnews.life/article/center-for-hospice-cares-lifepact-program-promotes-inclusive-opportunity-for-managing-emotions-and-palliative-care-in-the-community/)

~ **"Hospice, palliative care, and care experiences among Medicare beneficiaries with cancer" explores the underutilization of palliative care (PC) among cancer patients in the**

U.S. and its impact on care experiences. The study analyzed data from 37,025 Medicare beneficiaries, revealing that only 11.1% received hospice care and 7.4% received PC alone. Factors influencing hospice use included age, ethnicity, and illness burden, while PC encounters were linked to age, gender, and health status. Notably, doctor communication scores were lower for those receiving hospice or PC, highlighting an area for improvement. (*J Geriatr Oncol*, 11/3, https://pubmed.ncbi.nlm.nih.gov/41187486/)

~ "Evaluating the Impact of the End-of-Life Nursing Consortium Curricula: A Systematic Review of Assessments and Outcomes" explores the effectiveness of the ELNEC curricula in enhancing palliative care education for nurses. The systematic review highlights significant improvements in nursing knowledge and attitudes towards palliative care, emphasizing the curriculum's global reach and adaptability to various nursing subspecialties. (*Journal of Hospice and Palliative Nursing*, 09/02, https://pubmed.ncbi.nlm.nih.gov/41190855/)

~ "Palliative Care Interventions for Caregivers of People With Advanced Dementia: A Meta-Analysis" explores the impact of palliative care on caregivers of individuals with advanced dementia. The study highlights that palliative care interventions can significantly reduce decision-making conflicts among caregivers, although their effects on caregiver satisfaction and distress require further research. (*Worldviews on Evidence-Based Nursing*, 12/11, https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/wvn.70094

END-OF-LIFE NOTES

~ The article "MAID: Medical Aid in Dying" from *Britannica* explores the complex debate surrounding medical aid in dying (MAID), highlighting both its pros and cons. Proponents argue that MAID allows terminally ill individuals to choose a 'good death,' emphasizing bodily autonomy and ensuring thoughtful regulation. Critics, however, warn that MAID could normalize suicide and endanger vulnerable groups, such as people with disabilities and the elderly. The article also discusses the legal status of MAID across various countries, noting its legality in 12 U.S. states and D.C., as well as in countries like Canada and Belgium. (*Britannica*, 12/16, https://www.britannica.com/procon/MAID-medical-aid-in-dying-debate)

~ "Pritzker signs 'medical aid in dying' bill amid religious opposition" discusses the new Illinois law allowing terminally ill adults to take life-ending medication prescribed by physicians. The law, effective September 2026, faced opposition from religious groups and disability rights advocates, who fear it could endanger vulnerable populations. Supporters argue it provides dignity and choice at the end of life. Illinois joins 12 other U.S. jurisdictions with similar laws. The bill includes safeguards such as mental evaluations and requires patients to self-administer the medication. (*Capitol City Now*, 12/12, capitolcitynow.com/news/248842-pritzker-signs-medical-aid-in-dying-bill-amid-religious-opposition)

~ "Holiday Considerations With a Loved One on Hospice" offers guidance on navigating the holiday season with a loved one in hospice care. Joan Blessings from Emmanuel Hospice emphasizes the importance of creating a peaceful environment through sensory engagement, such as music and scents, and suggests meaningful gifts like cozy slippers or handmade quilts. She advises scheduling visits to avoid overwhelming the patient and highlights the role of hospice care in providing continuous support during the holidays. "Our holiday hours are whenever patients and families need us," she assures. (*Emmanuel Hospice*, 12/08, emmanuelhospice.org)

~ End of Life University offers “Writing Your Obituary as Part of End-of-Life Planning with Gail Shapiro,” a podcast that explores the significance of writing one’s own obituary as a legacy project. Gail Shapiro, a writer and professional organizer, discusses the importance of crafting a personal obituary to ensure it reflects one’s life accurately and meaningfully. She offers guidance on what to include and avoid, emphasizing that AI cannot replace the human touch in this deeply personal task. Shapiro’s insights aim to empower individuals to take control of their end-of-life narratives. (End of Life University, 12/15, eolupodcast.com)

~ “Hospice chaplain sentenced to 5 years behind bars after assault of 76-year-old woman, victim’s family says” reports on the sentencing of Arthur Apgar, a former hospice chaplain, for sexually assaulting a 76-year-old woman on her deathbed. The victim, Kathleen Yopp, was receiving hospice care when the assault occurred, captured by surveillance. Her family expressed relief at the sentencing, stating, “We did what was right. We did what was fair and just.” (*FOX40 News*, 12/6, fox40.com/news/local-news/sacramento-county/hospice-chaplain-sentenced-to-5-years-behind-bars-after-assault-of-76-year-old-woman-allegations-victims-family-says)

~ “Her husband wanted to die with dignity. A death cafe helped them prepare” explores how death cafes in Maine facilitate discussions about end-of-life choices. Michelle Surdoval’s husband chose to end his life under Maine’s Death with Dignity law after a cancer diagnosis, and the couple found solace in attending a death cafe. These gatherings, led by a death doula, provide a space for open dialogue about death, helping participants prepare emotionally and practically. Surdoval emphasized the importance of preparation and communication for experiencing a ‘good death.’ (*The Maine Monitor*, 12/08, newscentermaine.com/article/news/regional/the-maine-monitor/death-with-dignity-cafe-prepare-york-community-service-association/97-c38ea2a8-7246-4c2e-8931-ba982195cfcd)

~ In “The People Holding Everyone Together Are Coming Apart,” Michelle Cottle shares a personal narrative about the challenges of caregiving for her aging father. The article highlights the emotional and logistical difficulties faced by families when a loved one begins to show signs of cognitive decline, as illustrated by Cottle’s father’s struggles with bladder cancer and chemotherapy side effects. The piece underscores the importance of humor and family support in navigating these challenges, while also inviting readers to share their own caregiving experiences. (*The New York Times*, 11/24, nytimes.com/2025/11/24/opinion/caregiving-crisis.html)

~ “Hochul’s embrace of aid-in-dying legislation sparks criticism” discusses New York Governor Kathy Hochul’s decision to sign a controversial aid-in-dying bill. The legislation allows terminally ill patients to obtain life-ending medications, but includes strict safeguards such as a residency requirement, a mental health screening, and a five-day waiting period. Hochul’s decision has faced backlash from the Catholic Church and aid-in-dying advocates, who argue the restrictions may impede access. Despite the criticism, Hochul emphasized the importance of personal choice in end-of-life decisions. Some changes and safeguards are added and the bill will need to be approved by the state Legislature and then returned to Hochul for her signature. (*Politico*, 12/18, politico.com/news/2025/12/18/hochuls-aid-in-dying-legislation-00697781)

~ “Adolescents’ and Young Adults’ Perspectives on Decision-Making and the Emotional Experience of Having Advanced Cancer” explores the unique challenges faced by young

individuals with advanced cancer. This study highlights that while many adolescents and young adults (AYAs) find acceptance and peace with their illness, they also struggle with emotional burdens such as changes in physical appearance and feelings of unfairness. Despite these challenges, AYAs maintain hope and a future-oriented mindset, emphasizing the importance of their involvement in decision-making processes. The study suggests the need for clinical guidelines to support shared decision-making for this demographic. (*Journal of Pain and Symptom Management*, 08/21, https://pubmed.ncbi.nlm.nih.gov/40849022/)

~ "Impact of Prognostic Notifications on Inpatient Advance Care Planning: A Cluster Randomized Trial" explores how notifying physicians about patients' high mortality risk influences advance care planning (ACP) documentation. Conducted at an academic medical center, the study found that physicians who received notifications of high mortality risks of patients were more likely to document ACP conversations (34.7% vs. 19.6% in the control group). However, there was no significant change in ACP documentation by any clinician. This suggests that machine learning mortality model notifications can effectively prompt physicians to engage in ACP discussions during hospital stays. (*Journal of Pain and Symptom Management*, 12/25, https://pubmed.ncbi.nlm.nih.gov/40889581/)

~ "Conscious Decisions" explores the complex guardianship battle over Vinit Shinde, a Georgia man left in a vegetative state after a brain aneurysm, highlighting the ethical and legal dilemmas in end-of-life care. The article details how Vinit's guardianship was transferred from his brother to his ex-wife, complicating decisions about his care and estate. It underscores the challenges families face in making decisions for incapacitated loved ones, especially without advance directives. The case exemplifies broader issues within the guardianship system, including potential conflicts of interest and the difficulty of determining a patient's true wishes. (*Slate*, 12/08, slate.com/technology/2025/12/guardianship-georgia-brain-injury-britney-spears-terri-schiavo-adriana-smith.html)

~ "New Mexico health officials aim to kick off medical psilocybin program a year early" discusses the state's accelerated timeline for implementing a medical psilocybin program. The program, established by Senate Bill 219, will allow psilocybin use for conditions like major treatment-resistant depression, PTSD, substance use disorders, and end-of-life care. State Sen. Jeff Steinborn emphasized the pioneering nature of this initiative, stating, "We are experiencing a new renaissance…of psychedelic medicine." The program aims to begin by December 2026, a year ahead of schedule, to meet high public interest. (*Source New Mexico*, 12/08, sourcenm.com)

~ "My patient was gone. I had to help his family see it" explores the challenges faced by families and palliative care professionals in understanding brain death. The article highlights the emotional complexity when machines sustain the appearance of life, even after a medical declaration of brain death. The author, a palliative care physician, describes the delicate process of guiding families through grief and acceptance, emphasizing that "medicine isn't just tests or machines. It is presence." This narrative underscores the importance of compassionate communication in end-of-life care. (*STAT*, 12/15, statnews.com)

~ "Federal lawsuit attempts to overturn Delaware End-of-Life Options Act" discusses a legal challenge against Delaware's Medical-Aid-in-Dying legislation set to take effect on January 1. Plaintiffs argue the law could apply to individuals with non-terminal conditions, creating a two-tier system of medical care. Matt Vallière from the Institute for Patients' Rights claims it differentiates responses based on health status, potentially guiding terminal patients toward end-of-life options while others receive suicide prevention. The lawsuit cites violations of constitutional and disability rights. (*WDEL*, 12/08, wdel.com)

GRIEF AND ADVANCE CARE PLANNING NOTES

~ "The Balancing Act: How Caregivers Navigate the Stress of Work, Family, and Caring for a Loved One" highlights the challenges faced by caregivers in managing work, family, and caregiving responsibilities. The article emphasizes that two-thirds of U.S. caregivers struggle with these demands, often experiencing stress and emotional exhaustion. Practical strategies such as planning, setting boundaries, and seeking support are recommended to prevent burnout. Delaware Hospice and other organizations stress the importance of building a support system and preparing for unexpected events. Caregivers are encouraged to prioritize their own health and communicate openly with employers about their caregiving roles. (*Delaware LIVE*, 12/12, delawarelive.com)

~ "Sacred Wild: Soul Connections with Our Pets in Life and Death with Miki Jacobs" explores, in an End of Life University podcast, the enduring spiritual bond between humans and their pets, even after death. Miki Jacobs, a renowned medium and author, discusses how animals, free from ego, offer unconditional love and can sense human well-being, including recognizing when someone is dying. Jacobs believes in 'soul contracts' with pets, suggesting they continue to accompany us spiritually after death. This episode highlights how connecting with pets can facilitate spiritual growth and understanding of impermanence. (End of Life University, 12/08, eolupodcast.com)

~ "How Can We Make Room For Grief This Holiday Season?" explores strategies for coping with grief during the festive period. The article emphasizes the importance of acknowledging grief, setting boundaries, and practicing genuine self-care. Marisa Renee Lee, the author, shares personal experiences and suggests creating new traditions to honor lost loved ones. She argues against toxic positivity, advocating for authenticity in expressing grief. Lee highlights that sharing grief can foster collective healing, stating, "You don't have to do this alone." (*Essence*, 12/8, essence.com/lifestyle/grief-during-the-holidays)

~ "I was 36 when my husband died — here's what most of us get wrong about the grieving process" explores the complex and personal nature of grief, emphasizing that it is not something to be 'fixed' but rather a perpetual journey. The article highlights the societal discomfort with grief, noting that people often focus on recovery narratives rather than acknowledging the ongoing reality of loss. It stresses that grief is an expression of love that persists, and the importance of providing space and support for those grieving. The narrative underscores the need for a cultural shift in understanding grief. (*Yahoo Health*, 12/19, https://health.yahoo.com/wellness/article/i-was-36-when-my-husband-died--heres-what-most-of-us-get-wrong-about-grief-193742038.html)

OTHER NOTES

~ "EF Supports Legal Efforts to Reschedule Psilocybin and Open Access for Therapeutic Use" discusses the Etheridge Foundation's $20,000 grant to the National Psychedelics

Association (NPA) Foundation to support psilocybin rescheduling efforts. The grant aims to facilitate the transition of psilocybin from Schedule I to Schedule II under the Controlled Substances Act, which would ease research and therapeutic use barriers. This move could integrate psilocybin into addiction treatment systems, including opioid use disorder, and allow access under Right to Try laws. The DEA's recent transmission of a rescheduling petition to HHS/FDA marks progress in this advocacy. (*Etheridge Foundation*, 10/24, etheridgefoundation.org/news/etheridge-foundation-supports-npa-foundation-psilocybin-rescheduling-effort)

~ "MedPAC To Recommend 7% Cut To 2027 Home Health Payment Rate" discusses the Medicare Payment Advisory Commission's proposal for a significant reduction in home health care payment rates. The draft report suggests a 7% cut for 2027, following a 1.3% reduction for 2026, arguing that it won't impact care access. However, providers warn that consecutive cuts threaten sustainability, especially in rural areas. MedPAC cites stable indicators like access to care and financial performance to justify the recommendation. Concerns about Medicare Advantage's impact on margins and program integrity issues in California are also highlighted. (*Home Health Care News*, 12/8, homehealthcarenews.com)

~ "Innovations in Senior Living with Katie Smith Sloan" explores the potential for aging services to lead in redesigning care by integrating smart technology with human connection. Katie Smith Sloan, President and CEO of LeadingAge, discusses the future of aging, emphasizing the importance of collaboration, innovation, and values-driven leadership to improve services for older adults. The conversation highlights the need to break down silos across care continuums and address workforce challenges, technology, and dementia care. (*Teleios Collaborative Network*, 12/17, teleioscn.org)

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

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